

APPLICATION FOR SHORT TERM MISSIONS

Hibernia Baptist Church ~ 7100 US Highway 17 S ~ Fleming Island, Florida 32003 ~ 904-529-8944

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone # – Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____

Date of Birth _____

Male Female

Citizenship _____ Country of Birth _____

Passport Number _____ /Expiration Date _____ / _____

State and Country Where Issued _____

Name as It Appears on Passport _____

Marital Status (please check one)

Single Married Separated Divorced Engaged Widowed Annulled Divorced & Remarried

Spouse's Name _____

Names & Ages of Children _____

Parent(s) Name(s): (If you are under 18 years old or living at home) _____

Have you talked with your parents about Short Term Ministry? Yes _____ No _____

Are they supportive? Yes _____ No _____ If no, please explain _____

Beneficiary (full name) _____ Relation _____ (spouse, mother, father, etc)

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring organization: Hibernia Baptist Church

Address: 7100 US Highway 17 S; Fleming Island, FL 320003 Telephone: 904-529-8944

Name of Team Leader: _____ Telephone: _____

Description of activity: _____

Date(s) and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone: _____

Is sponsor authorized to approve medical treatment? _____ (Day) _____ (Evening)

Is participant covered by personal/family medical insurance? _____ Yes _____ No

If yes, name the insurer: _____ Policy or group number: _____

How would you describe your present health? () Excellent () Good () Average () Poor

Please state any major illness (es) you have had in the last five years _____

Are you presently under the care of a physician? () Yes () No If yes, please explain _____

Please list any medication you are taking _____

Please list any allergies you have _____

Please explain any physical challenges that you may face on this ministry trip _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)

STATE OF FLORIDA COUNTY

OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ year of _____.

- Personally know to me
- Produced Identification

Type of Identification

Affix Notary Seal

Signature of Notary Public,
State of Florida at Large

INVOLVEMENT

Church Membership: Hibernia Baptist Church Other Church _____

How long have you been a member? _____ List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held _____

How would you describe your daily relationship with Jesus Christ? _____

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held _____

What are your spiritual gifts? _____

In what areas of your life have you seen spiritual growth? _____

Have you had training in personal evangelism? Yes _____ No _____ Please explain _____

REFERENCES

Please provide two references. One reference should be a church pastor or department director in a ministry in which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number – Home (____) _____ Work (____) _____