



Green Acres

BAPTIST CHURCH

VOLUNTEER MISSIONS APPLICATION

CHECKLIST:

- Personal Information
- Health History
- Copy of Passport
- Copy of Insurance Card
- Testimony
- References
- Volunteer Agreement and Notice
- Authorization for Minors
- Driver's Form (Age 25+ only)
- Criminal Background Check

IF YOU ARE COMPLETING THIS FORM ON THE COMPUTER:

Here are a few things to keep in mind:

- 1) In order to use the file, you must have Microsoft Word.
- 2) The fields in gray are the fields you need to complete.
- 3) To go from field to field, push the TAB button.
- 4) To check a check box, push the space bar (you will still have to go through all the other check boxes to get to the next question if you use TAB).
- 5) The gray field will enlarge to fit the size of information you need to enter.
- 5) When you complete the application, go to FILE, SAVE AS, and save the document with your name. This will help us in keeping track of the applications we receive.
- 6) There are some forms which must have your signature. Please speak to your trip leader in order to get those forms.**

If you have any questions, feel free to call 903-525-1112 for more information.

Return to:

GABC Missions Ministry

1607 Troup Hwy

Tyler, TX 75701

Fax: 903-525-1101

NAME

VOLUNTEER APPLICATION FORM

PASSPORT NAME(<i>exactly as on passport</i>)	<input type="checkbox"/> Youth <input type="checkbox"/> College <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
EMAIL	<input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS:	HOME PHONE WORK PHONE CELL PHONE
CITY: STATE: ZIP CODE:	OCCUPATION

PERTINENT TRAVEL AND INSURANCE INFORMATION

DATE OF BIRTH	DRIVERS LISCENSE NUMBER
PASSPORT NUMBER	PASSPORT EXPIRATION DATE
BENEFICIARY	BENEFICIARY RELATIONSHIP

If you do not have a current passport and this is an international project, please apply for one immediately!

EMERGENCY CONTACTS

NAME	RELATIONSHIP TO YOU
ADDRESS	
DAY PHONE	NIGHT PHONE

NAME	RELATIONSHIP TO YOU
ADDRESS	
DAY PHONE	NIGHT PHONE

HEALTH INSURANCE INFORMATION

(Please provide copy of insurance card. If you do not have insurance, you will be required to purchase a temporary insurance policy. Please contact the Missions Ministry for more details).

NAME OF INSURANCE COMPANY	ADDRESS
PHONE NUMBER	THIS POLICY IS ISSUED IN THE NAME OF
IF GROUP POLICY, PLEASE LIST EMPLOYER	PHONE NUMBER
ID NUMBER	GROUP NUMBER

NAME

HEALTH HISTORY

PERSONAL PHYSICIAN	PHONE
DENTIST	PHONE

ANSWER THE FOLLOWING TO THE BEST OF YOU KNOWLEDGE. USE OTHER SIDE OF PAGE IF NECESSARY.

PLEASE LIST ANY MEDICAL PROBLEMS(including allergies to food, drugs, insect bites/stings, special diet, etc.).

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (Also list dates)

CURRENT MEDICATIONS (List)

HAVE YOU HAD THE FOLLOWING:

YES NO FULL HEPATITIS B IMMUNIZATION SERIES
 YES NO TETANUS BOOSTER IN LAST FIVE TO TEN YEARS
 If yes, please give date: _____

YES NO HEPATITUS A VACCINE
 YES NO FULL POLIO VACCINATION SERIES
 YES NO MEASLES, MUMPS, & RUBELLA VACCINES
 YES NO CHICKEN POX VACCINES
 YES NO TYPHOID VACCINE
 YES NO CHOLERA VACCINE

BLOOD TYPE? CAN YOU DONATE BLOOD? YES NO

MEDICAL RELEASE

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

_____ I understand that I am responsible for my health care and any charges incurred and must report any incidents immediately upon my return from the trip.

Signature _____ Print Name _____ DATE: _____

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 _____

NAME _____

GABC MISSIONS PROJECT VOLUNTEER AGREEMENT AND NOTICE AND PERMISSION TO BE TREATED

You are participating in a mission project sponsored in whole or in part by GREEN ACRES BAPTIST CHURCH (GABC).

Please initial each line to show your agreement with the following statements.

_____ Mission projects can expose the participant to increased risks to person and property. By this agreement you are assuming the risk of harm to yourself and/or your property.

_____ In the event you and your property are harmed while participating in this project, you agree to release, discharge, and forever hold GABC, 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 project.

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

_____ In the event that you or your property are harmed while participating in this project, you agree to notify, in writing, the GABC missions office staff 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 feel you may have against GABC, its directors, officers, employees, administrators, team leaders, coordinators, members, or agents, shall be submitted to mediation prior to any further legal action. The Mediator will be mutually chosen by you and GABC and any fees for said mediation will be equally born by the parties.

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

_____ 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.

*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.

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

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

DO NOT use my photograph for future promotional materials.

Signature _____ Print Name _____ DATE: _____

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.

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If Married, Signature of Minor's Spouse _____