Name _____
Trip _____
App Comp _____

ADULT SHORT-TERM MISSIONS APPLICATION

Thank you for serving our Lord in Haiti as we:

- Evangelize the lost
- Disciple believers
- Rebuild to the Glory of God
- Minister to human need

Tabernacle Baptist Church
2500 West Randol Mill Road
Arlington, Texas 76012

817-460-4909 (Church Office) **817-729-3393 (Robin M. Webb)**
robinmwebb@yahoo.com

PERSONAL INFORMATION

Name _____ **M** ___ **F** ___

Preferred Name _____ **Shirt Size**_____

Current Address _____

City _____ **State** _____ **Zip Code** _____

Phone: Home ( ) _____ Work ( ) _____ Cell ( ) _____

E-mail Address: _____

Date of Birth _____ **Age** _____ **Country of Birth** _____

Marital Status (please check one)

( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Engaged

Spouse's Name _____

PASSPORT INFORMATION

Do you have a current passport with an expiration date that is more than six months beyond the trip dates?

Passport Number _____ **Expiration Date** _____

Name as it Appears on Passport _____

If not, it is very important that you apply as soon as possible at the Post Office, and notify TBC as soon as you have received your passport.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ **Relationship to You** _____

Phone: Home ( ) _____ Work ( ) _____ Cell ( ) _____

HEALTH INFORMATION

Present State of Health: ___ Excellent ___ Good ___ Average ___ Poor

Are you presently under the care of a physician? If yes, please explain:

_____

_____

Are you under any medical restrictions or do you have any medical issues that would affect your participation in this trip? _____

If yes, please explain _____

_____

List all medications (prescribed or over-the-counter) that you are taking:

_____

List Any Allergies You May Have _____

CHURCH INFORMATION

Where is your church membership? _____

Do you attend your home church regularly? _____ Yes _____ No

If not, where are you attending regularly? _____

Pastor's Name _____

Is your church prayerfully supporting you in this trip? _____

List present ministry involvement:_____

_____

TESTIMONY / MINISTRY EXPERIENCE / GIFTS AND ABILITIES

How long have you been a believer? _____

(Please write a brief testimony of your salvation experience and be prepared to share it on this trip.)

Have you previously participated in a short-term cross cultural ministry trip? If yes, where and when?

_____

What do you expect the Lord to accomplish in and through you on this short-term trip?

_____

_____

What special gifts and abilities do you have that you desire to use on this trip? (preaching, teaching, music, youth, construction, medical, drama, puppets, sports, etc.)

_____

_____

_____

AUTHORIZATION FORM

MEDICAL CONSENT

I hereby give my consent for the team leader to take the steps necessary to procure proper treatment, surgery, medications and/or anesthetic for me by a licensed physician or healthcare professional in the event I am unable to grant such permission or my emergency contact person cannot be reached in a timely manner in the event of a medical emergency. **I also 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.

EARLY RETURN

If at any time my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action (including return airfare) **will be at my expense.** Additionally, should I of my own volition decide to return home early or should changes occur in team travel arrangements that are beyond my control, **I agree to bear the financial responsibility for all expenses incurred** in my return.

RELEASE FROM LIABILITY

I affirm my desire to participate in this short term mission trip. The information provided by me in this form is truthful. I have read the Tabernacle Baptist Church **"Short-term Guidelines"** and agree to abide by them. I also agree to the stipulations presented in the "medical consent" and "early return" sections above. Being aware of potential risks to me and my property while participating in this trip, I release Tabernacle Baptist Church and its representatives from all liability related to the activities of this trip except that stemming from gross negligence on the part of Tabernacle Baptist Church and/or its representatives.

This application must be completed and signed in order for you to participate in a Tabernacle Baptist Church short-term mission trip:

SIGNATURE OF PARTICIPANT

I affirm that the information I have given in this application is correct and that the following signature is valid.

_____ _____

Signature Date