Short-Term Mission Trip Registration Form

_____
Name

_____
Destination

_____
Trip Dates

FBC Marble Falls Global Missions
Participant Information

TELL US ABOUT YOURSELF:

Name *(Must appear exactly as on Passport)*

Last_____ First_____ Middle_____

Physical Address (no PO Boxes)_____

City_____ State_____ Zip Code_____

Home Phone (_____)_____ Work Phone (_____)_____

Cell Phone (_____)_____ Email_____

☐ Male ☐ Female

Marital Status ☐Single ☐Engaged ☐Married ☐Widowed ☐Separated ☐Divorced

If Married, Spouse's Name _____

If you have children,

Children's name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What, and/or who, was your primary inspiration for this trip?

_____

_____

_____

_____

_____

Please list any gifts and/or talents that God has blessed you with:

_____

_____

_____

_____

Have you ever been on an international mission trip? ☐Yes ☐No

If yes, what country/year? _____

_____

FBC Marble Falls Global Missions
Participant Information

CHURCH AND SPIRIT

What is your relationship to FBC Marble Falls? *(Please check and complete the requested information)*

- ☐ Member since, _____(yr.)
- ☐ Non-Member, but have been regular attendee since, _____(month/yr.)
- ☐ Member of a church other than FBC Marble Falls. Specify church_____
- ☐ Other. Describe:_____

Please list any leadership positions you have held within FBC Marble Falls or previous churches:

_____

_____

_____

Date you made your commitment to follow Jesus _____/_____/_____ *(for following, use back of page if necessary)*

Describe your salvation experience_____

_____

_____

_____

_____

When were you baptized? _____

Currently, how active you are in the church? _____

_____

_____

Describe your relationship with your family _____

_____

_____

PASSPORT INFORMATION **(passport not needed for travel in U.S. territories)**

Please check one:

- ☐ Yes, I have a current Passport (Please fill out Passport Information below.)
- ☐ No, I do not have my Passport yet, but I have already applied for one.
- ☐ No, I do not have my Passport yet, and have not applied yet.

Please provide us with the following Passport Information:

Name on Passport_____

Place of Birth on Passport_____

Date of Birth_____ Nationality of Passport_____

Passport #_____ Issuing Country Code_____ Exp. Date_____
(USA, unless from other country)

FBC Marble Falls Global Missions
Participant Information

PROFESSIONAL EXPERINCE

Current Employment:_____

Position_____ Dates of Employment_____

BACKGROUND CHECK

Have you ever been arrested or charged with any crime? ☐Yes ☐No

If "YES" please check all that apply ☐Misdemeanor ☐Felony

Are you currently under court supervision, probation, or parole? ☐Yes ☐No

Have you ever been convicted, or had to register with any crimes that deal with minors? ☐Yes ☐No

If you checked "YES" above, please provide a typed explanation on a separate sheet of paper as to the nature of the crime(s) or charge(s), dates of arrest, arresting agency, city and state of occurrences and disposition.

Do you authorize FBC Marble Falls permission to conduct a background check? ☐Yes ☐No

If yes, please provide us with the following information:

DL #_____ State:_____

SS #_____-_____-_____

If you have lived outside of Texas during the past 7 years, please include the states and counties:

_____

Acknowledgement

I have read and understand the above information. The information I have given FBC Marble Falls is accurate and true to the best of my knowledge. My enclosed signature verifies that I grant permission and that all the information I have provided is accurate and true.

Applicant's Signature_____ **Date** _____/_____/_____

Include the Registration Fee Payment of $100.00 *(non-refundable)*

Your registration fee will be deducted from your trip cost.

(The $100 registration fee will serve as your deposit. First come, first serve.)

Participant Travel Information

FBC Marble Falls Travel Information *(7 easy steps!)*

This form is REQUIRED for all mission trip participants!

Step 1: Health Insurance

Please attach a copy of your health insurance card.

_____
Policy Holder's Name

_____
Insurance Company

_____
Policy #

(_____)_____
Insurance Company Phone Number

_____
Participant (Last Name)

_____
Participant (First Name)

Country Attending _____

Trip Dates: _____

Step 2: Emergency Contact Information

In case of emergency, contact: *(Please provide at least 2)*

Name _____ Relationship to Applicant: _____
Address _____
Work # (_____)_____ Home # (_____)_____ Cell # (_____)_____

Name _____ Relationship to Applicant: _____
Address _____
Work # (_____)_____ Home # (_____)_____ Cell # (_____)_____

Step 3: Medical Checklist/Questions

If any box is checked, a Physicians Release Form [Pg 7] is required

Medical Checklist Please check if you have had any of the following:

