



LINDSAY LANE BAPTIST CHURCH

MISSION PROJECT PARTICIPANT

APPLICATION

A. PERSONAL INFORMATION

Name _____ Male Female Date _____

Present Address _____

City _____ State _____ Zip Code _____

Marital Status: Single Married Widowed

TELEPHONE NUMBERS

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Email _____

Date of Birth _____ Social Security Number _____

Citizenship _____ Country of Birth _____

PASSPORT INFORMATION

Passport Number _____ Expiration Date _____

City and State Where Issued _____

Name as It Appears on Passport _____

EMERGENCY CONTACT

Name _____ Relationship to You _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers

Home (_____) _____ Work (_____) _____ Cell (_____) _____

COMPLETE IF YOU ARE UNDER 18 YEARS OF AGE

Parent(s)/Guardian(s) Name(s): _____

Have you talked with your parents about this mission project? Yes No

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

B. MISSION PROJECT DESCRIPTION

Name of Mission Project _____

Team Leader _____

Dates of the Project _____ Field Assignment (Country) _____

Please describe the ministry you will have on the field. (What is the purpose of the trip?) _____

C. CHURCH INVOLVEMENT

Church Membership: Lindsay Lane Other Church _____

How long have you been a member? _____

Have you accepted Jesus Christ as your personal Savior and Lord? Yes No

When did this happen? _____

List the ministries you have served with in your church or outside your church, including time of involvement & any leadership positions held. _____

Have you had training in evangelism? Yes No

Would you like some refresher training in evangelism before this mission trip? Yes No

Please indicate any foreign language training, special skills, talents, or Christian service experience that you feel may be helpful on the field. _____

Please list past mission project experience: (Country - Mission - Organization - Dates – Ministry)

D. REFERENCES

PROVIDE TWO REFERENCES. One reference should be a church pastor or department director in a ministry in which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

(1) Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Telephone Numbers: Home (_____) _____ Work (_____) _____

(2) Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Telephone Numbers: Home (_____) _____ Work (_____) _____

E. MEDICAL INFORMATION *(To be completed by participant or an authorized guardian)*

Is parent/guardian (in Section A above) 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 mission trip. _____

F. PARTICIPATION AGREEMENT

By signing below, you, the participant agree to comply with all requirements stated in the Lindsay Lane Baptist Church Mission Project Manual, which you have read and understand.

_____/_____
Participant Name Signature Date _____

G. PARTICIPANT OR PARENT (GUARDIAN) MEDICAL PERMISSION

PARTICIPANTS OVER 18 YEARS OF AGE

I also hereby authorize *Lindsay Lane Baptist Church* or its representatives to initiate any 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. I authorize the release of any necessary medical or insurance related information pertinent to the circumstances. I hereby release Lindsay Lane Baptist Church from any liability of injury or medical conditions encountered during this mission trip.

_____/_____
Print Participant Name Participant Signature Date _____

PARENT OR GUARDIAN OF PARTICIPANT IF UNDER 18 YEARS OF AGE

I hereby give my son/daughter permission to participate in the above stated mission project with *Lindsay Lane Baptist Church* and its representatives. I hereby release Lindsay Lane Baptist Church from any liability of injury or medical conditions encountered during this mission trip. I also authorize *Lindsay Lane 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. I authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

_____/_____
Print Participant Name Participant Signature Date _____

NOTARY PUBLIC SECTION

State of _____ County of _____
_____ day of _____, 20____.

Notary Public
My Commission Expires: ____/____/20____

SEAL

Please submit application to the Mission Project Team Leader when completed.

Team Member Approved for this Mission Project _____
Date _____

Team Leader Name Signature