

St. Clair Baptist Association

P O Box 160

Ashville AL 35953

Phone 205-594-5173 FAX 205-594-2232

Website: stcba.org



MISSION TRIP VOLUNTEER WORKER

INFORMATION/APPLICATION

Today's Date _____

Full Legal Name _____ Name you go by _____

Date of Birth _____ Age _____ Gender: Circle (Male Female)

School Grade/year (if applies) _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

T-Shirt Size (Please Circle) Youth sizes: Small Medium Large

Adult sizes: Small Medium Large X-Large 2X-Large 3X-Large

Church you attend _____

Pastor or Church Leader's Name _____

Title _____ Contact Phone # _____

How would you describe your daily relationship with Christ? _____

Have you ever been on a mission trip? Yes _____ No _____

If yes, please list locations and dates _____

Why do you sense God is leading you to go on this mission trip? _____

GIFTS & TALENTS

Do you speak a foreign language? Yes _____ No _____ Language _____

Do you sing or play an instrument? Yes _____ No _____ What instrument? _____

Would you be willing to use this talent on the mission trip? _____

What are your spiritual gifts? _____

Please share any special skills or abilities you could use during the mission trip. (examples: Preach, teach, Puppets, drama, VBS, Crafts, sewing, Teaching children, ESL training, etc) _____

Please share any construction experience and certifications you could use on this trip. (examples: Electrical, Flooring, Plumbing, Framing, other) _____

What other talents or resources can you offer to make this trip a great experience? _____

INSURANCE INFORMATION

- PLEASE NOTE THAT THE TRAVEL INSURANCE THAT SCBA WILL PROVIDE FOR YOU IS IN ADDITION TO YOUR PERSONAL MEDICAL INSURANCE.
- *THE INFORMATION YOU PROVIDE WILL NOT BE USED FOR ANY OTHER PURPOSE.*

REQUIRED TRAVEL INSURANCE INFORMATION

Date of Birth: _____
 Month Day Year

Your Beneficiary full name _____

REQUIRED PERSONAL MEDICAL INSURANCE

Insurance Provider Name _____

Policy # _____ Group# _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD!

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to you _____

Their address _____

Home Phone _____ Cell _____

Do you have any particular health problems we should know about? Yes _____ No _____

Describe _____

Are you on any medication? Yes _____ No _____

Please list medications (use extra sheet of paper if needed) _____

Please indicate any pertinent information we should have concerning any medical problems you may have.

NOTICE THE FOLLOWING PAGES MUST BE SIGNED AND WITNESSED

INDEMNITY INFORMATION

Indemnity and Release Form

I, the undersigned, wish to voluntarily participate in the _____ (activity). I understand that I will be included in photographs will be included in social media and other public media.

I understand that my payment for the trip is non-refundable. Any funds generated from cancellations will go to assist in the cost of the trip or to the general fund.

I understand that my pastor or church leadership must give a positive reference in order to be included on this trip.

In consideration for being permitted to participate in the _____ (activity), in the city of _____, the state of _____, and country of _____, beginning the ____ day of _____, 20____, I, the undersigned, fully recognizing the dangers and hazards inherent in the _____ (activity), and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the _____ (activity), do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, **St. Clair Baptist Association** (organization), its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above _____ (activity).

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify **St. Clair Baptist Association** (organization), for injuries, damages or losses I may cause and giving up rights to sue **St. Clair Baptist Association** (organization) for injuries, damages or losses I may incur.

I authorize **St. Clair Baptist Association** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the event/activity.

{I understand and acknowledge that **St. Clair Baptist Association** is not obligated to provide health or medical insurance in connection with the event/activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the event/activity.}

Executed this _____ day of _____ 2019

Signature _____

Printed Name _____

Witness: _____

Witness: _____

THIS SECTION FOR MINORS UNDER 18, BY JUNE 15, 2019

(MUST BE NOTORIZED IF THE MINOR WILL BE TRAVELING WITHOUT A PARENT OR GUARDIAN)

PARENTAL CONSENT AND YOUTH MEDICAL RELEASE AFFIDAVIT

Child/Teen's Full Name _____

I/We, _____ and _____

Parents of _____ give our permission to St. Clair Baptist Association to travel to _____ on these dates _____ with our child.

SCBA also has our permission to make any decisions regarding medical emergencies in our absence.

I/We, the undersigned, will not hold St. Clair Baptist Association responsible for sickness or accidents which may occur while on the mission trip. I/We, also realize we are responsible for providing medical insurance for the above named child/teen.

Parent's Signature _____ Date _____

Printed Name _____

Notary Public signature _____

My Commission Expires _____ Seal County _____ State _____



**ST. CLAIR BAPTIST
ASSOCIATION**

P O Box 160
Ashville AL 35953

Phone: 205-594-5173
Email: linda@stcba.org
Website: stcba.org

BACKGROUND CHECK AUTHORIZATION RELEASE OF LIABILITY

I, _____, Date of Birth: _____,

Social Security Number: _____, do hereby authorize the St. Clair Baptist Association, SBC, to conduct a criminal background investigation.

I release, indemnify and forever hold harmless the St. Clair Baptist Association, SBC, their agents or assigns, from any and all claims and/or liabilities that may arise as a result of these investigations. Further, I release, indemnify and forever hold harmless any person, corporation, company, institution or individual and their agents and assigns who may act upon authority of this release.

I authorize and certify that a photocopy or electronic facsimile of this Release shall serve with the same authority as the original. Further, if any county or state/province requires a notarized copy of this document before a background check can be completed; such notarized copy must then be provided by the applicant.

(NOTE: If applicant is a Canadian citizen or resident, further documentation will be required to complete the background check process. They will be contacted and this documentation will be sent to them.)

Please indicate the county and state in which you reside:

County State/Province: _____

X _____

Signature Required
(In completing this form electronically, typing your full legal name – first, middle, last - above will constitute your legal signature.)

Date: _____