

Do not staple!

# Volunteer Missions Application

## First Baptist Church Opelika

Please see checklist of **required** documents. When all paperwork is completed, signed and returned to FBCO office, you will be added to the team.

### Team Information

Trip Location \_\_\_\_\_

Team Leader \_\_\_\_\_

### Participant Information (PLEASE PRINT)

(If international trip, print name EXACTLY as it appears on your passport.)

Full Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email (write zeros as 0) \_\_\_\_\_

Parent/Guardian (if younger than 19 years old): \_\_\_\_\_

**PASSPORT: Must provide two (2) color copies of passport. See checklist for detailed instructions.**

*It usually takes at least six weeks to receive your passport after application. Apply at the Circuit Clerk's office in the Lee County Justice Center or apply online at <http://travel.state.gov/passport/>. You must include an **official** copy of your birth certificate and two official passport photos with your passport application. Passport photos are made in most chain pharmacy stores. **Go now to apply!***

### Background Information

Have you ever been convicted of a crime? (Excluding minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details on a separate sheet. **NOTE:** We serve a God of grace and mercy. It is our desire to extend the same to you. A conviction does not necessarily preclude you from serving in a mission capacity.

### Ministry Information (Write on the back of the page if you need additional space)

Why do you feel God is calling you to be a part of this particular mission trip?

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List any skills, talents, languages, or hobbies you feel might be helpful in missions' service.

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Have you previously participated in short-term missions trips/projects? (Please list)

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**Print Your Name** \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home or Work Phone \_\_\_\_\_ Email (write zeros as 0) \_\_\_\_\_

**Health Insurance**

Insurance Company \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_  
Policy holder relationship to You \_\_\_\_\_ Policy # \_\_\_\_\_  
Group# \_\_\_\_\_  
Ins. Co. Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information (Note: By law, we cannot require that you provide personal medical info. However, you need to weigh the risk of not providing information that could be life-saving in the event that you experience a medical emergency on the trip. All info provided is kept confidential.)**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under the care of a physician or therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and list health issues you have (i.e. high blood pressure, diabetes, etc.)

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Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list any allergies to medications, animals, food, etc.

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List Medications taken on a regular basis (including over the counter and herbal remedies)


Name of Beneficiary \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
(Required by trip insurance company)

In the event that I become ill or am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force for the applicant named in this document.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Parent signature if under 19 years of age)**

**Covenant & Commitments (Please read and initial each section.)**

I am committed to preparing myself spiritually for this mission event through prayer and Bible Study. I will commit to ask others to support me and my team in prayer before and during the trip. \_\_\_\_\_

I understand that I am held to a higher standard of accountability and that my behavior is a reflection of my spiritual walk. Knowing this, I will endeavor to live a life that is pleasing to the Lord. \_\_\_\_\_

I will submit to the church leadership and will show support for those appointed by our leadership. If at any time I disagree with the direction of someone in leadership, I will address my concerns with that individual before seeking input from another. \_\_\_\_\_

I understand that the use of alcohol, tobacco, or illegal drugs may result in my dismissal from the trip. \_\_\_\_\_

I understand that by my signature, I am agreeing to all requirements listed in this covenant. If I fail to meet or uphold any of the expectations listed, either before or during the trip, I understand that I may forfeit my opportunity to go on this mission trip.

FBC Opelika may:

1. photograph me and record my appearance and voice for the purpose of promoting missions education and participation at FBCO, whether by film, videotape, magnetic tape, digitally, or otherwise;
2. Make copies of the photographs and recordings made;
3. Distribute photographs and recordings through all media now and in the future;
4. Use my name and likeness for the purpose of ministry, education, promotion or advertising of the sale or sharing with other ministries the photographs, recordings, and any copies so made.

\_\_\_\_\_ Initial (parent or guardian if under 19)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**

I, \_\_\_\_\_, do agree not to hold First Baptist Opelika, her trustees, deacons, employees, or other agents liable for any injury, loss, damage, or accident that I may encounter while on a short-term missions event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risk and possible dangers. I am well aware that my travel to such a foreign country exposes me to risks and hazards including, but not limited to, injury by accident, disease, war, political unrest, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and other calamities.

I accept my assignment with full awareness of these risks, and I unconditionally agree to hold First Baptist Church, Opelika, her trustees, deacons, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost damaged, or stolen while on a short-term mission trip.

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**DO NOT SIGN UNTIL IN THE PRESENCE OF THE NOTARY PUBLIC**

Signed: \_\_\_\_\_ Parent Signature (if under 19 years of age): \_\_\_\_\_

And dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**The following is to be completed by the Notary Public witnessing the individual's signature.**

Subscribed and sworn to before me in my Presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
a Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_

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Notary Printed Name \_\_\_\_\_ Notary Signature \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

Revised 01/31/18