



# SHORT-TERM FAMILY MISSION APPLICATION

(please use black or blue ink)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M

F

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell phone \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport # (not required) \_\_\_\_\_ Place/Date of issue \_\_\_\_\_

Church affiliation \_\_\_\_\_ # of

Years \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Work 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 dependents: \_\_\_\_\_

### Trip for which you are applying:

Date \_\_\_\_\_ Location \_\_\_\_\_ Leader \_\_\_\_\_

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

### Past mission trips in which you have participated:

Year \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

Year \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

Other Ministry Experiences: \_\_\_\_\_

Have you: a) given your personal testimony 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: \_\_\_\_\_

*Please complete all pages*

What are your spiritual gifts? (see I Cor. 12; Rom. 12) \_\_\_\_\_  I don't know

How would you like to grow personally from this trip?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies, illnesses, or health issues that could affect your participation?  
\_\_\_\_\_

Prescription drugs you are taking: \_\_\_\_\_ Blood type: \_\_\_\_\_

Date of last tetanus/diphtheria vaccination (shot within 10 years required for trip):  
\_\_\_\_\_

Skills you have that may be used on this trip:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Construction skills: _____               | <input type="checkbox"/> Administration | <input type="checkbox"/> Photography      |
| <input type="checkbox"/> English as a foreign language instructor | <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> Preaching        |
| <input type="checkbox"/> Language: _____                          | <input type="checkbox"/> Clowning       | <input type="checkbox"/> Puppets          |
| <input type="checkbox"/> Musical instrument: _____                | <input type="checkbox"/> Cooking        | <input type="checkbox"/> Song Leadership  |
| <input type="checkbox"/> Sports: _____                            | <input type="checkbox"/> Evangelism     | <input type="checkbox"/> Voice            |
| <input type="checkbox"/> Other: _____                             | <input type="checkbox"/> Finances       | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> First Aid                                |   |   |

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

Yes Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  No

If this is your first VCBC trip, provide references who are not relatives. One reference should be a VCBC staff member.

Name \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

### 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: \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

**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 which I will have the opportunity to help create 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. I understand health insurance coverage is being purchased for me specifically for this trip. Recognizing that I am a representative of Valley Community Baptist Church, I

agree to refrain from the consumption of alcoholic beverages during the trip and related activities before and after the trip unless it is a specific expectation of national hosts.

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Signature

Date

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Parental Permission (if under 18)

Date

Return completed form to: Doug Christgau @ Valley Community Baptist Church  
*dchristgau@valleycommunity.cc* | 860.673.6826 x130

*Please complete all pages*