

Short-Term Mission Assignment Application Update



FIRST BAPTIST
MISSIONS
Sharing the Gospel with our Neighbors and the Nations

Member of FBC

Non-Member of FBC

Trip Applying For: _____

Dates of Trip: _____ Today's Date: _____

First Baptist Church
7706 Ewing Road
Powell, TN 37849
(865) 947-9074
www.fbcpowell.org

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Text?

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Phone: _____ Email address: _____

For travel insurance purposes only, name a beneficiary and their relationship to you.

Beneficiary Name: _____ Relationship: _____

Phone: _____ Email address: _____

INTERNATIONAL TRAVEL INFORMATION *(if applicable)*

Are you a US citizen? YES NO Do you have a passport? YES NO Passport No.: _____

Name **EXACTLY** as it appears on your passport: _____

Passport Issue Date: _____ Passport Expiration Date: _____

Photocopy of passport attached? YES NO Have you traveled internationally before? YES NO

FBC provides basic travel insurance for all mission trip participants. The Missions Department will provide you with information about the coverage that is provided (at no additional cost) and how you can purchase additional insurance coverage at additional cost to you.

AIRLINE INFORMATION *(if applicable)*

Airline Special Diet Requests? _____ Preferred seating: Aisle Window

APPLICATION INFORMATION & REQUIREMENTS

- I understand and agree that by giving a **\$100 non-refundable deposit** to First Baptist Church of Powell towards the purchase of an airline ticket for a mission trip, **I am claiming full responsibility of the purchase price of that airline ticket should I withdraw from the team for any reason.** The ticket(s) are considered **non-refundable, non-transferable tickets**, and I will be responsible for any amount charged for cancellation. If the trip is cancelled by the field or church, any trip payments will be returned. I also agree to have the balance owed for the mission trip, **paid in full, by the time of departure.**

HEALTH/MEDICAL INFORMATION *(fill in completely)*

Any updates in regard to your health or new physical condition(s) that may limit your physical ability?

YES NO If yes, please explain: _____

Please list medications you take regularly (prescription and/or non-prescription): _____

Any special dietary needs? YES NO If so, please explain: _____

Please list any allergies: _____

_____ Do you require an epi-pen? YES NO Do you carry one? YES NO
Please let the team leader know where the pen is located, in case of an emergency.

Do you have medical insurance? YES NO Policy No. _____ Group No. _____

Policy Holder's Name: _____

Name of Insurance Company: _____

Insurance Company Address: _____

Thank you for applying to serve on another First Baptist Powell mission trip! Keep in mind that selection of team members is made in accordance with our church's mission trip policies and procedures. That is, members are ultimately approved by the Missions elder in consultation with the Great Commission Leadership Team and the Team Leader based on this application, objectives of the trip, and skills/gift mix required in order to complete the trip's specific task.

Call 865.947.9074 if you have questions or need assistance in completing this application. Please return this completed & signed form to the Missions Department.

Signature

Date

FBC MISSION OFFICE USE ONLY

Date Application Received: _____ \$100 App Fee Received: _____

Application Received By: _____ Application Approved By: _____

- Liability Release Release of Rights Background Check Passport Copy

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