

APPLICATION AND REQUEST FOR HERNANDO BAPTIST CHURCH MISSIONS

Our objective is to prayerfully and financially support the mission endeavors of our church and to engage the congregation in mission awareness. Our criteria for funding assistance include: (1) leadership of the Holy Spirit; (2) affiliation with Hernando Baptist Church; (3) preparedness for mission; (4) intended role in mission; (5) accountability in communicating with HBC; (6) consideration of partnership with other organizations.

Name (AS ON PASSPORT): _____ Phone: _____

Address: _____

Email Address: _____ Date of birth: _____

SS# _____ Passport # _____

Current grade if in school: _____ T-shirt size: (circle one) Child S M L XL Adult S M L XL 2X 3X

Connection with Hernando Baptist Church: *(example: member, attendance, friend, family, etc.)* _____

Emergency Contact: _____ Phone: _____

Mission Location: _____ Mission Dates: _____

Partnering organization(s): *(example: HBC, IMB, NAMB, IsleGo, etc.)* _____

List any existing Medical Conditions, Allergies or Medications *(attach additional pages if needed)*: _____

Physician's name: _____ Phone: _____

Address: _____

Insurance Company: _____ Phone: _____

Address: _____

Subscriber name and number(s): _____

Requesting financial support? If so, in what amount?: _____ *(HBC short-term missions may be funded up to 75% - individuals in*

*short-term non-HBC missions may be funded up to \$500) *Amount granted is dependent on available funds and mission priorities as determined by the HBC Missions Team.*

Please plan to provide a mission report and/or update to Hernando Baptist Church via email, letter, and/or personal report.

AUTHORIZATION FOR TREATMENT/RELEASE OF CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by our group leader and the physician or hospital staff. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless Hernando Baptist Church and activity leaders, from any and all claims and demands for personal injury, sickness, and death, as well as property damages and expenses of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at this activity. I also assume personal responsibility for all medical bills for myself (or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all related costs.

Participant's Signature: _____ Date: _____

Parent/Custodial Signature: _____ Date: _____

Additional form(s) may need to be completed depending on the specific mission.

STATEMENT OF FAITH AND PREPARATION *(attach additional pages if needed)*

In your own words, what is the *gospel*?

When/how did you become a follower of Jesus Christ?

Why do you want to go on a mission trip?

Read the following Scripture passages and respond to the following questions:

Matthew 28:16-20 – what does it mean to make disciples?

Acts 1:8 – what does it mean to be a witness?

2 Corinthians 5:20-21 – what does it mean to be ambassadors for Christ and to be reconciled to God?
