

## APPENDIX B

### MISSIONS PROJECT APPLICATION

Please answer all applicable information (please print). All information will be confidential and will only be shared with appropriate personnel. Use separate sheets as necessary.

Full Name (as on Passport) \_\_\_\_\_ Name goes by \_\_\_\_\_

Birth Date (day/mo/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Your Citizenship: USA \_\_\_\_\_ Other \_\_\_\_\_

Do you have a valid passport? Yes \_\_\_\_\_ No \_\_\_\_\_ Applied for-Date \_\_\_\_\_

Passport Number \_\_\_\_\_ Issued at \_\_\_\_\_

Please enclose one photo. Attached: Yes \_\_\_\_\_

Physical Description:

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Marital Status: Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Spouse's Name if applicable \_\_\_\_\_

Emergency contact(s) (Name, address, phone number, relationship):

\_\_\_\_\_  
\_\_\_\_\_

#### **Medical History**

a. General Health: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

b. Please list limitations \_\_\_\_\_

c. Any history of the following (circle): trick knee, weak ankles, bad back,  
other \_\_\_\_\_

d. Are you subject to (circle): diabetes, epilepsy, heart disease, hypertension,  
other \_\_\_\_\_

e. Appendix removed? \_\_\_\_\_

f. Tetanus shot updated? \_\_\_\_\_

g. List Current Medications: \_\_\_\_\_

\_\_\_\_\_

h. Allergies (food, drug, other): \_\_\_\_\_

\_\_\_\_\_

Medication used to treat allergies: \_\_\_\_\_

\_\_\_\_\_

i. Medical treatment received in the past 12 months \_\_\_\_\_

\_\_\_\_\_

j. Have you had or been exposed to any contagious disease in the past six months?\_\_\_\_  
If so what? \_\_\_\_\_

Current Home Church \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Pastor's Name (pastor will be contacted for reference) \_\_\_\_\_

Are you a member? Yes \_\_\_\_ No \_\_\_\_ Please list below your church activities/offices

\_\_\_\_\_

Other religious, civic, community activities/organizations: \_\_\_\_\_

\_\_\_\_\_

Briefly relate how and when you became a Christian \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your daily life, what does Jesus Christ mean to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking to serve in a Christian mission setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreign languages spoken? Languages \_\_\_\_\_

Fluent\_\_\_\_ Fair\_\_\_\_ Poor \_\_\_\_

## Participant Liability Release Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Olive Branch Baptist Church.

As a volunteer of the Olive Branch Baptist Church Mission Team, I confirm that I am going as a team member to the following mission field: \_\_\_\_\_ to provide the following ministry \_\_\_\_\_

I understand that this work may involve a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level, I certify that I am in good health and physically able to perform the type of work necessary for this mission project.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to minister to the needs of others. I assume all risk and responsibility from any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. Each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that Olive Branch Baptist Church arranges accommodations, I understand that they are not responsible for my personal effects and property and that they will not provide lock-up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

Parents are responsible for children that are minors and under the age of 18. Both parents or legal guardians must sign this agreement except in the case where one parent/guardian has sole custody of the child.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Olive Branch Baptist Church, Concord Baptist Association or Virginia Baptists together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

By my signature, as a parent of a minor under the age of 18, I give permission for my child to operate power tools that are necessary to carry out the mission project. I may opt out by listing specifically which power tools my child may not use. \_\_\_\_\_

By my signature, I also give permission for any photos, images or likeness of me to be used as a means to share the mission trip with others and/or to promote interest in future mission trips. I understand this includes posting photos, images and likeness on the church website or other internet sites. It also includes presentations to church and other groups. I may opt out by listing specifically where photos, images or likeness of me may not be used. \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if participant is a minor under 18.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if participant is a minor under 18.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (must be a non-relative over 18 years of age)

\_\_\_\_\_  
Date