

# Center for Student Missions: Nashville

## with Central Baptist High School Ministry

July 6-13, 2019  Cost \$600

### The Trip

Join our student ministry as we head to Nashville for a week of ministry with the Center For Student Missions. We'll spend a week learning about the challenges of urban ministry and serving alongside people who are involved in those ministries. We'll experience a variety of ministry opportunities: meal distribution, Bible school, elderly companionship, food prep, and sorting clothing. You'll be amazed at the ways God uses different people in different places! Perhaps you'll see yourself serving the urban poor as a career someday.

### CSM

The Center for Student Missions operates as ambassadors of Jesus Christ and His Gospel. Their goal is to provide an effective urban ministry experience that transforms lives, influences churches and communities, and honors Christ. They are currently operating in 10 of the largest urban centers in the United States. Center for Student Missions has been serving in Nashville since 1998 by partnering with local ministries as they seek to connect students with those who are most over looked by society.

### The Cost

Our trip will be July 6 through the 13. The cost of the trip is \$600 and covers transportation, food, and all Center for Student Missions fees. This trip will probably impact you spiritually as well. You may not be the same person when you get home. God will work in our hearts all week. Please be prepared for that cost as well!

*For more information about our trip, please contact Pastor Mike Henry at 712-239-1000 or [mike@cbsiouxcity.org](mailto:mike@cbsiouxcity.org)*



REGISTRATION DEADLINE IS FEBRUARY 27, 2019

Central Baptist Church  
4001 Indian Hills Drive  
Sioux City, IA 51108  
712-239-1000  
www.cbcsiouxcity.org

## APPLICATION FOR NASHVILLE MISSION TRIP

Date of Trip: July 6-13, 2019

Please turn in application and \$50.00 deposit (payable to CBC) no later than February 27, 2019.

### GENERAL INFORMATION: (please print)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Parent 1 Last Name \_\_\_\_\_ Parent 1 First Name \_\_\_\_\_

Parent 1 Cell Phone \_\_\_\_\_ Parent 1 Work Phone \_\_\_\_\_

Parent 1 Email \_\_\_\_\_

Parent 2 Last Name \_\_\_\_\_ Parent 2 First Name \_\_\_\_\_

Parent 2 Cell Phone \_\_\_\_\_ Parent 2 Work Phone \_\_\_\_\_

Parent 2 Email \_\_\_\_\_

### SPIRITUAL INFORMATION:

Is Central Baptist your home church? Yes \_\_\_\_\_ No \_\_\_\_\_

If Central is not your church home, how are you associated with Central? \_\_\_\_\_

What ministries are you involved with at Central? \_\_\_\_\_

Explain if you serve in any volunteer/leadership role in any ministry or outside the church:

What do you think your spiritual gifts are? \_\_\_\_\_

Please list two people who know you and your spiritual walk (name and phone #):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please describe how and when you came to know the Lord: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served on a mission trip, or had any cross-cultural experience? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Please explain briefly why you want to participate in this mission trip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION:**

Do you have or have you ever had:

Fainting Spells \_\_\_\_\_ Heart Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

Eating Disorder \_\_\_\_\_ Respiratory Problems Seizures \_\_\_\_\_

Do you have any condition which might affect your ability to fully function as a missionary on this trip  
(i.e., fear of flying, depression, anxiety, sleeping disorders)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any chronic illnesses or allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently under medication prescribed by a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any psychiatric care or treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please list any hospitalization history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your health and fitness?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Needs work \_\_\_\_\_

Are there any health concerns which could bear upon your ability to handle the rigors of travel?

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**PERSONAL INFORMATION:**

What are your personal expectations for this trip?

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How does your family feel about you going on this trip? \_\_\_\_\_

Have you been involved with any of the following within the past year?

Alcohol or Tobacco \_\_\_\_\_ Illegal Drugs \_\_\_\_\_  
A Cult or the Occult \_\_\_\_\_ Criminal Activity \_\_\_\_\_

What are the most significant events that have occurred in your life in the past two years?

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Central Baptist Church requires compliance with rules and regulations, including the rules concerning conduct, dress and Christian lifestyle. These are explained in the Team Covenant, which will be provided to accepted team members. Failure by team members, leaders and staff to comply with these policies is grounds for dismissal, without refund or reimbursement.

Team members, leaders, and staff serve at their own risk, and CBC is not liable in the event of sickness, accident, death, or terrorist acts or for transportation and any other expense beyond normal involvement. Application fees and all sponsor funds received by CBC are contributions and are not refundable. To receive a tax deduction, the IRS stipulates that the donor must release control of all funds donated to a non-profit organization. For this reason, contributions from sponsors cannot be refunded, nor can they be designated to any specific person. The individual will be a fundraiser and will receive credit for raising funds equal to the price of his/her trip. We require all participants to be in good physical condition, and we may require a doctor's reference and exam.

I have read and understand the above information. The information I have given CBC is accurate and true to the best of my knowledge. My signature signifies my approval of all guidelines listed above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if applicant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

# Activity Participation Agreement

## ACTIVITY SPONSOR INFORMATION

Central Baptist Church  
4001 Indian Hills Drive  
Sioux City, Iowa 51108  
(712)239-1000

**DESCRIPTION OF ACTIVITY:** CENTER FOR STUDENT MISSIONS TRIP

**DATE(S) AND LOCATION OF ACTIVITY:** JULY 6-13, 2019 • NASHVILLE, TN

### **PARTICIPANT INFORMATION** *(To be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Is participant covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

### **PARTICIPATION AGREEMENT**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (Or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant and/or ALL parent/guardians if participant is a minor)