

SHORT-TERM FAMILY MISSION APPLICATION
Valley Community Baptist Church

Name: _____ Date of Birth: _____ M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone ____/____ Cell phone ____/____ Email _____

Citizenship: _____ Passport # (required for all adults) _____ Date of issue _____

Church affiliation _____ If Valley, which campus? _____

of Years _____ Are you a member? Yes No

Emergency Contact:

Name _____ Relationship _____

Home phone ____/____ Cell phone ____/____

Dependents traveling with you:

Name _____ Date of Birth ____/____/____ Relationship _____

Name _____ Date of Birth ____/____/____ Relationship _____

Name _____ Date of Birth ____/____/____ Relationship _____

Name _____ Date of Birth ____/____/____ Relationship _____

Name _____ Date of Birth ____/____/____ Relationship _____

Significant health issues for any of your family members: _____

Family Mission Trip for which you are applying: Hudson, Quebec Oka/Two Mountains, Quebec

Have you been on a Valley mission trip before? Yes No

Past mission trips in which you have participated:

Year _____ Location _____ Year _____ Location _____

Other Ministry Experiences: _____

Have you: a) given your spiritual story before a group? Yes No

b) led anyone to accept Christ as Savior? Yes No

Specifically, why do you want to go on this trip? _____

Strengths you would bring to this trip: _____

What are your spiritual gifts? (See I Cor. 12; Rom. 12) _____ I don't know

Skills you or family members have that may be used on this trip:

Administration Bible Teaching Cooking Evangelism Facebook/Twitter

First Aid Finances Photography Preaching Song Leadership

Women's Ministry Sports: _____ Language: _____

Musical instrument: _____ Other: _____

How would you like to grow personally from this trip? _____

How did you hear about this trip? Friend Valley website Worship Folder Trip display rack

Stewardship: PLEASE CHECK ONLY ONE BOX AFTER EACH STATEMENT

Describe your attitude about possessions: I earn them I share them once my needs are met I share them generously I share them sacrificially

Poor people are: In need of help Just like me Lacking options Potentially self sufficient

Service at Valley: PLEASE CHECK ONLY ONE BOX AFTER EACH STATEMENT

How often do you serve in church? Never/not often Seasonally Monthly Weekly

Current service interest: Mission trip leader World Outreach Week Long-term missions

World Outreach Committee/Subcommittee Role in this church department: _____

I have health insurance coverage in the location to which I will be traveling:

Yes Company: _____ Policy #: _____ No

Allergies, illnesses or health issues that could affect your participation: _____

Prescription drugs you are taking: _____ Blood type: _____

Date of last tetanus/diphtheria vaccination (within 10 years required for trip adults): _____

If this is your first Valley trip, please provide a reference that is a Valley staff member:

Name _____ Phone # ____/____ Relationship _____

Is there anything in your background that could reflect negatively on you or Valley? No Yes

If yes, please describe: _____

Photography release:

I agree to have my or my child's photograph taken during trip activities. The purpose of the photographs will be to tell the trip story and to encourage others to consider attending future trips. The photos will not be used for fund raising purposes.

I agree I do not agree

Signature: _____

Date: _____

Release of Claims:

If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold trip leaders, the sponsoring mission/missionaries or Valley Community Baptist Church responsible for any accident, injury, illness, death or other personal loss that might result from this trip and I will release them from any liability, whether arising from the negligence of those persons or otherwise. I authorize trip leaders as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness which is deemed advisable. I will submit to trip leadership. I will maintain a cooperative spirit and keep the Team Covenant for this trip. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate. Recognizing that I am a representative of Valley Community Baptist Church, I agree to refrain from the consumption of alcoholic beverages and/or tobacco use during the trip and related activities before and after the trip unless it is a specific expectation of national hosts.

Signature: _____

Date: _____

Parental permission (if under 18) _____

Date: _____

Return completed form to: Doug Christgau | dchristgau@valleycommunity.cc | 860.673.6826 x130
10/2016