

# First Baptist Church Tuscaloosa

## MISSIONS 2011

### Volunteer Application Form

Please complete all spaces that apply. Space is limited for each team. Please return form as soon as possible. You are not considered an official team member until this form is returned to the missions office completed and signed.

Builders (January)     SE Asia     Brazil     Montreal     India  
 Haiti     New Orleans     Builders (Wisc.)     Tanzania

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Male  Female

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of Issue \_\_\_\_\_

Expiration (MM/DD/YY): \_\_\_\_\_ Signed Copy of Passport Attached?  yes  no

*It usually takes at least six weeks to receive your passport after application has been made. Application forms are available at the County Clerk's office in the County Courthouse. They must be returned there for submission. You must include an official copy of your birth certificate and two passport-size photos with your passport application.*

#### Family Contact Information

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

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

#### Health Insurance

Name of insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Issued in the name of: \_\_\_\_\_

Phone number of insurance company: \_\_\_\_\_

If group policy, list employer: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Copy of front and back of insurance card attached?  yes

Health History (Your medical information will remain confidential.)

Name of personal physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Your blood type: \_\_\_\_\_ Can you donate blood?  yes  no

Allergies: \_\_\_\_\_

Current Medical Problems or Conditions: \_\_\_\_\_

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

Previous Operations or serious illnesses: \_\_\_\_\_

Special Diet needs? \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you had? (*for international trip applicants*)

- |  |  |
|--|--|
| <input type="checkbox"/> Full hepatitis B immunization series      | <input type="checkbox"/> Measles, mumps, rubella, chicken pox vaccines |
| <input type="checkbox"/> Tetanus booster in last five to ten years | <input type="checkbox"/> Typhoid vaccine                               |
| <input type="checkbox"/> Hepatitis A vaccine                       | <input type="checkbox"/> Cholera vaccine                               |
| <input type="checkbox"/> Full polio vaccination series             |  |

Consent for Medical Treatment

As an adult, or as the parent or legal guardian of a minor, I hereby give permission to medical personnel who are part of the First Baptist mission team or those chosen by the team leaders to conduct any necessary examinations and treatment deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia and surgery, while on the mission trip indicated on the reverse of this form. I further give them permission to obtain any and all diagnostic and treatment records necessary for medical treatment.

**I understand that in signing this document I have read and concur with all portions of this form, including the medical consent, and also hereby certify that the information I have provided is true and accurate to the best of my knowledge. I agree to accept and to assume full responsibility for all risks and hazards inherent in and associated with participation in this mission trip. I agree to indemnify, hold harmless and defend the church and each of its employees, officers, representatives and volunteers against any liability, cost, loss, claims and actions, including negligence, based upon or sustained in connection with this mission trip.**

**As a representative of Christ and of First Baptist Church, I agree to abstain from tobacco products and from consuming alcoholic beverages for the duration of this trip.**

Signed: \_\_\_\_\_

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

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

Signature of Parent or Guardian: \_\_\_\_\_

(if applicant is under 18)