



# Wakefield Baptist Church

13029 Falls of Neuse Rd., Wake Forest, North Carolina 27587  
Phone: 919-570-5777 Fax: 919-570-0803

## Application for Short-term Missions

PLEASE NOTE: APPLICATIONS ONLY ACCEPTED WITH \$150 TRIP DEPOSIT ATTACHED  
Your deposit is non-refundable and will be applied to your total trip cost.  
ALL MISSION APPLICATIONS MUST BE APPROVED BY THE CHURCH OFFICE

### Trip Information

Trip Location: \_\_\_\_\_

Dates: \_\_\_\_\_

### Personal Information

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Do you have a passport? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Passport Number \_\_\_\_\_

If No, Date Passport Applied for: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Name as it appears on passport (airline ticket purposes): \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Middle School and High School Students, please skip to HEALTH section

Adult Marital Status \_\_\_\_\_

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

Is your spouse supportive of you applying for this trip? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain: \_\_\_\_\_

\_\_\_\_\_

Name and ages of your children: \_\_\_\_\_

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**Health**

My Health is: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Please state any major illness(es) you have had in the last 5 years.

Are you currently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain:

Are you currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what?

Please list any allergies you have:

Do you have any special health needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

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**Gifts/Experience**

Do you speak any foreign languages? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list them and indicate your level of proficiency: \_\_\_\_\_

Please indicate any skills, talents, spiritual gifts or Christian ministry experience that you feel may be helpful on the field: \_\_\_\_\_

Please list previous missions experience; include the country, mission organization, dates, and ministry.



Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Commitment**

Wakefield Baptist Church Short-Term Mission Trip

I make a commitment to:

- Faithfully go through the training process prior to departure and after I return from the trip
- Raise the necessary prayer and financial support
- Submit to the trip leader's and the host on-the-field's authority
- Conduct myself in a manner worthy of the Lord while serving Him on the project, and
- Refrain from any behavior which may compromise my witness

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional cost incurred as a result of this action will be at my cost.

I certify that I have appropriate medical insurance for foreign travel. Should any illness or medical emergency be required, I agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy.

I understand and agree that Wakefield Baptist Church its staff or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of this volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Wakefield Baptist Church, sac and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing. I understand that I will be under the policies of Wakefield Baptist Church and my field supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will cause for dismissal from the volunteer project and return home at my own expense.

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

**FOR MIDDLE SCHOOL & HIGH SCHOOL STUDENTS ONLY:**

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

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Addendum A-Schedule of Mission Trip Fees**

I hereby agree to raise my own support before the Mission Trip. I understand that the costs and fees could change due to the continually changing rates of transportation, fees, supplies, etc. I understand

that the Wakefield Baptist Church and/or the Missions Committee do not have the funds to purchase trip components for me in advance.

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