

BCHFS International Mission Trip Application

Please attach a copy of your medical insurance card to this form.

Project Info	Age Group (check one): <input type="checkbox"/> Senior High <input type="checkbox"/> Adult <input type="checkbox"/> Collegiate <input type="checkbox"/> BCHFS staff <input type="checkbox"/> Group Leader Group Leader – _____ Project Location – _____ Travel Dates – _____
Participant Info	<p>Important: Please provide your name as it appears on your Passport.</p> (Last) _____ (First) _____ (Middle) _____ Sex _____
	Home Address _____ City _____ State _____ Zip _____
	Home/Cell Phone _____ Work Phone _____
	Emergency Contact _____ Emergency Phone _____ Email Address _____
	Passport # _____ Country/State/City of Issue _____ Birth date _____ Expiration Date _____
Medical Profile	Generally, my health is (check one) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If Fair or Poor , please explain your condition _____ _____ List any medical difficulties for which you are CURRENTLY being treated _____ List any medication you are CURRENTLY taking _____ List any medicines or substances to which you are ALLERGIC _____ Family Physician _____ Physician's Phone _____ Physician's Address _____ Dates of Tetanus Immunization ____/____/____ (must be within 10 years) Blood type: _____
References	References (non-relatives and non-BCHFS employees) include your pastor or a church leader. Please include COMPLETE information for two references. Application WILL NOT be processed until all the information is complete. Reference 1 Name _____ Relationship _____ E-mail _____ Phone _____ Fax (optional) _____ Reference 2 Name _____ Relationship _____ E-mail _____ Phone _____ Fax (optional) _____

Release of Information	<p>The following information is confidential information and is protected by Baptist Children's Home and Family Services' privacy policy. All individuals participating in BCHFS sponsored mission teams shall have background checks as required by the International Mission Board.</p> <p>Social Security Number _____ Date of Birth _____</p> <p>I, the undersigned, attest that the above information contained herein is correct to the best of my knowledge. I authorize any and all individuals, churches, charities, employers, and references you may contact to give any information (including opinions) that they may have regarding my character and fitness for ministry. I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization.</p>
Authorization for Treatment/ Release of Claims	<p>I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Coordinator and the physician or hospital staff during the Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents the of Baptist Children's Home and Family Services (BCHFS) from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.</p>
Participant Model Release	<p>I, the undersigned, do hereby consent and authorize BCHFS, or any of its representatives, to use and reproduce photographs, film, video, or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow the BCHFS to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive any right that I may have to approve the photographs, film, video, or other electronic imaging or background copy which may be used or to approve the use to which it may be applied.</p>
Please complete and sign below	
Signature	<p>The above information contained herein is correct to the best of my knowledge. I authorize any and all individuals, churches, charities, employers, and references you may contact to give any information (including opinions) that they may have regarding my character and fitness for ministry. I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization.</p> <p>I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.</p> <p>Signature _____ Date _____</p> <p>Witness _____ Date _____</p>