

WHAT TRIP ARE YOU APPLYING FOR?

\_\_\_\_\_



# APPLICATION FOR 2020 MISSIONS

## PERSONAL INFORMATION

(Please Print)

Name \_\_\_\_\_

(As it appears on Driver's License)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Age \_\_\_\_)  
Month Day Year

Marital Status:  Single  Married  Separated  Divorced  Widowed

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

Active E-Mail \_\_\_\_\_

### ***International Trips only:***

Passport # \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as appears on Passport \_\_\_\_\_

Travel Insurance Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Have you completed "Share Jesus Without Fear" training or  Yes  No

E.E.? Have you been a member of OBC for at least six months?  Yes  No

Are you active in Sunday School or Life Groups?  Yes  No

### **In case of emergency, please notify:**

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

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**FIELD**

Please list any foreign language training and your level of proficiency \_\_\_\_\_

Please indicate any special skills, talents or Christian service experience that you feel may be helpful on this team \_\_\_\_\_

Please list missions experience:

COUNTRY	YEAR	MINISTRY

**INVOLVEMENT**

How long have you been a member of O.B.C.? \_\_\_\_\_

Are you actively involved? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the ministries with which you have been involved at Oakland. (Please include length of involvement and any leadership positions held). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PARTICIPATION AGREEMENT

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In consideration for participating on the following short-term mission project:

Trip Destination:

I agree to release, discharge, and hold harmless Oakland Baptist Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold blameless and to indemnify the Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representative to initiate medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

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

I agree to follow all policies and procedures pertaining to this trip as set by Oakland's Mission Committee. I also agree to participate in all of the training during the preparation process.

I understand that short-term missions projects involve joining the work of full-time missionaries. My actions and conduct while on this trip could seriously and severely affect their continued work with those they are ministering to. As a result, I am stating that I fully understand the implications and agree not to engage in any conduct that could potentially impede their work, including but not limited to, the use of alcoholic beverages or tobacco products. I will strive to honor Christ in all things while on the mission field.

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

**OAKLAND BAPTIST CHURCH—MEDICAL AND LIABILITY RELEASE  
FOR CHURCH-SPONSORED MISSION TRIPS**

(Please Print)

**MISSION TRIP TO** \_\_\_\_\_ **DATES** \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
In Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH/HOSPITALIZATION INSURANCE:**

Do you have health/hospitalization insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Insurance Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Group or Policy Number \_\_\_\_\_ Personal ID Number \_\_\_\_\_

Our church's liability insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness while you are on this church sponsored mission trip.

**HEALTH HISTORY:**

**Blood Type** \_\_\_\_\_

*Have you experienced any of the following health conditions? If so, please give details.*

- |                                   |                             |                                |
|-----------------------------------|-----------------------------|--------------------------------|
| 1. ___ Heart disorder             | 6. ___ Respiratory disorder | 11. ___ Diabetes/Hypoglycemia  |
| 2. ___ Digestive disorder         | 7. ___ Skin disorder        | 12. ___ Asthma/Sinus/Allergies |
| 3. ___ Nervous disorder           | 8. ___ Back/Neck disorder   | 13. ___ Epilepsy               |
| 4. ___ Metabolism disorder        | 9. ___ Urinary disorder     | 14. ___ Cancer                 |
| 5. ___ Blood circulation disorder | 10. ___ Emotional disorder  | 15. ___ Hepatitis              |
16. \_\_\_ Allergic reaction to any drugs. List and describe reaction (rash, shortness of breath, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS (both prescription and over-the-counter medications):**

<u>Name of Medication</u>	<u>Dosage (strength, frequency)</u>	<u>Reason for taking medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*"In the event that I cannot respond to an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery or deemed necessary." Signed:* \_\_\_\_\_

**LIABILITY RELEASE:**

Every mission trip sponsored by Oakland Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing, the mission team member agrees to assume and accept all risk and hazards inherent in the church-sponsored mission trip. He or she also agrees not to hold Oakland Baptist Church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The mission team member understands that he or she is signing this form for both a medical and liability release.

Mission Team Member \_\_\_\_\_ Date \_\_\_\_\_