

Marketplace Missions

PMB 114, PO BOX 9011, Calexico, CA 92232-9011

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Volunteer Application (please print or type)

Instructions

Filling out this application:

- Print the form on your printer, fill it out, and either mail or fax it to us. The one exception to faxing is that a minor notarized travel/medical release form must be mailed with original signatures. Your deposit payment can be mailed, paid with PayPal, or wired (call for routing and account information).
- You can scan your filled-out, signed document and email it to boblewis.california@gmail.com and use PayPal on our website to pay your deposits or you can mail your check.

To reserve a place on a team, you must return Volunteer Application form along with the following:

- Signed release form (this is part of this application. Please see below.)
- Photocopy of your passport identification page (the page with your picture)
- All professionals (doctors, nurses, ministers, etc.) must have current credentials and be able to produce them

Date and name of your mission trip: _____

Family (last) Name: _____ First Name: _____

Middle Initial: _____

Birth Date: _____ Gender: Male Female
Month/Day/Year

Address _____
Street or P.O. Box

City _____ State _____ Zip Code _____

Home phone: _____ Work phone: _____
Area Code Area Code

Email address: _____

Occupation: _____ Professional license: _____

Passport number: _____ Country of Citizenship: _____

Place of Issue: _____ Expiration date: _____

In case of emergency notify:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Medical information:

Allergies: _____

Medical problems: _____

Mission trip target country: _____

Date of mission trip desired

First choice: _____ Second choice: _____

Have you served on a mission team before? Yes No

Please tell us of any of your special skills or any other pertinent information: _____

Do you speak Spanish? Yes No

If you speak Spanish, at what level? Translator
 Conversational A few phrases Not at all

Where did you hear about Marketplace Ministries? _____

T-shirt size (circle one):	S	M	L	XL	XXL
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Please read the following Scripture verses and kindly respond to the remaining questions:

Matt 28:19-20

19 "Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit,

20 "teaching them to observe all things that I have commanded you; and lo, I am with you always, even to the end of the age."

James 2:15-17

15 If a brother or sister is naked and destitute of daily food,

16 and one of you says to them, "Depart in peace, be warmed and filled," but you do not give them the things which are needed for the body, what does it profit?

17 Thus also faith by itself, if it does not have works, is dead.

WOULD YOU SAY YOU HAVE A RELATIONSHIP WITH JESUS CHRIST?

Yes No I'm not sure What does that mean?

ARE YOU CURRENTLY IN CHRISTIAN FELLOWSHIP? Yes No

CHURCH NAME: _____

PASTOR'S NAME: _____

MAY WE CONTACT YOUR PASTOR AS A REFERENCE?

Yes No

CHURCH ADDRESS: _____

CHURCH TELEPHONE: _____

Area Code Telephone number

ARE YOU COMFORTABLE WITH SHARING YOUR PERSONAL TESTIMONY OF FAITH IN CHRIST AS YOUR SAVIOR? Yes No Maybe

HAVE YOU EVER INDIVIDUALLY LED SOMEONE TO RECEIVE CHRIST?

Yes No I'm not sure, but I would like to do so

WOULD YOU LIKE TO RECEIVE PERSONAL EVANGELISM TRAINING?

Yes No Not sure

COMMENTS:

RELEASE AND WAIVER OF LIABILITY
For Adults Traveling with MPM

I affix my signature to this acknowledging that I am an adult 18 years of age or older who desires to volunteer my services to Marketplace Missions, a nonprofit corporation hereafter referred to as MPM. I understand and acknowledge that there may be risks of bodily injury or illness, with the possibility of death, inherent in travel to foreign countries, and to the interaction with the people of that country and through the provision of, or assistance with, medical and / or dental and spiritual care in

such countries, and I voluntarily assume all such risks in connection with my travel and activities with Marketplace Ministries.

As a consideration for the right and privilege of being permitted to participate in the activities and services of MPM, the sufficiency of which is hereby acknowledged, the undersigned does hereby release MPM and its directors, officers, agents and employees from any and all liability of any kind whatsoever and hold such blameless and harmless for any injury or illness (including death) whether physical or emotional, or property damage or loss of any nature resulting from, arising out of or in any way connected to the work, services or activities performed or engaged in or for MPM and to hold, MPM its directors, officers, employees and agents harmless and indemnify and defend them against, all claims, liabilities, loss, damage or costs in any way connected to my activities engaged in or performed in connection with MPM.

The undersigned acknowledges and affirms that he/she has carefully read this release and has asked for and obtained a satisfactory explanation to any questions he/ she had and has signed this release voluntarily.

Signature of volunteer
(digital signature acceptable)

Date

Print or type name of volunteer

*Parental Consent for Minor to Travel
into the countries of Central America and Mexico
and to Receive Medical Treatment (Must be Notarized)*

We, the undersigned parents or guardians of _____, a minor, hereby give permission for the minor named above to participate in an event sponsored by Marketplace Missions, Inc. (MPM), in the country of _____ yet open to any extensions determined by the tour leaders to be necessary. We agree to reimburse MPM should it incur any expenses in the event that the participant must leave the group prior to the return of the group for any and all reasons (such as a family emergency, medical treatment, discipline issues).

Travel into Central America, Mexico, or any Other Foreign Country (should necessity arise)

We, the undersigned parents or guardians of the minor, do hereby authorize MPM, or its agent, to transport the participant into any Central American country, Mexico, or any other country (-ies) determined to be entered for the purposes of the event.

Medical Authorization

We, the undersigned parents or guardians of the participant, do hereby authorize MPM or its agent to have consent to authorize any medical/dental examinations, x-rays, anesthetics, procedures, surgical diagnoses and or treatments and hospital cares for _____, a minor, that are deemed necessary for the health and well-being of said minor.

Further, as parents and/or guardians of the participant, we do hereby expressly consent that the above named minor may receive emergency medical care without our notification, unless it is possible to do so without risk to the health and well-being or the above named minor, and do further agree to hold blameless any physician, hospital, dentist, nurse or other medical care giver for rendering such services. We agree to pay any costs incurred in treating the participant.

Personal Insurance Company or Group: _____ Policy Number: _____

Name of Primary on Policy: _____ ID #: _____

Name of Tour Participant: _____ Birthdate: _____

Relationship of Participant to Primary Insured: _____

Claims Address of Insurance Co.: _____

Claims Telephone Number of Insurance Co.: _____

Participant's Permanent Address: _____

Daytime Phone: _____ Evening Phone: _____

Name of Parent or Guardian A (print name): _____

Signature: _____ Relationship to participant: _____ Date: _____

Name of Parent or Guardian B (print name): _____

Signature: _____ Relationship to participant: _____ Date: _____

NOTARY PUBLIC: _____ DATE: _____