



GLOBAL OUTREACH

REACHING EAST TENNESSEE, NORTH AMERICA, AND
THE WORLD FOR JESUS CHRIST



Short-Term Mission Trip Application

INSTRUCTIONS:

Answer all questions and print in blue or black ink. Completed applications should be turned in to the Missions Office along with the \$150 Registration Fee made payable to "Grace Baptist Church." This Fee is non-refundable and non-transferable.

GENERAL INFORMATION

Legal Name (as it appears on your passport): _____			
Passport Number: _____	Expiration Date: _____	Issue Date: _____	
(Write "Pending" if you have applied for but not yet received your passport) (Please attach a copy of the photo page of passport)			
Age: _____ <i>Years</i>	Birthdate: _____ <i>Month/Date/Year</i>	Citizen of: _____ <i>Country</i>	Birthplace: _____ <i>State/Country</i>
Gender: _____	Occupation: _____		
Mailing Address: _____ <i>Street, Box #, or R.R.</i> <i>City</i> <i>State</i> <i>Zip/Postal Code</i>			
E-mail address: _____			
Phone numbers: (home) _____ (work) _____ (mobile) _____			
Emergency Contact (someone who will not be going on the trip with you):			
Name: _____		Relationship to you: _____	
Mailing Address: _____ <i>Street, Box #, or R.R.</i> <i>City</i> <i>State</i> <i>Zip/Postal Code</i>			
Phone numbers: (home) _____ (work) _____ (mobile) _____			
Mission Trip for which you are applying:			
Location: _____		Date of Trip: _____	
Are you a member of Grace Baptist Church? _____ Yes _____ No			
If no, what church do you attend? _____			

MEDICAL INFORMATION

1. Do you have any medical conditions that may limit your ability to serve fully on this mission trip?

Yes No If yes, please explain:

2. Are you currently taking or do you regularly take any medications? Yes No If yes, please list medications:

3. Are you allergic to any medications? Yes No If yes, please explain:

4. Do you have any special dietary needs? Yes No If yes, please explain:

MEDICAL INFORMATION (Continued)

EMERGENCY INFORMATION AND LIABILITY WAIVER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

LIABILITY WAIVER

In being accepted and allowed to participate in activities associated with Grace Baptist Church Missions, I assume responsibility for my actions. I release Grace Baptist Church, it's Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, or damage to my property or myself. Nothing contained herein shall excuse Grace Baptist Church, it's employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Grace Baptist Church, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for injury or illness that I may sustain during this activity. In the event of emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a license physician, surgeon, or dentist.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian _____
(if applicant is under 18 years of age)

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

In the event the Applicant is less than 18 years of age at the time of the anticipated trip, or is otherwise legally incapacitated or disabled (consult counsel if you are unsure of this), it is absolutely necessary for the parent/guardian to sign this portion of the agreement. If the Applicant is 18 years of age or older, and is legally capable, he/she must sign the consent for medical treatment for himself/herself.

Medical Release for MINOR (17 years of age or younger - or otherwise incapacitated or disabled):

I hereby give to (name of individual in charge of group) _____
permission to authorize whatever medical treatment may be necessary in the case of (name of participant)
_____, a minor of whom I am the parent or legal guardian, while on a
mission trip with Grace Baptist Church.

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above named person, or anyone connected with Grace Baptist Church, responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above named person is given my permission to do whatever is necessary.

Signature of Parent/Guardian

Date

Medical Release for ADULT (18 years of age or older):

I hereby give to (name of individual in charge of group) _____
permission to authorize whatever medical treatment may be necessary for me,
_____, while on a mission trip with Grace Baptist Church.

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above named person, or anyone connected with Grace Baptist Church, responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in an emergency situation where I am unable to consent to the medical treatment deemed appropriate for my care.

