

Volunteer Mission Trip Application

Personal Information (NAME AS ON DRIVERS LICENSE)			
Name Last	First	Middle	
Preferred Name		Date of Birth	
Address Street/Box	City	State	Zip
Phone Number	Email Address		
Passport # if Applicable:		Passport Expiration date if Applicable:	
Home Church Name:			Phone:

Mission Trip Information	
Mission trip:	Team leader:
Dates of trip:	

Emergency Contact Information	
Contact Name:	Relationship:
Cell Phone:	Work Phone:

Medical History (Mark all that apply)				
Heart Disease	Fainting/Seizures	Diabetes	Kidney Disease	Asthma/Respiratory Disease
Liver Disease	Thyroid	Stomach Ulcers	Other (list):	
Are your immunizations current: Yes No Blood Type:				
Allergies to food, drugs, insects, plants, etc. (Please list specifics.):				
Special Diet (Name):				
Current medications doses per day:				
List operations or serious illnesses in last 5 years				

Medical History (continued...)

Do you have any physical limitations that should be considered in this mission trip? (e.g., severe allergies, difficulty in walking long distances, sensitive to cold, ability to lift and carry heavy objects etc.)

Personal Physician

Phone

Health Insurance Company

Policy Number

Release of Responsibility (adults 18 years or older; minors must use the minor release form)

Mission trips can expose the participant to increased risks to person and property. Travel outside the U.S. can be an inherently dangerous activity, and all participants assume the risks associated with such travel. By this agreement you are assuming the risk of harm to yourself, your property or both. You hereby release and forever hold harmless and indemnify Crestview Baptist Church, Georgetown, Texas, its staff, team leaders and sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damages or injuries while participating in this mission trip.

In addition, you give your consent and permission for the designated mission team leader, _____, to approve any necessary medical examinations and medical treatment for you while on the mission trip. You further give permission to obtain any and all diagnostic and treatment records necessary for my medical care.

Signature

Date

Printed Name