



MISSION PROJECT APPLICATION



PROJECT NAME: _____

PROJECT LEADER: _____ PROJECT DATES: _____ Application Date: _____

Please complete this form in its entirety and send to
SMBC, Attn: Global Ministries Office, 2017 Columbiana Road, Birmingham, AL 35216.

Note: It is important that you use your name as it appears on your passport and other legal documents.

LAST NAME _____ FIRST NAME _____ INITIAL _____

DATE OF BIRTH (MO/DAY/YEAR) _____ SEX (MALE OR FEMALE) _____

MAILING ADDRESS (Where you want your correspondence sent)

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

E-MAIL ADDRESS _____

MARITAL STATUS: Single Married Divorced Widowed YOUR OCCUPATION _____

IF MARRIED, NAME OF SPOUSE _____

SOCIAL SECURITY NUMBER _____

PASSPORT NUMBER _____ PLACE OF ISSUE OF PASSPORT _____

MONTH/DAY/YEAR THAT PASSPORT EXPIRES _____

HAVE YOU EVER BEEN ON A MISSION PROJECT? _____ If so, tell where and describe your experience. _____

YOUR HOME CHURCH _____ PASTOR _____

CHURCH ADDRESS _____ PHONE _____

I understand that my deposit is non-refundable and that I will be responsible for airline tickets purchased in my name upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. I commit to faithfully attend all meetings at the scheduled times.

Signature _____ Date Signed ____/____/____

CHURCH RECOMMENDATION: The _____ Church wholeheartedly recommends the applicant to Shades Mountain Baptist Church as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Signature of Pastor _____ Date Signed ____/____/____

HEALTH HISTORY

YOUR NAME _____

NAME OF YOUR PERSONAL PHYSICIAN _____ PHONE _____

YOUR BLOOD TYPE _____

PLEASE LIST ANY MEDICAL PROBLEMS _____

DO YOU HAVE ANY ALLERGIES (I.e., food, drugs, insect bites or stings, etc.). If so, please list: _____

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (Also list dates) _____

CURRENT MEDICATIONS (List) _____

SPECIAL DIET (Describe) _____

NAME OF YOUR DENTIST _____ PHONE _____

HAVE YOU HAD?

Please Circle

- | | |
|---|---|
| 1) FULL HEPATITIS B IMMUNIZATION SERIES | YES OR NO |
| 2) TETANUS BOOSTER IN LAST FIVE TO TEN YEARS? | YES OR NO If yes, please give date: _____ |
| 3) HEPATITIS A VACCINE? | YES OR NO |
| 4) FULL POLIO VACCINATION SERIES? | YES OR NO |
| 5) MEASLES, MUMPS, RUBELLA, & CHICKEN POX VACCINES? | YES OR NO |
| 6) TYPHOID VACCINE? | YES OR NO |
| 7) CHOLERA VACCINE? | YES OR NO |

HEALTH INSURANCE

NAME OF INSURANCE COMPANY _____

ADDRESS _____

PHONE NUMBER OF INSURANCE COMPANY _____

THIS POLICY IS ISSUED IN THE NAME OF _____

ADDRESS _____

IF GROUP POLICY, PLEASE LIST EMPLOYER _____

EMPLOYER PHONE NUMBER _____

Be sure to attach a legible copy of your health insurance card (front and back) and verify the information submitted above.

ANY OTHER PERTINENT HEALTH INFORMATION (Please describe) _____

REFERENCES

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

PERSONAL PLEDGE

I will refrain from using alcohol or tobacco while on the mission trip.

Signature _____ Date Signed ____/____/____

**SMBC MISSIONS PROJECT VOLUNTEER
RELEASE AND COVENANT NOT TO SUE**

WHEREAS, the undersigned will be traveling and participating in various mission projects which are sponsored in whole or in part by SHADES MOUNTAIN BAPTIST CHURCH; and