Signature of Applicant/Participant

Date

HEALTH INSURANCE INFORMATION

NAME: _____ POLICY NUMBER: _____
(As appears on Insurance Card)

INSURANCE COMPANY: _____ GROUP NUMBER: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

***(Please attach copy of Insurance Card)**

INTERNATIONAL TRIPS

Grace BC will purchase life and short term medical insurance from Missionary Travel Association for all team members. Team members will be provided with a copy of the policy and travel summary prior to the trip. Team members will need to check with their medical insurance plan to ensure coverage overseas. The MTA policy is a limited policy.

BENEFICIARY NAME: _____

BENEFICIARY PHONE: _____

TRIP AND TRAVEL INFORMATION

- Each mission trip will have an assigned team leader. The team leader will be responsible for training and leading the team on the mission field.
- The Missions office will make all travel arrangements and calculate a trip cost for the team. Each team member is responsible for his/her trip cost.
- Scholarship applications for GBC members are available through the Missions Office.
- Immunizations for mission trips are the responsibility of the team member. Each team member should consult with his or her doctor. Immunization requirements/suggestions can be obtained at www.cdc.gov under “Traveler’s Health”.
- Each team member serves as an ambassador for Christ and for GBC. The expectation is that each team member will represent Christian values and principles on the trip.
- Specific questions about the mission trip will be answered during the team training for the trip. Other inquires can be directed to the Missions Office at 865-691-8886.

I understand by giving a \$150 non-refundable deposit to Grace Baptist Church for the purchase of an airline ticket for a Mission Trip, I am claiming full responsibility of the purchase price of that airline ticket should I not be able to make the trip for any reason.

Signature _____ Date _____

COVID-19 (Vaccinated Participants):

If the trip participant tests positive for COVID-19 during the mission trip and is required to quarantine in country extra days, Grace GO will scholarship the extra expenses incurred.

COVID-19 (Non-Vaccinated Participants):

I understand that if I test positive for Covid-19 and required to quarantine extra days in country, I am fully responsible for all cost incurred.

Signature _____ Date _____



**Notification & Authorization to Release Information
for Employment / Volunteer Purposes**

Position Applying For: _____

Department: _____

Full Legal Name (**Please Print for Identification Purposes**)

First	Middle	Last
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Other Names You Have Used in the Past Seven (7) Years and Dates Used:

Current Address: (Mo/Yr)

Street	City	State / Zip
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Previous Address: (Mo/Yr) – Within last 7 years

Street	City	State / Zip
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Email Address: _____

Phone Number: _____ Social Security #: _____

Date of Birth: _____ Gender: Male _____ Female _____

Driver's License #: _____ State: _____

Are you a member of Grace Baptist Church: Yes _____ No _____ Since _____

Are you employed by Grace Christian Academy: Yes _____ No _____ Since _____

I understand that the scope of the background / consumer credit check may include, but is not limited to: Verification of social security number, current and previous residences, employment history, education (including transcripts), character references, criminal history records from any criminal justice agency, in any or all federal, state, county jurisdictions; birth records, motor vehicle records to include traffic citations and registration; creditworthiness or similar characteristics, and any other public records or to conduct interviews with third parties relative to my character, employment history and/or general reputation.

I hereby release Grace Baptist Church and/or Grace Christian Academy, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

To the best of my knowledge, the information provided in this Notice and Authorization is true and complete. I understand that any falsification or omission of information may disqualify me for this employment / volunteer position and/or may serve as grounds for the severance of my employment / volunteer position with Grace Baptist Church and/or Grace Christian Academy. By signing below I hereby authorize and consent to Grace Baptist Church and/or Grace Christian Academy procurement of such a report(s). I further understand that, pursuant to the Fair Credit Reporting Act, Grace Baptist Church and Grace Christian Academy will provide me with a copy of such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for either an employment or volunteer position with either Grace Baptist Church / Grace Christian Academy. I further understand that such a report will be made available to me prior to any decision being made, along with the name and address of the reporting agency that produced the report.

Signature

Date