



Salem Baptist Church
Milford, Virginia 22514
(804) 633-5583

*Please complete the form below;
 Read and sign the Release.*

Mission Team Application

MISSION TRIP NAME: _____ **Dates:** _____ / _____

PARTICIPANT & FAMILY INFORMATION

Participants Name: _____

(First)

(Middle)

(Last)

Nickname: _____ **Gender:** Male Female **Birthdate:** _____ / _____ / _____

Phone Number: (_____) _____ (_____) _____

(Home)

(Cell)

Email Address(es): _____

Mailing Address: _____

(Street/PO. Box)

(Apt #)

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____

(Street)

(Apt #)

City: _____ **State:** _____ **Zip:** _____

Your Church: _____

EMERGENCY CONTACT INFORMATION

Contact # 1 Name: _____ **Relationship to Participant** _____

Phone Numbers: (_____) _____ (_____) _____ (_____) _____

(Cell)

(Home)

(Work)

Contact # 2 Name: _____ **Relationship to Participant** _____

Phone Numbers: (_____) _____ (_____) _____ (_____) _____

(Cell)

(Home)

(Work)

The following guidelines have been established for any and all participants representing Salem Baptist Church on a mission project, whether your membership is at Salem Baptist Church or elsewhere. You MUST review, sign, and date it.

- I agree to the following doctrinal statements:
 - All Scripture (The Holy Bible) is divinely inspired by God and without error.
 - There is no salvation apart from a personal relationship with Jesus, and salvation cannot be earned but is a free gift from God.
 - Those who are true believers in Jesus Christ cannot lose their salvation.
 - There is only one true God who is in three persons (Trinity): God the Father, God the Son, & God the Holy Spirit.
 - Although man is created in the image of God, we are born sinful and will not reach perfect sanctification until we're taken home to heaven.

- Baptism is an act of obedience to the Lord and not what gives us salvation.
 - God’s purpose for marriage is for a male and female to make a covenant commitment before God.
- I agree to maintain a Christian witness in my speech, actions, and dress at all times.
 - I am willing to submit to the authority of the team leader for the duration of the trip.
 - I agree that the needs of the team and the project take precedence over my personal desires in travel arrangements, hotel accommodations, meals, work schedule, style of dress, sightseeing, and independent travel.
 - I will refrain from using alcohol, tobacco, or non-prescribed drug products during the duration of the trip.
 - If my behavior constitutes a problem at any time while on the field, the team leader has the authority to return me home. (Additional costs on volunteer)
 - I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health problems due to poor food, water and sanitation, disease, pests, inadequate medical facilities, work-related injuries, civil unrest, and war.
 - Further, I hereby release and discharge Salem Baptist Church and their leaders, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against Salem Baptist Church and their leaders, employees and officers, and their successors or assign for all personal injuries to property, real or personal, caused by, or arising out of the mission service. I fully intend to be legally bound by this statement.
 - Further, I hereby authorize Salem Baptist Church to conduct a background check to verify my eligibility as a missionary.

Participants Signature _____

PERMISSION AGREEMENT AND SIGNATURE

Participant (if the participant is under 18, then parent/guardian) agrees to the following: I understand this work could entail a risk of physical injury and certify I am in good health and can participate in such activity. I know I am joining in this project and assume all risk and reasonability. In the event that I/the participant is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

While Salem Baptist Church and its members and participants work under safety protocols, including wearing masks and physical distancing when necessary, it is important to remember we work and interact with people from all over the world. There is an elevated risk for transmission of disease, including COVID-19. All participants are required to abide by these safety protocols at all times while deployed. Any violation of these protocols endangers the health of our team, volunteers, hosts, partners and guests, and the people we are serving. Violations of the set protocols could result in a participant being dismissed from the site and the continuing work with Salem Baptist Church missions’ team. Any participant deploying through Salem Baptist Church assumes all risk by responding and must abide by the guidelines established by Salem Baptist Church.

