



MountCarmel

General Mission Application

Mission Trip Destination: _____ Dates _____

First Name _____ Last Name _____

Gender: ☐ Male ☐ Female Birthday (mm/dd/yyyy): _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email (print clearly) _____

How do you prefer we contact you? ☐ Home Phone ☐ Cell Phone

Driver's License # _____ State of Issue _____

Marital Status ☐ Single ☐ Married

Occupation _____

Emergency Contact Name (not traveling with you): _____

Emergency Contact Phone Number: _____

Are you a US citizen? ☐ Yes ☐ No Do you have a passport? ☐ Yes ☐ No ☐ Applying

Required for International Mission Trips Only:

Full Name as it appears on passport _____

Passport Number _____ Passport Expiration Date _____

Beneficiary Information for Trip Insurance (two different people are required):

Primary Beneficiary Contact Name: _____

Primary Beneficiary Contact Relationship: _____

Primary Beneficiary Contact Phone: _____

Secondary Beneficiary Contact Name: _____

Secondary Beneficiary Contact Relationship: _____

Secondary Beneficiary Contact Phone: _____

Are you a member of Mount Carmel Baptist Church? ☐Yes ☐No

What Sunday School class are you a member of? _____

Where are you currently serving in ministry at Mount Carmel? _____

Have you ever traveled with Mount Carmel on a mission trip? ☐Yes ☐No

If yes, please provided destination, dates and team leader. _____

How (or from whom) did you learn of this current opportunity? _____

If you are not a member of Mount Carmel you must be a member in good standing in a church of like faith and provide a reference from the pastor of said church:

Church Name, how long have you been a member, Sunday School teacher, what other ministries you have been a part of, have you been on mission trips before, team leader:

Food Allergies: _____

Drug Allergies: _____

Other: _____

Three NON-family references are required. All references you submit must include a complete mailing address and email address. Please print clearly.

Reference #1	Reference #2	Reference #3
Full Name	Full Name	Full Name
Street Address	Street Address	Street Address
City, State, Zip	City, State, Zip	City, State, Zip
Email Address	Email Address	Email Address
Relation to Applicant (ie. Pastor, Life Group Leader, friend, etc.)	Relation to Applicant (ie. Pastor, Life Group Leader, friend, etc.)	Relation to Applicant (ie. Pastor, Life Group Leader, friend, etc.)

Briefly describe any major life changes you have gone through in the past year. (e.g., job or family changes, illness, injury, death of a relative or close friend, etc.) (Use separate sheet of paper if necessary.) _____

Do you feel you are spiritually ready? **Yes / No**

Can you and will you follow Directions? **Yes / No**

Can you and will you be a team player? **Yes / No**

Can you and will you follow the team leader even if you don't totally agree? **Yes / No**

I have read the missions guidelines and understand them, agree with them and will follow them: Signature _____

Evaluate the following statements.

	Not Well	So-So	Well	Extremely Well
How well do you deal with uncertainty and change?	1	2	3	4
How would you rate yourself in flexibility and adaptability?	1	2	3	4
How well do you take instruction?	1	2	3	4
Would you be willing to forego personal preferences to honor the culture in which you are going?	1	2	3	4

How do you know God has called you to go on this mission trip? (Use separate sheet of paper if necessary.)

Please briefly describe your strengths, ministry gifts/skills and weaknesses or areas in which you desire growth. (Use separate sheet of paper if necessary.)

Using the following outline, please write/type a brief personal testimony: (Use separate sheet of paper if necessary.)

1. My life before receiving Jesus Christ
2. How I realized I needed Jesus Christ
3. How I received Jesus Christ as my Lord and Savior
4. My life since receiving Jesus Christ

[illegible]



Liability and Waiver Release

1. To assume the risk of being a member of the mission team sponsored by Mount Carmel Church and I understood that such assumption of risk includes my personal responsibility for any and all personal injuries that I might sustain as a consequence of any activity related to being a part of the mission team.
2. That the assumption of risk shall also constitute a waiver of any right, claim or any other type of cause of action that I might have against Mount Carmel Baptist Church arising out of any activity of the mission team and that such waiver shall extend and include, not only Mount Carmel Baptist Church, but also any person affiliated with the activities Mount Carmel Baptist Church in sponsoring this mission team.
3. To hold harmless and indemnify Mount Carmel Baptist Church from any and all claims caused by myself that result in personal injury or property loss during the course of the trip.
4. To comply with all rules of conduct imposed by Mount Carmel Baptist Church, both written and unwritten, regardless of when they are imposed, and agree that my failure to comply with such rules of conduct can result in my dismissal from the mission team at the sole discretion of Mount Carmel Baptist Church acting by and through any person in supervision . It is understood that from time to time Mount Carmel Baptist Church may have in effect certain liability policies that might ensure to the benefit of the undersigned. In such event, the undersigned shall be allowed to recover pursuant to said liability policies and to the extent of said liability policies when appropriate. However, in no event will any liability attach to Mount Carmel Baptist Church or any of its members or representatives in an amount in excess of any liability coverage. I further acknowledge that I do not rely upon said liability coverage and Mount Carmel Baptist Church is under no obligation to have any liability coverage for any type of personal injury, property damage, or otherwise in effect at any time.

