

# Grace Bible Church Short Term Trip – Application

Trip Name \_\_\_\_\_ Trip Leader \_\_\_\_\_

## PERSONAL DATA

Name (as shown in passport) \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Phone (preferred) \_\_\_\_\_ E-mail \_\_\_\_\_

US Citizen: \_\_\_ Yes \_\_\_ No. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Passport Number \_\_\_\_\_ Country \_\_\_\_\_ Expiration \_\_\_\_\_

Marital Status (check all that apply)

\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Engaged \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Remarried

Spouse's Name \_\_\_\_\_

Names and Ages of Children who will attend trip with you \_\_\_\_\_

## TRIP QUALIFICATIONS

List your level of proficiency with foreign languages relevant to this trip.

List your skills, talents, or experience, which may be helpful on this trip.

What do you think your spiritual gifts are?

Describe your prior missions experience

Country	Organization	Dates	Ministry Activities
_____	_____	_____	_____

## CHURCH INVOLVEMENT

Church home: \_\_\_ GBC \_\_\_ Other (church name, location: \_\_\_\_\_)

\_\_\_ Member \_\_\_ Regular Attendee. Length of membership \_\_\_\_\_

List the ministries with which you have been active at your church, including time of involvement and leadership positions.

List the service or leadership activities with which you have been involved outside of church, including time of involvement and leadership positions.

**TESTIMONY**

Please share your salvation testimony. Specify how long you have been a believer.

Explain how a person becomes a Christian.

Describe your walk with the Lord at the present time.

Tell us why you desire to go on this mission trip. What do you hope to see the Lord accomplish in and through you?

**REFERENCES**

**Reference 1:** Church pastor or director in a ministry in which you serve.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Reference 2:** Someone who knows your ministry abilities as well as your strengths and weaknesses.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**BACKGROUND**

Have you ever been convicted of or pleaded guilty to a criminal offense that would include the sale or use of drugs, child abuse, alcohol consumption, or crime involving actual or attempted sexual misconduct?

Answering 'yes' does not disqualify you from the trip. \_\_\_ Yes \_\_\_ No

If 'Yes', explain on another piece of paper.

Driver's License number \_\_\_\_\_ State \_\_\_\_\_ Restrictions \_\_\_\_\_  
Social Security number \_\_\_\_\_

**COVENANT**

By submitting this application, you agree to the following.

- ❖ I will participate in each training/informational meeting, or make up the meeting I miss with prior permission.
- ❖ I will not complain during the project and will do my best to have a servant's attitude.
- ❖ I will follow and respect the leadership on my project.
- ❖ I will not use bad language, alcohol, drugs or tobacco on the project.
- ❖ I will adhere to the established dress code.
- ❖ I will follow safety precautions during the project.
- ❖ I understand that if I break the terms of this agreement, my leaders may choose to send me home at my own expense.

**AUTHORIZATION**

The information on this form and attached forms is correct to the best of my knowledge.

I authorize Grace Bible Church, College Station, Texas (GBC), to perform a criminal background check.

I authorize any references to release all such information as will assist in the evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to GBC. I waive any right that I may have to inspect references or the background check. I hereby give GBC permission to contact my references and appropriate government agencies.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is under 18 years of age: Parent / Guardian Name \_\_\_\_\_

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

# GBC Short Term Trip – Medical and Liability Release

## PERSONAL DATA

Name (as shown in passport) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

## EMERGENCY CONTACT

Please list an emergency contact. For children under 18, provide parent / guardian information.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

## INSURANCE

All trip participants must provide their own health insurance as the primary source of coverage.  
Grace Bible Church will provide no medical, health, life or other insurance to participants.

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group, Policy Numbers \_\_\_\_\_

## MEDICAL

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus shot (must be within the last 10 years) \_\_\_\_\_ Blood Type: \_\_\_\_\_

If you have any medical problems, regularly use any medication, have a special diet or allergies (including allergies to medications), or have had a major illness or surgery within the last twelve months, please note them below.

## PERMISSION AND LIABILITY RELEASE

In consideration for being accepted by Grace Bible Church for participation in \_\_\_\_\_, \_\_\_\_\_,  
(trip name) (month and year)

we (I), being 18 years of age or older, do hold for ourselves (myself) and for and on behalf of my child-participant (if said child is not 18 years of age or older), do hereby release, forever discharge, and agree to hold harmless Grace Bible Church and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described activity.

Furthermore, we (I) and on behalf of our (my) child-participant (under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

**Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(if applicant is under 18 years of age)