

# GVBC MISSION TRIP – APPLICATION

Please complete this form and return it to the Missions Office at GVBC as soon as possible:

Mail to: 1815 Patton Chapel Road, Hoover, AL 35226 – OR – Fax to: (205)822-2174 – OR – Complete online @ gvbc.org.  
Please type or print in ink. It is important that you write your name as it appears on your passport and other legal documents.

## PERSONAL INFORMATION

Name (as it appears on your passport): \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of issue of passport: \_\_\_\_\_

**If you do not have a passport, you MUST apply for one as soon as possible for ANY travel outside of the United States.**

**Do not hesitate to take action NOW in order to possess a valid passport in time for the trip and trip preparations.**

**\*Everyone must submit a photo – quality copy of his/her passport to the sponsoring church.**

## EMERGENCY NUMBERS

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

## CHURCH MEMBERSHIP

Current member of GVBC?  Yes  No Sunday School class: \_\_\_\_\_

If not, where is your current church membership? \_\_\_\_\_

Name of pastor or minister who will recommend you for this mission trip (for non-GVBC members):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_





## HEALTH HISTORY

Name of your personal physician \_\_\_\_\_

Your blood type \_\_\_\_\_ Please list any medical problems \_\_\_\_\_

Do you have any allergies (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 \_\_\_\_\_

Any other pertinent health information (please describe) \_\_\_\_\_

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                                  |
| 8. Yellow Fever vaccine                            | yes or no                                  |
| 9. Meningococcal vaccine                           | yes or no                                  |

## HEALTH INSURANCE

Name of insurance company \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

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.**

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I have provided the above information accurately to the best of my knowledge.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

If volunteer is a minor, signature of parent or guardian \_\_\_\_\_

If volunteer is a minor, signature of parent or guardian \_\_\_\_\_

**RELEASE**

WHEREAS, the undersigned will be traveling to various countries and participating in various mission projects while in said countries which are sponsored in whole or in part by Green Valley Baptist Church and

WHEREAS, the undersigned desires to release and hold harmless Green Valley 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 Green Valley Baptist Church as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge, and save harmless Green Valley Baptist Church, the International Mission Board, 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 Green Valley Baptist Church, the International Mission Board, 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 Green Valley 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 safety 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 Green Valley Baptist Church.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM, INCLUDING THE MEDICAL INFORMATION AND RELEASE FORM 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 \_\_\_\_\_

NOTE: IF VOLUNTEER IS UNDER THE AGE OF 18, THIS FORM MUST BE SIGNED BY THE MINOR (ABOVE), 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 \_\_\_\_\_