

***Michael Memorial Baptist Church
iGO Team Member Application Packet***



***“Making Disciples at Home,
Across the Street and Around the World”***

MISSION APPLICATION

GENERAL INFORMATION

Application Date _____ Date of Trip _____

Location of Trip _____

Full Name (*As It Appears on Passport*) _____

Passport Number _____ Expiration Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____ Mobile Phone _____

Marital Status _____ Spouse's Name _____

Date of Birth _____

List Children's Names _____

Occupation _____ Employer _____

Employer Address _____

EMERGENCY INFORMATION

Name _____ Relationship _____

Phone Number _____ Email Address _____

Beneficiary/Relationship _____

(For Michael Memorial Medical Emergency Insurance Purposes)

RELATIONSHIP TO MICHAEL MEMORIAL BAPTIST CHURCH

Are you a member of Michael Memorial Baptist Church? _____

If yes, for how long? _____

If no, what church do you currently attend on a regular basis? _____

Your Area(s) of Service _____

SIGNATURE

DATE

**ASSUMPTION OF RISK FOR
MMBC SHORT-TERM VOLUNTEER**

*Note: This form is for use by adults who participate on short-term mission trips. Because Michael Memorial Baptist Church may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising these activities, we ask participants on such trips to assume all risks associated with them as a condition of participation.

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer on a Michael Memorial Baptist Church sponsored mission trip, to _____ (destination of trip), represent and agree that:

1. I am a volunteer worker and not an employee of Michael Memorial Baptist Church.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to any insurance coverage that may be available to me from any source, and only with respect to Michael Memorial Baptist Church, their employees and representatives, successors or assigns, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release Michael Memorial Baptist Church from any liability whatever arising as result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that Michael Memorial Baptist Church may not have insurance coverage that would apply in the event of my death, illness, injury or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of the insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Printed Name _____

Signature _____

Date _____

Address _____

City _____

State & Zip _____

IMPORTANT: *Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.*

Witnesses _____

MICHAEL MEMORIAL BAPTIST CHURCH MEDICAL RELEASE/PERMISSION TO TREAT FORM

NOTE: Please complete this form fully before submitting.

Team Information

Team Leader _____

Trip Location _____ Trip Dates _____

Personal Information

Full Name _____ Gender _____

SSN _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Parent/Guardian (if younger than 19 years old) _____

Emergency Contact Information

Please provide the name and contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

Name _____ Relationship to You _____

Phone Number _____ Alt. Phone _____

Name _____ Relationship to You _____

Phone Number _____ Alt. Phone _____

Insurance Information

Please attach a copy of the front and back of your insurance card.

Insurance Company _____

Policy Holder _____ Relationship _____

Policy Number _____ Group Number _____

Insurance Company Address _____

Medical Information

Primary Care Physician _____

Physician Address _____ Phone Number _____

Do you have any allergies? (Circle One) **YES** **NO**

If yes, please explain _____

List any specific medical conditions requiring medical treatment and/or medication _____

List ALL medication taken on a regular basis _____

List all operations/serious injuries (include dates) within the past five years _____

Have you had contact with contagious or infectious diseases within the last four weeks? (Circle One) **YES** **NO**

If yes, please explain _____

Do you have any special dietary restriction? (Circle One) **YES** **NO**

If yes, please explain _____

What type of pain medication may be given if necessary? _____

Emergency Authorization

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary or secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or authorize surgery for me.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release MMBC, its employees or agents, and in country contacts from liability associated with participation in a mission trip.

I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury.

I understand that there are risks involved in participating in a mission trip.

Signature: _____ Date _____

(Must be signed by a parent or guardian if under 19 years of age.)

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

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____), to be the person whose name is subscribed as a witness to the foregoing instrument of writing and acknowledged in his presence that he had executed the same for the purposes and consideration therein expressed.

Given under my hand and the seal of office this _____ day of _____, A.D. _____

Notary Public Signature

My commission expires the _____ day of _____, A.D. _____.



MMBC TEAM MEMBER COVENANT

Team members who participate in Michael Memorial's mission journeys are reminded that they are ambassadors of Jesus Christ, (2 Corinthians 5:20). As you go on your mission journey, you first and foremost represent Jesus Christ. In addition, you represent your family, your church, and if traveling internationally, your country. This is a tremendous responsibility. For this reason, we ask that each team member seek to be above reproach in his/her actions and attitudes.

- ~ Commit to faithfully attend the team training meetings at the scheduled times.
- ~ Submit to the team leader(s) authority.
- ~ Abstain from the consumption of alcoholic beverages or any use of tobacco or illegal drugs while on this trip.
- ~ Be careful in all areas of dress. What may be acceptable in our community may not be acceptable in the community you are visiting.
- ~ Respect the decisions made for the benefit of the whole team and ministry effort.

A team member's behavior that is detrimental to the team, ministry, or host community may prohibit participation in future trips.

I have read this covenant and understand the guidelines established above.

SIGNATURE

DATE