_____ In addition, the participant agrees to the following by initialing:

(Initials) I authorize the Salam Baptist Church, its affiliates and partners, to copyright and publish all photographs and videos in which I/my child may appear or speak into publicized or promote future events and/or church ministries. I release all claims against Salem Baptist Church with respect to the copyright, publication, or use of such photographs or video footage, including any claim for compensation related to their use.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM AND ALSO HEREBY CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Participant Signature: _____ **Date:** _____/_____/_____

Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

Printed Name: _____

Witness Signature: _____ **Date:** _____/_____/_____

Printed Name: _____

Mission Team Medical Form

Please keep a copy of this form and your insurance card on your person at all times.

Participants Name: _____
(First) (Middle) (Last)

Gender: Male Female Birthdate: _____/_____/_____
Birthdate: _____/_____/_____

INSURANCE & PHYSICIAN INFORMATION

Medical Insurance Carrier: _____ Policy #: _____

Primary Physician: _____ Phone: (_____) _____

Dentist: _____ Phone: (_____) _____

Other Physician: _____ Phone: (_____) _____

MEDICAL HISTORY

If necessary, describe in detail on a separate sheet the nature and severity of any physical and/or psychological ailments, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff/leaders should be aware. Please also include any action of protection required on account thereof.

1. Do you have any physical or medical conditions that may limit your ability to perform the ministry for which you have applied or any future medical treatment or surgeries? Yes No

If yes, please explain: _____

2. Do you have or experience any of the following: *Please check all appropriate boxes.*

- Asthma Sinusitis Bronchitis Kidney Trouble Diabetes Stomach Problems Hypertension Hearing Issues
 Dizziness Hay Fever Heart Trouble Back/spine Problems Ankle Problems Migraines Vision Issues
 COPD/Breathing Issues Knee Problems Epilepsy/Seizure Disorder IBS Mobility Issues Skin problems Cancer
 Other _____

Explain in necessary: _____

3. Do you have any allergies? *Please check all applicable boxes.*

- Prescription Medication - please list: _____
 Other Medications – please list: _____
 Foods - please list: _____
 Insect Bites - please list: _____
 Poison: Ivy, Oak, Sumac - - please list: _____
 Other - please list: _____

4. Do you wear or have any of the following? Glasses Contact Lenses Hearing Aides Pacemaker Defibrillator

5. Have you had any surgery or significant health problems in the past two years? Yes No

If yes, please explain: _____

6. Do you take any medication? Yes No

If yes, please explain: _____

7. Have you had a Tetanus Shot? Yes No If Yes date: ____/____/____

8. Do you have any special Dietary Needs? Yes No

If yes, please explain: _____

Authorization and Consent for Medical Treatment

MEDICAL RELEASE OF MINOR (17 years of age or younger)

I hereby give to _____ Permission to authorize whatever medical treatment may be necessary
(name of individual in charge of team)
in case of _____, a minor of whom I am the parent or legal guardian while on a mission trip with Salem
(name of minor participant)
Baptist Church.

It is understood that this Release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the person named above is given my permission to do whatsoever is necessary.

Parent/Guardian Signature: _____ Date: ____/____/____
Printed Name: _____

MEDICAL RELEASE FOR ADULT

I hereby give to _____ Permission to authorize whatever medical treatment may be necessary
(name of individual in charge of team)
For me, _____, while on a mission trip with Salem Baptist Church. If such treatment is recommended by a
(name of participant)
physician or surgeon and is performed by qualified medical personnel, I will not hold the above-named person, or anyone connected with Salem Baptist Church responsible in case of adverse results or problems that arise from such treatment.

It is understood that this Release is valid only in an emergency where I am unable to consent to the medical treatment deemed appropriate for my care.

Participant Signature: _____ Date: ____/____/____
Printed Name: _____
Witness Signature: _____ Date: ____/____/____
Printed Name: _____