

TEAM MEMBER APPLICATION

PROJECT'S LOCATION AND DATES: _____

TEAM LEADER: _____

Sponsoring Organization:
St. Andrew Baptist Church, 3010 W. 15th Street, Panama City, FL 32401

PERSONAL INFORMATION

Name of participant: _____ Gender: Male Female

Address: _____ Telephone: _____

Email: _____

Date of Birth _____ Citizenship _____ Country of Birth _____

Marital Status:

Single Married Separated Divorced
 Widowed Annulled Engaged Divorced & Remarried

Spouse's Name: _____

Is your spouse supportive of your participation in this project? _____

NAME AS IT APPEARS ON PASSPORT*: _____

*If applied for please write your name as it WILL appear in passport.

PASSPORT NUMBER: _____ Expiration Date: _____

Please list all frequent flyer account numbers _____

MEDICAL INFORMATION

Is sponsor (SABC) authorized to approve medical treatment? Yes No

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

If yes, name the insurer: _____

Policy or group number: _____

*Please attach a copy of your insurance card.

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

Please state any major illness you have had in the last five years: _____

MEDICAL continued

Are you presently under the care of a physician Yes No

If yes, please explain _____

Please list any medication(s) you are currently taking: _____

Please list any allergies you have: _____

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

Emergency contact: _____

Telephone:

PARTICIPATION AGREEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

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 Mission Project. 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.

The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her name upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant understands what he/she is committing to. If married, the participant also declares that he/she has clearly communicated to his/her spouse the details of this project and that his/her spouse is supportive of his/her participation.

Participant's Signature: Date:

Parent/guardian if a minor:
(Print Name) (Signature)

INVOLVEMENT

Church Membership: ___ St. Andrew Baptist
 ___ Other Church:

How long have you been a member? Have you been baptized?

Name of your LCG/Sunday School teacher:

How long have you been in that class?

Please list any responsibilities you have in your class:

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Have you been on a mission project? ____ If so, describe your experience:

.....

What are your spiritual gifts?

.....

Have you had training in personal evangelism? ____ Please explain:

.....

When was the last time you witnessed to someone?

List the ministries with which you have been involved at your church, including time of involvement

with any leadership positions held:

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

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How would you describe your daily relationship with Jesus Christ?

TESTIMONY

How was your life before coming to Jesus? (What got me interested in God?)

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How and when did you come to know Jesus as your Savior?

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How is your life now that you know Him?

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In what areas of your life have you seen spiritual growth over the last month, year and 3 years?

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Briefly describe why you see God calling you to participate on this trip:

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What talents do you have that you would like to use on this trip?

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What do you see as your role on this ministry team?

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PARENT PERMISSION & AFFIDAVIT FORM

In consideration for participating on the following ST. ANDREW BAPTIST CHURCH short-term mission project:

I hereby give my son/daughter permission to travel to and from

with ST. ANDREW BAPTIST CHURCH and its representatives. I also authorize ST. ANDREW BAPTIST CHURCH or its legal representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter/s incapability to present themselves for such care and 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.

Name of Participant	Signature	Date
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If Minor, both parents and/or legal Guardians must sign:

Name	Signature	Date
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Name	Signature	Date
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State of Florida

County of

Notary Public

My Commission Expires:.....