

**National Short Term Missions Application – Living Hope Baptist Church, CS**  
*For use to determine eligibility for church sponsored international mission trips*

Application instructions: Please complete the following form and return it to Mark Henry or the church office. This is not a first come, first serve opportunity. The team leader and mission's team will review all applications and make their final selection based on prayer, team needs, and other variables. You will receive notification as described at the end of this application. Thank you for desiring to join with us to share Christ and meet needs! Please email [missions@lhbc.net](mailto:missions@lhbc.net) with questions - Living Hope Missions Team

Full Legal Name (as stated on drivers license) \_\_\_\_\_

Driver License # \_\_\_\_\_ Expiration \_\_\_\_\_ State of Issue \_\_\_\_\_ Age \_\_\_\_\_

Name you go by \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Blood Type \_\_\_\_\_ Identification marks (scars, birthmarks etc.) \_\_\_\_\_

Medications presently taking and reason for the medication: \_\_\_\_\_

Known allergies to either medications or foods \_\_\_\_\_

Medical conditions the leader should be aware of? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

**1<sup>st</sup> EMERGENCY CONTACT:**

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone number and email address: \_\_\_\_\_

**2<sup>nd</sup> EMERGENCY CONTACT:**

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone number and email address: \_\_\_\_\_

**I hereby authorize (team leader) \_\_\_\_\_ to authorize any emergency treatment required on my/my child's behalf during their trip to \_\_\_\_\_.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

T-Shirt size: \_\_\_\_\_

Name of local church where you are a member \_\_\_\_\_

How long have you been a member? \_\_\_\_\_ Are you faithful to the expectations of your local church? \_\_\_\_\_

Are you a faithful member of a small group? (Hope Group, Life Group, Community Group or similar) \_\_\_\_\_

Group Leader's Name \_\_\_\_\_

Are you faithfully serving within your church? (ministry team or similar) \_\_\_\_\_

Ministry Leader's Name \_\_\_\_\_

---

What are your spiritual gifts? (<http://www.teamministry.com> may help with this) \_\_\_\_\_

\_\_\_\_\_

What are some of your practical talents? (musical instruments, construction, children, etc...) \_\_\_\_\_

\_\_\_\_\_

Please give an account of your salvation experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, you are agreeing to be part of a team, placing yourself under the leadership and authority of the team leader, and accepting his guidance in relationship to this mission opportunity. You are also agreeing, if selected for this trip, to reimburse Living Hope Baptist Church for any expenses paid on your behalf – which can include trip cancellation by Living Hope or by yourself. You are also agreeing to a criminal background check. If you are still under the authority of a parent, your signature will indicate that you have obtained their consent for the trip requested.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*You will be contacted within 2 weeks after the application due date by a member of the missions team about your application status.