

WHAT TRIP ARE YOU APPLYING FOR?

[Empty box for trip information]



APPLICATION FOR 2024 MISSIONS

PERSONAL INFORMATION

(Please Print)

Name _____

(As it appears on Driver's License)

Address _____

City _____ State _____ Zip Code _____

Telephone Number: Cell _____ Home _____ Work _____

Gender: Male Female Date of Birth ____/____/____ (Age ____)
Month Day Year

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____

Active E-Mail _____

International Trips only:

Passport # _____ Place of Issue: _____ Expiration Date _____

Name as appears on Passport _____

Travel Insurance Beneficiary _____ Relationship _____

Have you completed one of our witnessing trainings?
(*"Share Jesus Without Fear"* or E.E.) Yes No

Have you been a member of OBC for at least six months? Yes No

Are you active in Sunday School or Life Groups? Yes No

In case of emergency, please notify:

Name _____ Relationship _____

Telephone Number: Home _____ Work _____ Cell _____

FIELD

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

Please indicate any special skills, talents or Christian service experience that you feel may be helpful on this team _____

Please list missions experience:

COUNTRY	YEAR	MINISTRY

INVOLVEMENT

How long have you been a member of O.B.C.? _____

Are you actively involved? Yes _____ No _____

Please list the ministries with which you have been involved at Oakland. (Please include length of involvement and any leadership positions held). _____

PARTICIPATION AGREEMENT

In consideration for participating on the following short-term mission project:

Trip Destination:

I agree to release, discharge, and hold harmless Oakland Baptist Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold blameless and to indemnify the Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representative to initiate 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 and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Signature of Participant: _____ Date _____

I agree to follow all policies and procedures pertaining to this trip as set by Oakland's Mission Committee. I also agree to participate in all of the training during the preparation process.

I understand that short-term missions projects involve joining the work of full-time missionaries. My actions and conduct while on this trip could seriously and severely affect their continued work with those they are ministering to. As a result, I am stating that I fully understand the implications and agree not to engage in any conduct that could potentially impede their work, including but not limited to, the use of alcoholic beverages or tobacco products. I will strive to honor Christ in all things while on the mission field.

Signature of Participant: _____ Date _____

**OAKLAND BAPTIST CHURCH—MEDICAL AND LIABILITY RELEASE
FOR CHURCH-SPONSORED MISSION TRIPS**

(Please Print)

MISSION TRIP TO _____ **DATES** _____

Name _____ E-mail _____
Address _____ City _____ State _____ Zip _____ Phone _____
In Emergency Notify _____ Phone _____
Personal Physician _____ Address _____
City _____ State _____ Zip _____ Phone _____

HEALTH/HOSPITALIZATION INSURANCE:

Do you have health/hospitalization insurance? _____ Yes _____ No
Insurance Company _____ Address _____
City _____ State _____ Zip _____ Phone _____
Group or Policy Number _____ Personal ID Number _____

Our church's liability insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness while you are on this church sponsored mission trip.

HEALTH HISTORY:

Blood Type _____

Have you experienced any of the following health conditions? If so, please give details.

- | | | |
|-----------------------------------|-----------------------------|--------------------------------|
| 1. ___ Heart disorder | 6. ___ Respiratory disorder | 11. ___ Diabetes/Hypoglycemia |
| 2. ___ Digestive disorder | 7. ___ Skin disorder | 12. ___ Asthma/Sinus/Allergies |
| 3. ___ Nervous disorder | 8. ___ Back/Neck disorder | 13. ___ Epilepsy |
| 4. ___ Metabolism disorder | 9. ___ Urinary disorder | 14. ___ Cancer |
| 5. ___ Blood circulation disorder | 10. ___ Emotional disorder | 15. ___ Hepatitis |
16. ___ Allergic reaction to any drugs. List and describe reaction (rash, shortness of breath, etc.)

CURRENT MEDICATIONS (both prescription and over-the-counter medications):

<u>Name of Medication</u>	<u>Dosage (strength, frequency)</u>	<u>Reason for taking medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

"In the event that I cannot respond to an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery or deemed necessary." Signed: _____

LIABILITY RELEASE:

Every mission trip sponsored by Oakland Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing, the mission team member agrees to assume and accept all risk and hazards inherent in the church-sponsored mission trip. He or she also agrees not to hold Oakland Baptist Church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The mission team member understands that he or she is signing this form for both a medical and liability release.

Mission Team Member _____ Date _____