

First Baptist Church Tuscaloosa

MISSIONS 2012

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.

___ **Haiti/DR** ___ **Joplin, MO** ___ **Montana** ___ **Builders-Tuscaloosa**
___ **Alaska** ___ **Honduras** ___ **Builders-Kentucky** ___ **Brazil** ___ **Tanzania**

Last name: _____ First: _____ Middle: _____

Maiden Name (if applicable): _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

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 online at www.travel.state.gov and 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, please check those already taken*)

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

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)