

Noonday Baptist Association

Builders For Christ

2011 Mission Trip Application

Please print Name as it appears on your I.D. Card:

PLEASE COMPLETE THIS APPLICATION AND RETURN TO THE NOONDAY BAPTIST ASSOCIATION
1348 CANTON ROAD NE, MARIETTA, GA 30066-6062
(770) 422-3347 FAX: (770) 499-0299

Read all instructions carefully before filling out your application. All items must be completed accurately. Please PRINT or TYPE all responses on the application form. Please carefully read, sign and date the Responsibility Release and Participant Agreement at the bottom of this page.

- *If you are applying for an international missions trip, please be sure to write your name as it appears on your passport and return a copy of your passport with your application.*
- *If you are applying for a domestic mission trip, please write your name as it appears on your drivers' license.*

Please add any special comments on the last page.

A non-refundable deposit may be required.

Please check with Noonday Baptist Association or your team leader for more information.

RESPONSIBILITY RELEASE AND PARTICIPANT AGREEMENT

By accepting a term of volunteer service I wish to make clear my understanding that neither the International Mission Board of the Southern Baptist Convention, North American Mission Board of the Southern Baptist Convention, the Woman's Missionary Union, an auxiliary to the Southern Baptist Convention, the Georgia Baptist Convention, nor the Noonday Baptist Association will assume any responsibility for loss of property, damage to the same, personal harm, or illness that may come; and I, for myself, my heirs, executors, administrators, distributees and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said International Mission Board, North American Mission Board, the Woman's Missionary Union, the Georgia Baptist Convention and the Noonday Baptist Association and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

I understand that my personal medical insurance is the primary provider of coverage for any costs related to any incident requiring medical services for me while on this mission trip. In the case of an emergency, I give my permission to be treated medically as deemed necessary by licensed medical personnel. I have listed any allergies that need to be taken into consideration related to any treatment that may be required.

In addition, I agree to all terms and conditions included in this application form.

Signature

A Parent must also sign if participant is under 18 years old

Date

Parent's Signature

Date

OFFICE
USE
ONLY

DATE RECEIVED BY NOONDAY BAPTIST ASSOCIATION: _____

RECEIVED BY : _____

DATE OF MISSION TRIP: _____

Noonday Baptist Association

Builders For Christ Mission Trip Application

Full Name _____ Preferred Name _____

Address _____

Home Phone _____ Cell Phone _____ Office Phone _____

Email _____ Social Security # _____

Birth date _____ Age _____ U.S. Citizen? YES NO Sex: Male Female

MARITAL STATUS

Single Married Separated Divorced Widowed

Spouse's Name _____

Spouse Address (if different) _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Full Name _____

Address _____

Home Phone _____ Cell Phone _____ Office Phone _____

Email _____

Relationship to Team Member _____

PRESENT EMPLOYMENT

Company Name _____

Address _____

Phone _____ Position held _____

RETIRED YES NO Position held _____

GENERAL HEALTH

Excellent Good Fair Poor

Do you have a chronic ailment (such as diabetes)? YES NO If yes, please indicate chronic ailment: _____

Do you have a disability? YES NO

Do you use prescription drug on a regular basis? YES NO If yes, please list the prescriptions below:

Do you have any allergies (including food allergies)? YES NO If yes, please list them below:

It is understood that all mission trip participants will refrain from the use of tobacco products, alcohol as a beverage and illegal drugs while serving on this mission trip

INSURANCE INFORMATION

Health Insurance is required to participate on this mission trip.

Do you have health insurance coverage? YES NO**

Insurance Company: _____

Policy Number: _____

**If you do not have health insurance, please contact the Missions/Ministry Development staff at the Noonday Baptist Association office for information about temporary insurance that may be available.

Do you have any additional health or travel insurance coverage? YES NO

Insurance Company: _____

Policy Number: _____

Noonday Baptist Association will be obtaining insurance for you during this mission trip. Who would you like your beneficiary to be? _____

CHURCH AFFILIATION

Church Name _____

Address _____

Phone _____

Pastor's Name _____

Association _____

How long have you been a member? _____

EXPERIENCE

CHURCH RELATED

	POSITION	HOW LONG?
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

LANGUAGE SKILLS

	Limited	Fluent
___ French	_____	_____
___ Spanish	_____	_____
___ Sign Language	_____	_____
___ Other	_____	_____

SKILLS/TALENTS

ADDITIONAL "EXPERIENCE" INFORMATION:

Are you an ordained Minister? YES NO

Deacon? YES NO

Seminary or other Professional degree? YES NO **If yes, please list degree and school:** _____

TRIP INFORMATION

TRAVEL

Will you be traveling with the BFC Group? YES NO

If not, please answer the following:

I will be flying I will be driving: Alone With the following people: _____

If traveling on your own, what dates will you be traveling? _____

I would like to be considered for the Advance Team YES NO I understand that checking the YES box does not automatically mean I will be a part of the Advanced Team.

LODGING

I will be using the BFC selected lodging. Roommate Preference: _____

If BFC selected lodging is a hotel, I prefer a private room.

I will be staying in a hotel of my choice and will make my own arrangements. HOTEL: _____

I will be camping. CAMPING FACILITY: _____

SHIRTS/CAPS

Please check the size shirt you wear:

Small Medium Large X-Large XX-Large XXX-Large

CAP: YES NO

MISCELLANEOUS

Are you willing to lead a group devotion? YES NO

Are you interested in singing a solo? YES NO

Do you want to be a part of the Kitchen Crew? YES NO

Do you have medical training? YES NO If yes, what kind of training do you have? _____

ADDITIONAL INFORMATION (Please add any additional information that would be helpful to us in processing your application)