WHEREAS, the undersigned desires to release and hold harmless SHADES MOUNTAIN BAPTIST CHURCH, its directors, officers, administrators, employees, members, team leaders, or team coordinators, and/or team members from any and all liability, claims, demands, or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from, and during said mission project by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from SHADES MOUNTAIN BAPTIST CHURCH as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge, and save harmless SHADES MOUNTAIN BAPTIST CHURCH, and their directors, officers, members, administrators, employees, members, team leaders or team coordinators and/or team members from any and all liability, claims, demands, or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against SHADES MOUNTAIN BAPTIST CHURCH, their directors, officers, members, administrators, employees, team leaders or team coordinators and/or any team members at any time, and will not institute, prosecute, or in any way aid in the damages, cost, loss of services, expenses, or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from known, unknown, past, present, or future by the undersigned's participation in mission projects sponsored by the SHADES MOUNTAIN BAPTIST CHURCH.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions, and environment existing in said countries in which the mission projects will be conducted and of various health and safe hazards which exist, and he/she fully understands and assumes all risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, administrators, members, employees, team leaders or team coordinators, and/or team members of SHADES MOUNTAIN BAPTIST CHURCH.

By signing this document I acknowledge that my photograph and/or statements may be used in any fashion, by Shades Mountain Baptist Church, in its sole discretion, including but not limited to, publications, videos and websites.

Do not use my photograph.

Signature _____ Date Signed ____/____/____

**SMBC MISSIONS PROJECT VOLUNTEER
PERMISSION TO BE TREATED**

I hereby give my consent and permission to conduct any necessary medical examinations and medical treatment while on the Mission Project. I further give permission to obtain any and all diagnostic and treatment records necessary for my medical treatment.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM, INCLUDING THE MEDICAL INFORMATION, RELEASE, & PERMISSION TO BE TREATED SECTIONS AND ALSO HEREBY CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

WITNESS MY SIGNATURE this _____ day of _____, 20_____.

Signature of Volunteer _____

Print Name _____

FOR MINORS ONLY:

NOTE: IF VOLUNTEER NAMED ABOVE IS UNDER THE AGE OF 18, THE FOLLOWING FORM MUST BE SIGNED BY THE MINOR (Listed Above) AND BOTH PARENTS OR GUARDIANS OR, IF MARRIED MINOR, BY THEIR SPOUSE ON THE LINES BELOW.

Signature of Minor's Parent or Guardian _____

Signature of Minor's Parent or Guardian _____

If Married, Signature of Minor's Spouse _____

STATE OF ALABAMA)
JEFFERSON COUNTY)

_____ I, the undersigned, a Notary Public in and for said County in said State, hereby certify that _____ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

NOTARY PUBLIC

My Commission Expires _____

**SMBC MISSIONS PROJECT VOLUNTEER
AUTHORIZATION FORM FOR PERSONS
UNDER 18 YEARS**

NOTE: IF VOLUNTEER IS UNDER THE AGE OF 18, THE FOLLOWING FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENTS OR GUARDIANS.

I (We) authorize:

Full Legal Name of Minor: _____

Date of Birth: ____/____/____ Place of Birth: _____

to travel on any occasion to (country or territory) _____,

as well as to the country of residence, unaccompanied or under the responsibility of :

Name of Accompanying Adult on Trip: _____

Nationality _____ Marital Status _____ Profession _____

Full Address _____

Passport Number _____ Place of Issue _____

By signing this document I acknowledge that my child's photograph and/or statements may be used in any fashion, by Shades Mountain Baptist Church, in its sole discretion, including but not limited to, publications, videos and websites.

Do not use my child's photograph

**BOTH PARENTS MUST SIGN EVEN IF ONE OF THEM IS GOING ON THE TRIP.
SIGNATURES MUST BE NOTARIZED.**

Print Name _____ Relationship to Child: _____

Signature _____ Date _____

Print Name _____ Relationship to Child: _____

Signature _____ Date _____

STATE OF ALABAMA)
JEFFERSON COUNTY)

_____, I, the undersigned, a Notary Public in and for said County in said State, hereby certify that _____ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

NOTARY PUBLIC

My Commission Expires _____

PRAYER PARTNER INFORMATION

WHERE ARE YOU GOING? _____

WHAT WILL YOU BE DOING ON THIS PROJECT? _____

HOW CAN WE PRAY FOR YOU WHILE YOU PREPARE TO GO? _____

HOW CAN WE PRAY FOR YOU WHILE YOU ARE ON THIS PROJECT? _____

OTHER PRAYER REQUESTS: _____

Please list the names of five prayer partners. If you are going to a secure location, email updates will usually come through the Global Ministries Office.

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

APPLICATION CHECKLIST

Please attach the following to your application:

- Photo
- Copy of your medical insurance card
- Copy of your passport (for international projects only)