

APPLICATION FOR SHORT TERM MISSIONS

Lake Norman Baptist Church 7921 Sam Furr Road Huntersville, NC 28078 (704) 892-0143 www.fred@lakenormanbaptist.com

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone # – Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____

Permanent Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Date of Birth _____

Citizenship _____ Country of Birth _____

Passport Number _____ /Expiration Date _____ / _____

City and State Where Issued _____

Name as It Appears on Passport _____

Male Female

Marital Status (please check one)

Single Married Separated Divorced Engaged

Spouse's Name _____

Names & Ages of Children _____

Emergency Contact:

Name _____ Relationship to You _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____ Cell (____) _____

Parent(s) Name(s): (If you are under 18 years old or living at home) _____

Have you talked with your parents about Short Term Ministry? Yes _____ No _____

Are they supportive? Yes _____ No _____ If no, please explain _____

Updated May 20, 2011

Dates

Ministry

INVOLVEMENT

Church Membership: () Lake Norman Baptist Church () Other Church _____

How long have you been a member? _____ List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held _____

How would you describe your daily relationship with Jesus Christ? _____

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held _____

What are your spiritual gifts? _____

In what areas of your life have you seen spiritual growth? _____

Have you had training in personal evangelism? Yes _____ No _____ Please explain _____

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring organization: **Lake Norman Baptist Church**

Address: **7921 Sam Furr Road Huntersville, NC 28078** Telephone: **704-892-0143**

Name of Team Leader: _____ Telephone: _____

Description of activity: _____

Date(s) and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone: _____

(Day)

(Evening)

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

If yes, name the insurer: _____ Policy or group number: _____

How would you describe your present health? () Excellent () Good () Average () Poor

Please state any major illness (es) you have had in the last five years _____

Are you presently under the care of a physician? () Yes () No If yes, please explain _____

Please list any medication you are taking _____

Please list any allergies you have _____

Please explain any physical challenges that you may face on this ministry trip _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)

Parent Permission Affidavit Form

In consideration for participating on the following Lake Norman Baptist Church short-term mission project: In:

I hereby give my son/daughter permission to travel to and from _____ with Lake Norman Baptist Church and its representatives. I also authorize Lake Norman Baptist Church or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves 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

If Minor, Parents or legal Guardians must sign:

State of _____

County of _____

Sign before me and personally appeared _____ on this _____ day of _____, 200__.

Notary Public

My Commission Expires: _____

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