

## SHORT-TERM MISSION TRIP APPLICATION

Please return completed applications to the church office:  
6400 Sweetbay Drive, Crestwood KY 40014



Application received on:
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(date)
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### **STUFF TO KNOW**

- ✓ You must submit this completed application and deposit before your application will be processed and reviewed.
- ✓ Participants are asked to follow the guidelines outlined in the team covenant.
- ✓ Mission trips can be rewarding and life-changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- ✓ Once accepted, team members are expected to attend all team meetings.
- ✓ All costs are the team member's responsibility and due two weeks prior to departure.
- ✓ If you are unable to participate in your trip for any reason, the Missions Ministry must receive cancellation notice as soon as possible. You may be responsible for all trip costs.
- ✓ If you have physical limitations, please apply for a trip in which you are physically able to participate. Some trips may be prohibitive for certain physical conditions. Please make your team leader aware of these conditions.
- ✓ Team members will be given information regarding passports and vaccination recommendations from the Department of Health. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member. Team members assume the responsibility and liability for their personal health decisions.
- ✓ Additional information regarding the price and dates for each mission trip is available from the Missions Ministry. Team meetings are designed to inform and prepare you for the mission.

## TEAM COVENANT

As a member of this team, I agree to:

1. Remember that I am representing Jesus Christ as well as Crestwood Baptist Church. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer: *"Where you lead me I will follow. What they feed me I will swallow."*
3. Remember that we have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
4. Respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
5. Develop and maintain a servant attitude toward all ministry partners/nationals and my teammates.
6. Respect my team leader(s) and his or her decisions.
7. Refrain from gossip.
8. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
9. Attend all team meetings before the trip as well as any follow-up meetings.
10. Remember not to be exclusive in my relationships. If my boyfriend/girlfriend or spouse is on the team, we will make every effort to interact with all the members of the team.
11. Refrain from any activity that could be construed as romantic interest in a national or teammate.
12. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
13. Refrain from teaching or the practice of any belief that would be contrary to the Word of God.
14. I agree to abide by Crestwood Baptist Church's solicitation guidelines.
15. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MISSION TRIP  
APPLICATION**

- 1. Describe how and when you received Christ as your Lord and Savior.**
- 2. How do you share your faith through your occupation and abilities?**
- 3. What does your church mean to you?**

**Personal Data** (please print or type)

Legal Name \_\_\_\_\_  
Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name As It Appears on Passport \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

**Please Indicate The Best Way To Reach You**

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
U.S. Citizen?    yes    no  
T-Shirt Size:    Small    Medium    Large    XXL Large    XXX Large  
Contact Person: Name and address \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_  
Health Insurance:    Yes    No  
Life Insurance:    Yes    No

**Personal History**

Have you ever been on a mission trip before?    yes    no  
Outline mission trips taken. Include how long you were on each trip, where you went, what impact each trip had on your life:

Trip Name: \_\_\_\_\_  
Trip Date/Year: \_\_\_\_\_  
Lessons Learned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trip Name: \_\_\_\_\_  
Trip Date/Year: \_\_\_\_\_  
Lessons Learned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education/Occupation

State and describe present employment and any pertinent information regarding work experience related to mission vocational choices \_\_\_\_\_  
\_\_\_\_\_

Name of school you attend (if applicable) \_\_\_\_\_

Year in School \_\_\_\_\_

Major/Minor \_\_\_\_\_

## CBC Involvement

Current Church Membership \_\_\_\_\_ Length of Membership \_\_\_\_\_

Church You Currently Attend (if different) \_\_\_\_\_  
\_\_\_\_\_

Do You Attend On A Regular Basis? \_\_\_Yes \_\_\_No

Have You Served in a Ministry at CBC? \_\_\_Yes \_\_\_No

Where? \_\_\_\_\_

Are You Involved In A Small Group Bible Study? \_\_\_Yes \_\_\_No

Which one? \_\_\_\_\_

What Ministries/Organizations Outside of CBC Are You Involved In? \_\_\_\_\_  
\_\_\_\_\_

## Health

My health is \_\_\_\_\_excellent \_\_\_\_\_good \_\_\_\_\_fair \_\_\_\_\_poor

## Skills and Talents

Please write the appropriate CODE next to your skills/talents.

CODES:

**NE**=No/little experience

**AVG**=Average

**GOOD**=Better than average

**PROF**=Professional

### CONSTRUCTION

\_\_\_\_\_Carpentry

\_\_\_\_\_Painting

\_\_\_\_\_Masonry/Carpentry

\_\_\_\_\_Roofing

\_\_\_\_\_Electrical

### MEDICAL

\_\_\_\_\_Nursing

\_\_\_\_\_Physician

\_\_\_\_\_Dental

\_\_\_\_\_EMT

\_\_\_\_\_CPR

\_\_\_\_Plumbing  
\_\_\_\_Other

\_\_\_\_Therapy (PT,OT, Other)  
\_\_\_\_Other

BUSINESS

\_\_\_\_Computers  
\_\_\_\_Accounting  
\_\_\_\_Other

MUSIC

Instrument (please list

\_\_\_\_  
\_\_\_\_Vocal  
\_\_\_\_Other

SPORTS

\_\_\_\_Basketball  
\_\_\_\_Baseball  
\_\_\_\_Soccer

OTHER PERFORMANCE

\_\_\_\_Juggling  
\_\_\_\_Clowning  
\_\_\_\_Puppetry  
\_\_\_\_Drama  
\_\_\_\_Art

