

# MISSION PROJECT PARTICIPATION AGREEMENT

## PROJECT INFORMATION

Project Location \_\_\_\_\_ Project dates: \_\_\_\_\_

Team Leader: \_\_\_\_\_

## PARTICIPANT PERSONAL INFORMATION

Full Legal Name (On Passport): \_\_\_\_\_ ( ) Male ( ) Female

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Beneficiary (for insurance purposes) \_\_\_\_\_

Passport #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**\*\*Passport information needed on International trips. Please make a copy and turn in with application**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## PARTICIPANT MEDICAL INFORMATION

Do you have any health or physical limitations that should be considered in a mission trip? (example: allergies, difficulty walking, sensitive to heat or cold, etc.) \_\_\_\_\_

Any major illnesses you've had in the last 5 years \_\_\_\_\_

Any medications you are taking: \_\_\_\_\_

Is sponsor 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 front and back copy of your insurance card.**

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.

The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant commits to faithfully attend all meetings at the scheduled times and will communicate to the team leader if they are unable to attend.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian if participant is a minor: \_\_\_\_\_  
(Name) (Signature)

## INVOLVEMENT

Name \_\_\_\_\_

Church Membership: ( ) First Baptist Church of Forney ( ) 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? \_\_\_\_\_  
\_\_\_\_\_

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

Do you give regularly to the church (tithe/offering)? \_\_\_\_\_

Are you a current member of a Bible Study class? \_\_\_\_\_ Name of your teacher \_\_\_\_\_

How long have you been in that class? \_\_\_\_\_

## TESTIMONY

How was your life before coming to Jesus?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

How is your life now that you know Him?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Briefly describe why you see God calling you to participate on this trip.  
\_\_\_\_\_  
\_\_\_\_\_

What talents and gifts has God given to you that you would like to use on this trip?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_