

## Church Missions Network Mission Trip Application

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name you'd like on ID badge: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date and destination of trip: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Marital Status: S M D W Name of spouse \_\_\_\_\_

Your occupation: \_\_\_\_\_

List any professional titles you have, i.e. MD, DDS, Rev. R.N. \_\_\_\_\_

T-shirt size (men's shirts) S M L XL XXL

Have you been on a mission trip before? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

The primary goal of our trips is to share the gospel and plant churches. Therefore, we ask as a Team Member that you be a believing Christian and a member of a local church body.)

Name of church you are a member: \_\_\_\_\_

Pastor/staff person we could contact by email or phone: \_\_\_\_\_

Name, email, or phone number: \_\_\_\_\_

### **For International Trips Only**

Name as listed on you passport: \_\_\_\_\_

(must be valid six months after last day of trip)

Your blood type: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Gender: M F

Country issuing passport: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Please name a beneficiary for insurance purposes: \_\_\_\_\_

Preferred Airport for domestic departure: \_\_\_\_\_

On our "Health Questionnaire" make sure you fill out clearly the portion dealing with emergency contact. We will also need a clear photocopy (especially the picture and number) of your passport.

Below list areas of work you either have experience in doing or would be willing to do:

## Church Missions Network Health Questionnaire

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
(home) (work) (cell)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Medical History:

Age \_\_\_\_\_ Blood Type \_\_\_\_\_

- |                                 |  |                                   |                                    |
|---------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hiv/Aids | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Edema  | <input type="checkbox"/> Syncope       |                                   |                                    |

Other \_\_\_\_\_

Current Medications \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Insurance \_\_\_\_\_

Group # \_\_\_\_\_ Id # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I understand the information I have provided will be held in strictest confidence and will be used only in the event of a medical emergency. The only persons who will have access to this information will be the team captain and medical team leader. I give my permission to the medical team leader to share my medical history with local medical professionals only in the event of a medical emergency. I give my permission to contact my physician should a medical emergency arise. I further understand all that is physically required from me for this trip and to the best of my knowledge I am physically able to perform all tasks that will be required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# CHURCH MISSIONS NETWORK

P.O. BOX 2940  
Lebanon, Tennessee 37088

## General Release/Hold Harmless Agreement for the Church Missions Network

The undersigned desires to participate in various programs, events, trips or activities (hereinafter collectively referred to as "Activities") operated, or sponsored by CHURCH MISSIONS NETWORK (Hereinafter referred to as the "CMN Organization").

The CMN Organization regularly participates in group international travel activities. The undersigned understands and acknowledges that a participant may incur personal or bodily damage while participating in these activities, and assumes all risks inherent in these activities and accepts full and complete responsibility for any and all damages or injury of any kind.

The undersigned further understands and acknowledges that the CMN Organization would not allow an individual to participate in such activities without releasing and holding harmless the CMN Organization.

Further, the undersigned requests that the CMN Organization allow him/her to participate in CMN Organization activities and in consideration thereof agrees to hereby release and forever discharge CMN Organization, its officers and directors, and its employees, agents and any parties volunteering on behalf of the CMN Organization, from all actions, claims, damages, costs, liens, expenses, or lawsuits of any kind growing out of, or related to any Activities of the CMN Organization in which the undersigned participates.

The undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned may sustain as a result of the undersigned's participation in any CMN Organization activity.

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*Participant:*

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am at least 18 years old      Yes \_\_\_\_\_ No \_\_\_\_\_ (parent or legal guardian signature required if No.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to be put on our e-mail list?    Yes \_\_\_\_\_ No \_\_\_\_\_