MINISTRY EXPERIENCE

\_\_\_\_Teaching Ages \_\_\_\_  
\_\_\_\_VBS  
\_\_\_\_Crafts

LANGUAGE FLUENCY (Other than English)

Conversational fluency: Fluent, fair, poor

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Crestwood Baptist Church  
Mission Trip

RELEASE, HOLD HARMLESS AND INDEMNITY AND MEDICAL AUTHORIZATION FOR ADULT PARTICIPANTS

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, acknowledge that participating in the CBC Mission Trip to \_\_\_\_\_ (the "Mission Trip") involves certain risks and that injury, death or other harm (including damage to property) could occur to me ("Injuries"). By participating in the Mission Trip, I hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Crestwood Baptist Church of Crestwood, Kentucky, Inc. and its staff, volunteer leaders, members, employees, deacons, council members, Ministry and Church Leadership (hereinafter collectively referred to as "CBC") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip.

MEDICAL AUTHORIZATION

If, while participating in the Mission Trip, I require emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to CBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by CBC. I agree to assume and pay for all costs of such emergency medical treatment.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

WITHOUT THIS FORM WITH YOU AND SIGNED  
YOU WILL NOT BE ALLOWED TO PARTICIPATE

A copy of the signed form shall be filed with the Church Administrator prior to trip departure



CHURCH TRIP RELEASE FORM – ADULT – SIDE TWO

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Will your medical insurance cover you out of the country? \_\_\_\_yes \_\_\_\_no

Allergies: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Physical Limitations (please list): \_\_\_\_\_

Blood type \_\_\_\_\_

Are you subject to motion sickness? \_\_\_\_yes \_\_\_\_no

Do you take \_\_\_\_\_ or \_\_\_\_\_, or generic  
equivalent for motion sickness?

Are you permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic  
equivalent for fever?

Are you permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic  
equivalent for headache?

Are you permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic  
equivalent for flu symptoms?

PHOTO AND VIDEO PERMISSION

My permission is granted for Crestwood Baptist Church to videotape or photograph my child or young person during church events or normal activities. I understand these photos may be used as church promotional materials.

Signature of Participant: \_\_\_\_\_

Emergency Contact Information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact person(s) Name(s): \_\_\_\_\_

Other person to contact if name above is not available: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Crestwood Baptist Church  
Mission Trip

CHURCH TRIP RELEASE FORM – MINORS – SIDE ONE

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-Mail (parent): \_\_\_\_\_

E-Mail (youth): \_\_\_\_\_

Phone \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Will your medical insurance cover you out of the country? \_\_\_\_yes \_\_\_\_ no

Allergies: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Physical Limitations (please list): \_\_\_\_\_

Blood type \_\_\_\_\_

Is child subject to motion sickness? \_\_\_\_yes \_\_\_\_no

Child is to take \_\_\_\_\_ or \_\_\_\_\_, or generic equivalent for motion sickness

Child is permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic equivalent for fever

Child is permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic equivalent for headache

Child is permitted to take \_\_\_\_\_ or \_\_\_\_\_, or generic equivalent for flu symptoms

ACTIVITIES

(Name of activity)      (Destination)      (Date of Trip)      (Parent's Initial)

\_\_\_\_\_

\_\_\_\_\_

PHOTO AND VIDEO PERMISSION

My permission is granted for Crestwood Baptist Church to videotape or photograph my child or young person during church events or normal activities. I understand these photos may be used as church promotional materials.

Parent or legal guardian: \_\_\_\_\_

Emergency Contact Information: Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact person(s) Name(s): \_\_\_\_\_

Other person to contact if name above is not available: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Crestwood Baptist Church  
Mission Trip

CHURCH TRIP RELEASE FORM – MINORS – SIDE 2

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, as parent or legal court appointed guardian of \_\_\_\_\_, a minor under the age of eighteen (18), ("Minor"), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the Programs and Activities at Crestwood Baptist Church. I, on my own behalf and on behalf of Minor, acknowledge that participating in the Programs and Activities involve certain risks and that injuries, death or other harm (including damage to Minor's property) could occur to Minor ("Injuries"). By allowing Minor to participate in the Programs and Activities, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Crestwood Baptist Church of Crestwood, Kentucky, Inc. and its staff, volunteer leaders, members, employees, deacons, council members, Ministry and Church Leadership (hereinafter collectively referred to as "CBC") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip.

MEDICAL CONSENT AND AUTHORIZATION

If, while participating in the Programs and Activities, Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered to Minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to CBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by CBC. I assume full responsibility for all medical expenses incurred as a result of such emergency medical treatment.

Parent/Guardian Signature:

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

Date \_\_\_\_\_