

GLOBAL MISSIONS ADULT APPLICATION FORM

COMPLETE AND RETURN TO:

GLOBAL MISSIONS DEPARTMENT
 Lexington Baptist Church
 308 East Main St. ~ Lexington, SC 29072-3699
 Phone: 803.996-8836 ~www.LexingtonBaptist.org/Ministries/Missions

GENERAL INSTRUCTIONS:

1. Complete one (1) form for each person going. Form **MUST** be completed **ANNUALLY**.
2. Print neatly, using blue or black ink.
3. **Include your deposit of \$200 and a copy of your passport when submitting your APPLICATION FORM. No consideration will be given an APPLICATION FORM without a deposit.**
4. Final balance **MUST** be paid prior to departure.

PASSPORT NAME (NO NICKNAMES): Last		First	Middle	DATE OF BIRTH / /	
ADDRESS: Street/Box	City	State	Zip	CELL PHONE: ()	HOME PHONE: ()
DO YOU HAVE A PASSPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, passport #		DATE OF EXPIRATION: / /		EMAIL ADDRESS:	
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married	NAME OF SPOUSE:		INSURANCE BENEFICIARY INFORMATION: Name: Relationship (spouse, etc.):		
SPIRITUAL GIFTS/ TALENTS USED IN MINISTRY: (Example: Teaching, Preaching, Music, Hospitality, Greeter, Drama/Arts, etc.)					

PERSONAL RECOMMENDATION BY A LEADER AT LBC (Cannot be family member or relative) (Leader = SS Teacher, Deacon, Pastoral Staff Members, or Global Impact Team Member)

Because of my personal knowledge of the above individual's spiritual life and their desire to serve the Lord through volunteer missions, I recommend them for this volunteer project.

Name (print): _____

Leadership Position at LBC: _____

How Long Have You Known the Applicant?: _____

Signature: _____

PERMANENT EMERGENCY CONTACT INFORMATION (Individual must not be going on same trip)

Name: Last	First	Relationship	Cell Phone: ()	Email Address:
------------	-------	--------------	--------------------	----------------

MY COVENANT

I covenant to make the necessary spiritual preparations for this assignment, to read carefully all training materials, attend all meetings, and to seek a servant heart as I serve the Lord abroad. My conduct, both in word and deed, will honor the Lord Jesus Christ. The words of my mouth and the meditations of my heart will be pleasing in His sight. I will employ my skills, talents, and spiritual gifts in the building and expansion of the Kingdom of God in the place where I will serve—as God gives me the inner strength and wisdom.

Initial _____

Medical Information* (Please read the WAIVER AND MEDICAL AUTHORIZATION FORM on the reverse side)

Knows how to swim?	Y	N	Please list any health conditions we must know about (i.e. heart, joint, etc)*: _____ _____ _____
Tetanus shot up to date? (Include date) _____	Y	N	
Any reaction to insect bites?	Y	N	
Asthma?	Y	N	
Allergy? (Name) _____	Y	N	
Any reaction to sun/sunburn?	Y	N	(*The above medical information may be delivered to us in a "confidential" envelope.)
Physical Limitations? (Please list in next box)	Y	N	

PERMISSION FORM

_____ has my permission to participate in the following activity which is being sponsored by Lexington Baptist Church, Lexington, South Carolina. Global Missions Activities between:

January 01, 20__ and December 31, 20__ Please check all that apply:

- Guatemala Mission Trip
- Honduras Mission Trip
- Central Asia Mission Trip
- Canada Mission Trip
- Thailand Mission Trip
- Armenia Mission Trip
- Russia Mission Trip
- Zimbabwe Mission Trip
- Other: _____ (Must be approved by the Global Impact Committee)

WAIVER AND MEDICAL AUTHORIZATION FORM

I have consented to my participation in the Church sponsored activity described in the accompanying PERMISSION FORM. In consideration for my being allowed to participate in this activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Lexington Baptist Church, Lexington, South Carolina, its pastors, agents, servants, employees, and Church members which arise out of, or relate to, my participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I release Lexington Baptist Church, its Pastors, agents, servants, employees, and Church members and waive any claim and action of any kind for injury, disability, disease, death, or property damage which results from my participation in the Church sponsored activity described in the PERMISSION FORM. This release specifically covers and releases any and all claims against Lexington Baptist Church, its Pastors, agents, servant, employees, and Church members for their own negligence.
2. I agree, and I hereby bind my estate, to hold harmless and fully and completely indemnify Lexington Baptist Church, its Pastors, agents, servants, employees, and Church members against any claim by me, or my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my participation in the Church sponsored activity described in the PERMISSION FORM, including all costs and all attorney's fees which are incurred by them.
3. This is to indicate my acknowledgement, notice and full knowledge that there are risks, hazards, and dangers that are associated with any activity, including but not limited to the activities outlined above, and that this is to acknowledge that I freely and voluntarily assume any and all risks and hazards incident to my participation in such activity and consent to my full participation.
4. I authorize Lexington Baptist Church, its Pastors, agents, servants, employees, and Church members to furnish myself with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deem the same to be needed for myself. This authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for medical care furnished to myself or to reimburse Lexington Baptist Church for that medical care.
5. I further authorize Lexington Baptist Church and its Pastors and employees to conduct a background check as described in the "Notification and Authorization to Conduct Background Investigation" FORM. I also understand that Lexington Baptist Church will retain a copy of the background check results in the Church Administrators Office.

_____ Signed and dated ____/____/20____
Participant Signature

TEAM LEADER SIGNATURE (Team Leader MUST witness participant signature):

_____ Signed and dated ____/____/20____

For Office Use Only:

Deposit?:_____ Ck#_____ Insurance Information?:_____ Passport Copy?:_____