

# SHORT-TERM MISSION APPLICATION



**MISSIONS**  
HARMONY HILL

## INSTRUCTIONS FOR FILLING OUT MISSION APPLICATION:

- Please fill out each page completely.
- Please be sure to have the forms notarized that request a Notary Public's seal.
- Include a copy of your insurance card with the medical information.
- If children are accompanying you on the trip, you must fill out an application for them as well. Treat them as separate applications - do not attach them to the parent's application.
- Make arrangements with the Missions Department to get multiple copies of your passport and visa.

## PARTICIPANT PERSONAL INFORMATION

Name of participant: \_\_\_\_\_ Gender: [ ] M [ ] F

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security #: \_\_\_\_\_  
Marital Status: Married [ ] Single [ ] Divorced [ ] Widowed [ ]  
Spouse's Name: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Name as it appears on Passport: \_\_\_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Where passport was issued: \_\_\_\_\_

## JOURNEY INFORMATION

Sponsoring Organization: Harmony Hill Baptist Church  
2708 S. Chestnut St. | Lufkin, Texas 75901

Project's location: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cost of your trip: \_\_\_\_\_ Team Leader: \_\_\_\_\_  
If your team orders shirts, what size would you desire? \_\_\_\_\_

## PARTICIPATION AGREEMENT

**Attach Passport  
Photo**

The participant also understands that the deposit is non-refundable and he/she will be responsible for the airline tickets purchased in his/her names upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant commits to faithfully attend all meetings at the scheduled times.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INVOLVEMENT

Church Membership: [ ] Harmony Hill Baptist Church



Other Church \_\_\_\_\_

How long have you been a member?

\_\_\_\_\_

List the ministries with which you have been involved at your church, including any leadership positions held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List activities, social groups, and employment with which you have been involved outside of church, including any leadership positions held:

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to go with us?

\_\_\_\_\_  
\_\_\_\_\_

How might God use your strengths and abilities on our team?

\_\_\_\_\_  
\_\_\_\_\_

What do you expect to get out of this trip?

\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable sharing the gospel?  Y  N

Please explain: \_\_\_\_\_

What is the "gospel" exactly?

\_\_\_\_\_  
\_\_\_\_\_

Are you a current member of a Life Group at HHBC?  Y  N

Leader's Name: \_\_\_\_\_ How long have you been in that class? \_\_\_\_\_

Please list any roles or responsibilities that you have in Life Group:

\_\_\_\_\_  
\_\_\_\_\_



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Have you been on a short-term mission trip before? [ ] Y [ ] N

If so, describe your experience (when, where, with who...)

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Do you have any concerns or fears regarding this trip or international travel?

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### **TESTIMONY**

In a few paragraphs, tell us about your story and relationship with Jesus Christ.

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## **Adult Medical, Insurance, and Physician Information Form**

[For Completion by all participants age 18 or older]



HHBC Missions

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Numbers:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy type: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*Please attach a copy of your insurance card.

### MEDICAL INFORMATION

List all prescriptions medication(s) you will bring on the project:

\_\_\_\_\_  
\_\_\_\_\_

For what conditions: \_\_\_\_\_

Date of last tetanus shot (this must be within ten years): \_\_\_\_\_

Date of Hepatitis A inoculation (this is not required, but recommended): \_\_\_\_\_

List any physical disabilities or limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any known allergies and reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any major illnesses in the past year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever fainted or passed out? [ ] Y [ ] N

When? \_\_\_\_\_ Why? \_\_\_\_\_

Do you have any dietary restrictions? [ ] Y [ ] N

If yes, describe \_\_\_\_\_

How would you describe your present health?

[ ] Excellent [ ] Good [ ] Average [ ] Poor

Are you presently under the care of a physician? [ ] Y [ ] N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you wear contact lenses [ ] Y [ ] N

Do you have any medical implants? [ ] Y [ ] N

If yes, please list them: \_\_\_\_\_

Please document any previous surgeries (procedure & date):



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PHYSICIAN INFORMATION

Primary physician's name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Office hours: \_\_\_\_\_

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

Specialist physician's name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Office hours: \_\_\_\_\_

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

If you are under the care of a physician, please have your physician complete the following:

I have examined \_\_\_\_\_ and found him/her to be in good general health and physically able to take part in this mission journey from (date) \_\_\_\_\_ to \_\_\_\_\_.

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HARMONY HILL BAPTIST CHURCH  
MEDICAL RELEASE, WAIVER OF LIABILITY**



HHBC Missions

## AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the \_\_\_\_\_, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Harmony Hill Baptist Church, its officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am a participant and not an employee of Harmony Hill Baptist Church.

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for the RELEASEES to seek and secure any needed medical attention or treatment, including hospitalization, if in the RELEASEE's opinion such need arises. In doing so, I agree to pay all medical fees and costs arising from this action to obtain medical treatment. This permission includes, but is not limited to the administration of first aid, the use of an ambulance, and the administration of anesthesia and or surgery, under the recommendation of qualified medical personnel. Again, I agree to pay for the medical treatment. Notwithstanding the foregoing, the RELEASEES will acquire SEVEN CORNERS INSURANCE on my behalf, but at my sole cost and expense, to aid in any medical emergencies.

5. In case of unconsciousness or inability to release myself for medical treatment resulting from illness, injury, or an accident which requires medical attention, I give my permission for the RELEASEES and all attending health professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to administer medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I do release, acquit, discharge and covenant to hold harmless the RELEASEES from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred



during my participation on the trip. It is the intention of this release that Harmony Hill Baptist Church incurs no liability whatsoever while attempting to meet all medical needs that I may require during this missions project.

6. I am fully aware of the risks and hazards connected with the activities of \_\_\_\_\_, and I am aware that such activities include risks and hazards including, but not limited to, death or injury by accident, disease, war, terrorist act, weather conditions, inadequate medical services and supplies, criminal activity, random acts of violence, even death and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that Harmony Hill Baptist Church does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

7. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that RELEASEES may incur due to my participation in said activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

8. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas and that any mediation, suit, or other proceeding must be filed or entered into only in Texas and the federal or state courts of Texas. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral**





representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

This forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
(Notary Public)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**HARMONY HILL BAPTIST CHURCH  
SHORT-TERM MISSION POLICIES**



Team members participating on the sponsored short-term trips are reminded that they are ambassadors of Jesus Christ (2 Corinthians 5:20). As teams travel overseas, they not only represent Him, but our church, the United States, and the supporting mission agency. This is a tremendous responsibility. For this reason, the Missions Department of Harmony Hill Baptist Church asks that each team member seek to be above reproach in his/her actions and attitudes.

- Team members must submit to the team leader's authority.
- Due to the political instability and anti-American sentiment in various countries around the world, Harmony Hill Baptist Church asks that team members refrain from expressing political opinions while overseas.
- Abstain from the consumption of alcoholic beverages or any use of tobacco or illegal drugs while on the trip.
- The team member must adhere to the behavioral guidelines for each specific team set by the team leadership or missionary agency with a mind toward the culture to which the team is going. This will require a servant attitude toward all nationals and team members, as well as the willingness to learn from the host culture. (1 Corinthians 9:19-23a)

After consultation with the Missions Department, the Team Leader reserves the right to ask a problem team member to return home if that team member's behavior is destructive to the team, the ministry, or the host community. Any additional cost incurred as a result of this action will be at the team member's expense.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

