

First Baptist Church of New Port Richey, FL
Missions Ministry
Volunteer Information Form

Personal Information:

Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Cell _____

Date of Birth _____ Social Security # _____

Passport # _____ Issue Date/Expiration Date _____ / _____

Male Female Marital Status: Single Married Widowed Divorced

Spouse's Name _____

Have you ever been arrested for a felony? Yes No _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Home # _____ Work # _____ Cell _____

Beneficiary: Name _____ Relationship _____

Health:

How would you describe your present health? Excellent Good Average

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 medications you are taking _____

Please list any allergies you have. _____

List the name of your health insurance and group #, and provide a copy of your card.

Volunteer Field Information:

With which mission project will you serve? _____

When is the best month to go: _____

Please list any foreign language training and your level of proficiency. _____

Please indicate any special skills, talents, hobbies or Christian service experience that you feel may be helpful in the field. _____

Please list any mission experience:

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry</u>

Involvement:

As a member of First Baptist Church (or _____), your personal involvement and faithfulness is important. Furthermore, as a potential volunteer in missions, your faithfulness is even *more critical*. Before any candidate is placed on a mission team, the following three crucial requirements must be considered:

- Belief – Are you a born-again Christian? Yes No; When _____
- Giving – Do you give regularly and systemically to God through your church? Yes No
- Attendance – Are you a faithful member of a Sunday School class, or are you currently involved in an area of church ministry that prevents your attending Sunday School? Yes No

How long have you been a member of First Baptist Church (or your church)? _____

Please list the ministries in which you have been involved at FBC (please include time of involvement and any leadership positions held). _____

Please list any ministries in which you have been involved outside of FBC (please include time of involvement and any leadership positions held). _____

References:

Please provide two references. One reference should be a FBC minister, FBC Leader or teacher in the area you serve or have served.

Name _____ **Relationship** _____

Address _____

City _____ **State** _____ **Zip** _____

Home # _____ **Work #** _____ **Cell** _____

Name _____ **Relationship** _____

Address _____

City _____ **State** _____ **Zip** _____

Home # _____ **Work #** _____ **Cell** _____

Testimony:

In the space provided below, please share your testimony. Please include how long you have been a believer.

Please explain briefly what you hope to see the Lord do in and through you on this mission trip.

***Thank you** . . . The mission team thanks you for your interest and desire to serve our Lord as a volunteer in missions. You will be contacted personally about your application and the area in which a mission project is being planned.*

PLEASE RETURN THIS APPLICATION TO THE TEAM LEADER

WAIVER AND RELEASE OF LIABILITY

In signing this form, I, _____, agree to not hold First Baptist Church, Inc., its officers, associates, or other agents of First Baptist Church, Inc., liable for any injury, loss, damage, or accident that I (or _____ my minor child or guardian) might encounter while on a short-term mission team that First Baptist Church, Inc., is helping to facilitate

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my travel and/or participation in a mission project (whether in the United States or abroad), and I unconditionally agree to hold First Baptist Church, Inc., blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I have read the foregoing and I understand that my signature herein holds First Baptist Church, Inc., its officers, associates, and other agents of First Baptist Church, Inc., harmless for any liability for injury, damage, loss, accident, delay, or irregularity of the schedule. I waive any and all liability for personal injury damages and property damages I may suffer while participating in the mission to Peru.

This waiver and release is binding on the undersigned mission member, his or her heirs, assigns, executive and personal representative.

Dated this _____ day of _____, 20 _____

SIGNED: _____

STATE of Florida, COUNTY of Pasco

On this _____ day of _____ 20 _____

Before me personally appeared _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

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First Baptist Church
Disclosure of Information on Potential Infectious Diseases
in Huarochiri, Matucana Peru And Release of Liability

To help our team members and their families to be more fully informed regarding the risk of possible illness that could occur on this mission trip, we have listed below a list of the most common infectious diseases in Huarochiri, Matucana Peru according to the Centers for Disease Control. This list is not exclusive of other diseases/illnesses that could also be contracted in this country. This or similar information is available at State of Florida Health Department at the County Health Department when you receive immunizations for this trip.

Malaria*, Typhoid Fever*, Cholera, Yellow Fever*, Tetanus*, Meningococcal disease*, Various amoebas and parasites (generally treated with antibiotics), Dehydration, Rabies, Tuberculosis, Hepatitis A*, B*

*These diseases have preventative vaccinations or prophylaxis medications which are effective at varying degrees. More specific information can be obtained at the local health department or on the Center for Disease Control web site (www.cdc.gov).

Should treatment be required, patient will be transported to a missionary approved area clinic.

PARENT OR LEGAL GUARDIAN OF MINOR:

I have read the foregoing and understand that my signature herein holds First Baptist, Inc., its officers, associates, or other agents of First Baptist Church, Inc., harmless for any liability for injury, illness, accident, or treatment of such; and I am assuming full responsibility for any/all illnesses contracted by _____, my child under the age of 18 years of age, while on a mission trip in Peru. Furthermore, I have signed in the presence of a Notary Public for this trip, as well as, a First Baptist MEDICAL/TRAVEL RELEASE FORM for minors.

Dated this _____ day of _____, 20____

WITNESSED BY:

_____ SIGNED: _____

STATE of Florida, COUNTY of _____

On this _____ day of _____, 20____ before me personally appeared _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Notary Seal