	Asthma or Chronic wheezing		Mental Health Counseling treatment
	Any other respiratory problems		Fainting spells
	Cysts or Tumors of any kind		Convulsions, epilepsy or seizures
	Chronic or persistent cough		Parkinson's disease
	Skin disorder other than acne		Anemia or any other blood disorder
	Goiter		Serious bodily injury
	Diabetes or Hypoglycemia (low blood sugar)		Thyroid ailment
	Circulatory trouble		Severe allergic reactions
	Hearing or Vision Impairment		AIDS virus or HIV
	Kidney Problems		High or Low Metabolism
	Tuberculosis		Gall bladder stones or colic
	Rheumatism, Arthritis, Painful swollen joints		Prostate problems
	Severe Knee Problems		Venereal disease
	Intestinal or bowel problems		Breast or menstrual disorder
	Cancer		High blood pressure/any cardiac problems
	Persistent, recurring indigestion, stomach or duodenal ulcers		Any other disease or disability that is not listed above

Medical Questions

Prescription Medication? yes/no
What medication:_____
Dosage:_____

Non Prescription Medication? yes/no
What medication? _____
Dosage: _____

Allergic to any foods/med? yes/no
What foods/meds:_____

Treatment/Counseling for Chemical or Alcohol abuse? yes/no
When:_____
Where:_____

Under Physicians care for illness? yes/no
Explain:_____

Last physical exam? _____/_____/_____

Participant Travel Information

Step 4: Immunizations

I, _____ , agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

Step 5: Limitations

Fill out any limitations that may hinder or preclude you from participating fully on this trip:
(Limitations may include such things as medical, physical, mental, medications, diet, civil, work related, etc…)

_____
_____
_____
_____

Please provide any details pertaining to your health not covered in this Travel Release Form. (Use back of sheet if necessary.)

_____
_____

Step 6: Release, Hold Harmless and Consent

Medical and Travel Release, Hold Harmless Agreement:

I authorize FBC Marble Falls to:
(1) Release any and all other medical information or records to any party deemed necessary by FBC Marble Falls, its agents, servants, employees;
(2) Assign for the providing of medical treatment and insure proper placement.
I hereby release and agree to indemnify FBC Marble Falls, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold FBC Marble Falls harmless from any and all costs, damages or expenses incurred by FBC Marble Falls as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.
I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs, I personally assume all such risks, whether foreseen or unforeseen by myself or FBC Marble Falls.
I hereby release and hold harmless FBC Marble Falls, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I understand that this release and indemnification releases liability for the conduct of FBC Marble Falls and its agents, servants, employees or assigns, even if such conduct is negligent.
I also give FBC Marble Falls the right to use my picture, voice, and/or testimony in any form of promotional or advertising materials.
I certify that I have personal health insurance, **including foreign countries, with no territorial limitation,** for the providing of medical services to participant which will provide coverage for participant during the duration of said Mission trip.
I understand that FBC Marble Falls provides no health insurance plan, but may offer me a third party short term insurance policy, not associated with FBC Marble Falls, for me to acquire before my trip.
I also understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit. If a copy is not presented at the time of visit, hospitals, and other health care facilities reserve the right to refuse treatment for non-urgent visits.

Participant Travel Information

Step 7: Agreement

Accountability Agreement

The rules and regulations of FBC Marble Falls are specifically designed to ensure the safety and well-being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. These rules and regulations are enforced by the FBC Marble Falls Trip Directors and Leaders. Enforcement shall occur in a manner which the FBC Marble Falls Trip Directors feels is in accordance with Christian principles and the stated purpose of the project. **FBC Marble Falls reserves the right to send home any team member that shows disregard for the stated rules and regulations. The team member will be responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel and food for the team member. I have read the rules, regulations, and the disciplinary measures and agree to abide by them.**

Behavioral Agreement

By participating in a FBC Marble Falls mission trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Missionary Oath is the standard of conduct for all FBC Marble Falls Mission team members and will follow it to the best of my ability. The characteristics of the Missionary Oath include:

- Honor - I will be honorable through thoughts, actions, and speech daily.
- Faith - I commit to listen to and obey God's Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others.
- Relationships - I commit to love and esteem others higher than myself, understanding that my leaders, team members, and the people of the world are God's creation and are to be treated with love and respect.

My enclosed signature signifies my approval of all limitations listed above as well as my agreement with the *Accountability and Behavioral Agreement.* I have read and understand the above information. My signature represents that all information on these forms is true and correct to the best of my information.

_____ _____/_____/_____

Participant's signature Date

Physician Release

(Complete this section **only** if you checked "yes" to any question on this Medical Checklist. If yes, take this form to your physician to fill out.)

Over our years of experience, FBC Marble Falls have had participants who have experienced difficulty engaging in daily activities on the mission field. Daily activities for most destinations may include and are not limited to: ***(physically challenging training, high intensity aerobic activity, hiking, and extended periods of walking. Dietary and climate changes also add to the physical intensity of our trips as well as the high probability of, at some point, experiencing lack of sleep.)***
Please be considerate of these factors as you evaluate the Participant's physical readiness for such conditions.

Physician's Name _____

Address_____

City _____ State _____ Zip _____

Work # (_____)_____

I have reviewed the Participant's **medical information and history.** I have performed a physical exam.
(Please indicate the appropriate choice.)

- ☐ I find the Participant to be in adequate condition for participation in the aforementioned daily activities.
- ☐ I have prescribed a medical plan of action for the Participant to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- ☐ I do not recommend the Participant to participate at this time.

Physician's Signature _____ Date _____/____/____