

Valley Community Baptist Church SHORT-TERM MISSION APPLICATION

(Please type or use black / blue ink)

PERSONAL INFORMATION:			
Name (as it appears on passport):		Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street:	Town:		State: Zip:
Phone: /	Cell: /	Email:	
Citizenship:	Passport #:	Place of Issue:	Date of Issue: / /
Church Affiliation:		Number of Years:	
EMERGENCY CONTACT:			
Name:		Relationship:	
Street:	Town:		State: Zip:
Home Phone: /	Work Phone: /	Cell Phone: /	
TRIP FOR WHICH YOU ARE APPLYING:			
Date: / /	Location:	Leader:	
<p>PRIMARY MEANS BY WHICH YOU PLAN TO FINANCE TRIP: Financial support raising guidance is available from World Outreach office. Valley offers a trip subsidy. Please indicate on your application if you will require this subsidy. All trip payments are tax deductible.</p>			
<input type="checkbox"/> Personal	<input type="checkbox"/> Raise support from friends at VCBC		
<input type="checkbox"/> Raise support from friends outside of Valley	<input type="checkbox"/> I would like to apply for the VCBC Short Term Mission Trip subsidy		
<p>HAVE YOU BEEN ON VALLEY MISSION TRIP BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
PAST MISSION TRIPS IN WHICH YOU HAVE PARTICIPATED:			
Year:	Location:	Year:	Location:
Year:	Location:	Year:	Location:
OTHER MINISTRY EXPERIENCES:			
<p>HAVE YOU GIVEN YOUR PERSONAL TESTIMONY BEFORE A GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>HAVE YOU LED ANYONE TO ACCEPT CHRIST AS SAVIOR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

SPECIFICALLY, WHY DO YOU WANT TO GO ON THIS TRIP?		
WHAT STRENGTHS WOULD YOU BRING TO THIS TRIP?		
WHAT ARE YOUR SPIRITUAL GIFTS? (See I Cor. 12; Rom. 12)		<input type="checkbox"/> I don't know
ANY ALLERGIES, ILLNESSES, HEALTH ISSUES THAT COULD AFFECT YOUR PARTICIPATION?		
PRESCRIPTION DRUGS YOU ARE TAKING:		BLOOD TYPE:
DATE OF LAST TETANUS/DIPHTHERIA VACCINATION? (MUST BE WITHIN 8 YEARS)		/ /
SKILLS YOU HAVE THAT MAY BE USED ON THIS TRIP:		
<input type="checkbox"/> Construction skills:	<input type="checkbox"/> Administration	<input type="checkbox"/> Finances
<input type="checkbox"/> English as a foreign language instructor:	<input type="checkbox"/> Bible teaching	<input type="checkbox"/> First Aid
<input type="checkbox"/> Musical instrument:	<input type="checkbox"/> Clowning	<input type="checkbox"/> Photography
<input type="checkbox"/> Sports:	<input type="checkbox"/> Computer skills	<input type="checkbox"/> Preaching
<input type="checkbox"/> Language:	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Song Leadership
<input type="checkbox"/> Other:	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
I HAVE HEALTH INSURANCE IN THE LOCATION TO WHICH I WILL BE TRAVELING:		
<input type="checkbox"/> Yes	Company: Policy:	<input type="checkbox"/> No
IF THIS IS YOUR FIRST VALLEY MISSION TRIP, PROVIDE TWO REFERENCES WHO ARE NOT RELATIVES. ONE SHOULD BE A VALLEY 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.		
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.		
		/ /
Signature		Date
		/ /
Parental Permission (if under 18)		Date
Return completed form to:	Doug Christgau	dchristgau@valleycommunity.cc
		860.673.6826 x130

Rev. 12/1/11