I hereby certify below that I have read the Liability and Waiver Release, and either agree or disagree to all statements herein contained.

☐ Yes, I agree

☐ No, I disagree



Participant Agreement

1. I will **abide by the directions and instructions of my team leader.**
2. I will remember that **I am representing Jesus Christ** as well as Mount Carmel. **I will model Jesus in my conduct, speech and attitude.** I will be positive and encouraging, and refrain from negative talk, complaining, gossip or any prejudices I may have. I will go as a team player and know that everyone will have to give and take. I will be flexible in my attitude and actions.
3. **I will abide by the local customs** and do everything in my power to respect their culture. I will go as a learner and humble servant open to other cultures and practices and be open to what God wants to teach me.
4. **I will participate in all team meetings, activities, and services with my team. I will pray regularly** for my team, the in country hosts as well as those we will be serving.
5. **I will refrain from the use of tobacco, alcohol, illegal drugs, profanity, and any type of pornography** (electronic or other); and should I not follow these guidelines, I understand that I will be forfeiting my participation on future opportunities.
6. **I will follow the dress code guidelines** and dress appropriately. My appearance is important for both the in country worker as well as the way local people perceive Christianity and me.
7. **I understand that all expenses associated with my participation are my responsibility.**
8. I understand that all costs for this trip are to be submitted in accordance with the required schedule of payment due dates.
9. I understand that certain expenses may not be fully refunded. For example, once airline tickets are purchased, they become your responsibility. Airline tickets are not transferable and may not be refundable. If I should cancel my participation, I may not be reimbursed and no monies that have been receipted as tax exempt can be returned to me by Mount Carmel Baptist Church.
10. I give Mount Carmel Baptist Church authorization to purchase travel insurance on my behalf for my participation.
11. If Mount Carmel is providing my travel arrangements, I give permission to Mount Carmel and their travel agent to make my domestic or international travel arrangements from my city of departure. I understand that I am responsible for payment of any travel arrangements made on my behalf by Mount Carmel and their travel agent. Should I desire to make my own travel arrangements, I will notify the team leader of those arrangements as soon as possible.

I hereby certify below that I have read the Participant Agreement, and either agree or disagree to all statements herein contained.

- ☐ Yes, I agree
☐ No, I disagree

Social Media Statement

Mount Carmel Baptist Church is engaged in mission outreach around the world. Many of the countries in which we travel are considered high security areas by the International Mission Board. These are classified as such for many reasons, including but not limited to: government regulations on religious conversions, radical religious groups of other faiths, political unrest, etc.

In an effort to work harmoniously with our partners on the ground, in order not to risk the safety of trip participants and to protect the anonymity of national believers; Mount Carmel Baptist Church could limit or prohibit the usage of all social media while traveling abroad. Additionally, this policy protects our church and any liabilities that might stem from unauthorized use and/or publication of images without express written consent.

As instructed by the team leader, I will limit or not use any form of social media, including blogs, to post pictures or send out updates during my travel. This includes Facebook, Twitter, Instagram and other publicly viewed social media or blogging websites.

I hereby certify below that I have read the Social Media Statement, and either agree or disagree to all statements herein contained.

- ☐ Yes, I agree
- ☐ No, I disagree



Medical Statement

Volunteer projects can be extremely strenuous and stressful. They may include long training or bus rides of 10 – 20 hours in duration. Travelers are almost always required to carry their own luggage. Restrooms are not always readily accessible. The food is high in fat, carbohydrates and sodium content. Fruits/vegetables may not be available.

The housing and meeting rooms may not have air conditioning and/or adequate heating. There can be a considerable amount of walking between the housing and meeting locations in addition to climbing many flights of stairs in meeting halls or hotels. During the winter months walking may be on snow-covered or ice-covered walkways and stairs. On the other hand, the summer months in much of the world are very hot and this might affect your overall strength and energy. The air quality is poor in many locations.

All of these factors may aggravate certain health conditions, and the medical facilities in some countries where we travel may provide inadequate care. We may request a medical release statement from your doctor. Some trips may require specific immunizations. Your team leader will have that information for you.

I hereby certify below that I have read the Medical Statement, and either agree or disagree to all statements herein contained.

☐ Yes, I agree

☐ No, I disagree

QUESTIONS	YES	NO
Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions listed above?		
Have you experienced any knee or back problems?		
Do you have any existing medical condition that may require extended medical treatment or surgery in the future?		
Have you had any surgery or major health problems in the past two years?		
Are you currently taking or do you regularly take any medications?		
Are you currently under a doctor's care or have you been in the past year?		
Are you currently physically active so as to maintain your strength & endurance?		
Do you have any special dietary needs? (if yes, list below)		
Do you have any allergies to medications, food, insects, plants or other things? (if yes, list below)		

Please list any medical conditions you would like to make your team leader aware of:

If yes to special dietary needs, please list here:_____ If

yes to allergies, please list here:_____