Hermitage Hills baptist church
where life change happens

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or
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international travel.

HERMITAGE HILLS
MISSION TRIP
VOLUNTEER APPLICATION FORM

TRIP DESTINATION _____

TRIP LEADER _____

TRIP DATES _____APPLICATION DATE _____

NAME (as on passport) _____

ADDRESS_____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ MALE OR FEMALE _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

STATUS: Student College Single Married Divorced Widowed

OCCUPATION _____

SOCIAL SECURITY # _____ PASSPORT # _____

SOMETIMES THERE ARE TEAM SHIRTS, WHAT SIZE DO YOU PREFER? _____

WILL YOU FUND YOUR TRIP YOURSELF OR WILL YOU SEEK SUPPORT? _____

CHURCH RECOMMENDATION *(for non-Hermitage Hills members): The* _____ *Church wholeheartedly recommends the applicant to Hermitage Hills Baptist Church as sound in his/her faith and spiritually equipped to serve on a volunteer trip.*

Signature of Pastor _____ *Date Signed* _____ /_____ / 20___

CHURCH ADDRESS _____ *PHONE* _____

CITY _____ *STATE* _____ *ZIP CODE* _____

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 trip are critical for the spiritual unity and physical preparation of the team and are not optional. I commit to faithfully attend all meetings at the scheduled time.

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

Signature _____ Date Signed ____ / ____ / 20 ___

HEALTH HISTORY

YOUR NAME _____

NAME OF PERSONAL PHYSICIAN _____ PHONE _____

PLEASE LIST ANY MEDICAL PROBLEMS OR SPECIAL DIET _____

_____

DO YOU HAVE ANY ALLERGIES _____

CURRENT MEDICATIONS _____

_____

HEALTH INSURANCE Be sure to attach legible copy of insurance card. (Front and back)

EMERGENCY CONTACTS

1: Name _____ Relationship to You _____

Address_____

Day Phone _____ Night Phone _____

2: Name _____ Relationship to You _____

Address_____

Day Phone _____ Night Phone _____

TRAVEL INFO: Beneficiary_____ Relation_____

MINISTRY HISTORY

Have you ever been on a MISSION TRIP? _____ If so, where and describe your experience:

_____

_____

STAFF REFERENCE

Name _____ Ministry Area _____

MINISTRY INVOLVEMENT

Share where you are currently serving _____

_____

_____

What are your spiritual gift(s)_____

Have you ever been trained in evangelism? YES NO: If yes, what course _____

Do you speak any foreign languages? YES NO: If so, which one (s) _____

HERMITAGE HILLS MISSION TRIP VOLUNTEER

AGREEMENT AND NOTICE

You are participating in a mission Trip sponsored in whole or in part by HERMITAGE HILLS BAPTIST CHURCH.

Mission Trips, can expose the participant to increased risks to person and property. By this agreement you are assuming the risk of harm to yourself, your property or both. _____ (initial)

In the event you and/or your property are harmed while participating in this trip, you agree to release, discharge, and forever hold Hermitage Hills, its directors, officers, employees, administrators, team leaders, coordinators, members and agents harmless and indemnify them, from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from your participation in this trip. _____

In addition, you agree that you will not institute any action or suit, in law or in equity, against Hermitage Hills, its directors, officers, employees, administrators, team leaders, coordinators, members and agents, for any harm to you or your property while participating in this trip. _____

In the event that you or your property are harmed while participating in this trip, you agree to notify, in writing, the Hermitage Hills missions staff and ministry of the damage and schedule an appointment, in order to discuss the matter. _____

If discussions fail, you agree that any and all disputes or claims you may have against Hermitage Hills, its directors, officers, employees, administrators, team leaders, coordinators, members and agents, shall be submitted to mediation prior to any further legal action. The Mediator will be mutually chosen by you and Hermitage Hills and any fees for said mediation will be equally born by the parties. _____

This agreement is made and performable in the State of Tennessee and shall be construed in accordance with the laws of the State of Tennessee. _____

In the event that any portion of this agreement is determined to be unenforceable, the remaining provisions remain in full force and effect. _____

The above provisions are binding on me, my heirs, assigns or legal representatives. _____

SIGNED THIS _____ DAY OF _____ , 20____.

SIGNATURE _____

PRINT NAME _____

HERMITAGE HILLS MISSION TRIP 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 Trip. 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 INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

ADULTS 18 and UP: Sign in front of Notary

Signature of Volunteer _____

Print Name _____

_____ *personally appeared before me, and in my presence.*

Witness my hand and official seal this _____day of _____, _____.

My commission expires: _____.

Notary Public _____

FOR MINORS: Sign in front of Notary

Note: If volunteer traveling is under the age of 18, the following must be signed by both parents or guardians on the lines below.

Signature of Minor's Parent or Guardian _____

Print Name _____

Signature of Minor's Parent or Guardian _____

Print Name _____

_____ *personally appeared before me, and in my presence.*

Witness my hand and official seal this _____day of _____, _____.

My commission expires: _____.

Notary Public _____

HERMITAGE HILLS MISSION TRIP 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 Hermitage Hills 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 _____

_____ COUNTY

_____I, the undersigned, a Notary Public in and for said County in said State,
_____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_____

MY PERSONAL TESTIMONY

NAME _____ DATE _____

Write a paragraph using answers to the questions below. Please write in story form and not just answers to the questions.

What was my life like before I met Jesus Christ?
What area of my life did God use to get my attention?
How did I come to know Jesus Christ as my Savior? When, Where, How?
What has my life been like since and how is that area of my life now?

PRAYER PARTNER INFORMATION

YOUR NAME _____

MY PRAYER PARTNERS ARE (should be one for each day you are gone from departure to return).

1. Name _____ Email _____
2. Name _____ Email _____
3. Name _____ Email _____
4. Name _____ Email _____
5. Name _____ Email _____
6. Name _____ Email _____
7. Name _____ Email _____
8. Name _____ Email _____
9. Name _____ Email _____
10. Name _____ Email _____

CHECKLIST

Please attach the following to your application:

__ 1. Copy of your medical insurance card

__ 2. Copy of your passport (photo id page only)

__ 3. Photograph - passport size

__ 4. Deposit

__ 5. Testimony

__ 6. Prayer Partner Information

FOR OFFICE USE ONLY

Application Received: _____
(initial and date)

Interest Meeting Attended: _____
(initial and date)

Approved for Mission Trip: _____
(initial and date)