



102 Knollwood Drive
Cross Lanes, WV 25313
(304) 776-3154

Mission Trip Participation Application General Information

Last Name: _____ First Name: _____ M.I.: _____
(As it appears on passport)

Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Passport #: _____ Country/State/City of Issue: _____ Exp. Date: _____

Birth Date: _____ Male Female T-Shirt Size (not provided on every mission): _____

Emergency Contact (*Not on trip with you*) _____ Phone: _____

Beneficiary: _____ Relationship: _____

Travel Information

Do you speak any languages other than English? Yes No Language: _____

Have you traveled outside the USA in the past 18 months? Yes No

If yes, please list most recent trip (country/dates) _____

Health Information

General Health Above Average Average Below Average

List any chronic health problems: _____

List any physical limitations, disabilities, restrictions (ex. stairs, back pain, extended walks, etc.):

Medical Allergies: _____ Other Allergies: _____

Medications you are currently taking: _____

Personal Interests

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Bible School | <input type="checkbox"/> Counseling | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Building | <input type="checkbox"/> Medical (other) | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Business development | <input type="checkbox"/> Nurse | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Painting | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Teaching |

Other interests: _____

Professional licenses held: _____

Ministry Information

Please answer the following questions regarding agreements pertaining to our ministry:

1. Do you agree to represent Cross Lanes Baptist (CLBC) according to the statement of beliefs? Yes No
2. Are you willing to comply with decisions made by CLBC leaders in a cooperative spirit? Yes No

Passport/Next Steps Information

To obtain a passport, visit the government website: http://www.travel.state.gov/passport/passport_1738.html
CLBC must have your official passport number 60 days prior to departure.

**Consent for Criminal Background History and/or Driving Record Check
Authorization/Waiver/Indemnity**

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

Have you ever been charged with a crime involving minors? Yes No

I hereby give permission for CLBC to obtain information relating to my criminal history record. The criminal history record and/or driving record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications.

Select one or both checks as necessary: Criminal Background Check Drivers Records Check

Social Security Number: _____ Maiden Name: _____

Release and Hold Harmless Agreement

Whereby, I (full name) _____ am about to travel with representatives of Cross Lanes Baptist Church (CLBC) for the period of _____, and whereas I am doing so entirely of my own initiative, risk and responsibility now, therefore, in consideration of CLBC accepting me as a constituent trip participant and undertaking to arrange all matters of transportation, lodging and other travel details, and of permitting me to view projects and geographical areas in need of assistance, I do hereby, for myself, my heirs, executors and assigns, release and forever discharge CLBC and any of its affiliates, or subsidiaries and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or any injury to me or my personal property, which may occur from any cause, including negligence of any type, during said trip. Therefore, neither CLBC nor its subordinates, officers, agents, and employees shall be or become liable or responsible for any loss, injury, or damage to person, property, or otherwise in connection with any accommodations, transportation, or other services, resulting directly or indirectly from any acts of God, dangers, incident at sea, fire, breakdown in machinery or equipment, acts of government or other authorities, de jure or de facto, wars, whether declared or not, hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, changes in itinerary or schedules, or for any loss or damage resulting from insufficient or improperly issues passports, visas or other documents, or from delay, and that neither CLBC nor any of its subsidiaries, officers, agents and employees shall be or become liable or responsible for any additional expenses or liability sustained or incurred by the trip participant as a result of any of the foregoing causes.

Additionally, I acknowledge that the welfare and safety of any and all my minor children traveling on this trip will be my sole responsibility and add my consent on their behalf that all stipulations and contingencies as stated above are applicable to them as well. Furthermore, I attest and assume sole responsibility, that my spouse and/or any other conservator with legal rights relating to the child(ren) accompanying me on this trip has been informed about the nature and risks pertaining to the trip, and has given his/her explicit consent to allow my child(ren) to accompany me on this trip. By do so, my spouse and/or other legal conservator, accepts and consents to personal and equal responsibility for all the stipulated limitations of agency liability as stated above.

By executing this agreement, I acknowledge that I have read, understand and accept the above terms.

Signature: _____ Date: _____

Witness: _____ Date: _____

Volunteer's Drivers License Number: _____ State: _____ Exp. _____

Volunteer's Birthplace: _____