



DBC MISSION JOURNEY VOLUNTEER APPLICATION FORM

MISSION JOURNEY _____
JOURNEY LEADER _____
JOURNEY DATES _____

Office Use Only
Date Received: _____

Please complete this form in its entirety and send to Decatur Baptist Church, Attn: Global Missions Office, 2527 Danville Road, Decatur, AL 35603, drop it off at the church office, or email it to dbcmissions@decaturbaptist.org. Please PRINT in black ink. Sign the form where indicated. **Note: It is important that you use your name as it appears on your passport and birth certificate.**

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____ DATE OF BIRTH (MM/DD/YYYY) _____

SEX ☐ MALE ☐ FEMALE

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

OCCUPATION _____

MARTITAL STATUS ☐ Single ☐ Married IF MARRIED, NAME OF SPOUSE _____

BENEFICIARY (for trip insurance) _____

PASSPORT NUMBER _____ PLACE OF ISSUE OF PASSPORT _____

DATE OF EXPIRATION (MM/DD/YYYY) _____

If you do not have a passport for international journeys, you MUST apply for one as soon as possible in order to possess a valid passport in time for the journey and journey preparations. Do not hesitate to take action NOW to get one.

HAVE YOU EVER BEEN ON A MISSION JOURNEY? If so, tell where you went, and describe your experience.

I understand that my \$150.00 deposit is non-refundable and that I will be responsible for airline tickets purchased in my name or any other expense incurred by Decatur Baptist Church on my behalf upon cancellation. The training meetings for this mission journey are critical for the spiritual unity and physical preparation of the entire team. I commit to faithfully attend all meetings at the scheduled times.

Signature _____ Date Signed _____

FOR NON-MEMBERS OF DBC

YOUR CHURCH HOME _____ PASTOR _____

CHURCH ADDRESS _____ PHONE _____

CHURCH RECOMMENDATION: The _____ Church wholeheartedly recommends the applicant to Decatur Baptist Church as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Signature of Pastor _____ Date Signed _____

HEALTH HISTORY

YOUR NAME _____

NAME OF YOUR PERSONAL PHYSICIAN _____ PHONE _____

YOUR BLOOD TYPE _____ CAN YOU DONATE BLOOD? ☐ YES ☐ NO

PLEASE LIST ANY MEDICAL PROBLEMS _____

DO YOU HAVE ANY ALLERGIES (i.e., food, drugs, insect bites or stings, etc.)? If so, please list: _____

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (Also list dates) _____

CURRENT MEDICATIONS (List) _____

HAVE YOU HAD?

- | | | |
|---|------------------------------|---|
| 1) FULL HEPATITIS B IMMUNIZATION SERIES | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) TETANUS BOOSTER IN LAST FIVE TO TEN YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO If yes, please give date: |
| 3) HEPATITUS A VACCINE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) FULL POLIO VACCINATION SERIES? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) MEASLES, MUMPS, RUBELLA, & CHICKEN POX VACCINES? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) TYPHOID VACCINE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7) CHOLERA VACCINE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8) COVID-19 VACCINE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ANY OTHER PERTINENT HEALTH INFORMATION (Please describe)

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

TRAVEL PREFERENCES

DO YOU HAVE A TRAVEL COMPANION OR ROOMMATE PREFERENCE? Name: _____

PERSONAL PLEDGE

I will refrain from using alcohol or tobacco while on the mission journey, and I will abide by the provided dress code and code of conduct if applicable.

Signature _____ Date Signed _____

**DBC MISSIONS JOURNEY VOLUNTEER
PERMISSION TO BE TREATED**

I hereby give my consent and permission to conduct any necessary medical examinations and medical treatment while on the mission journey. I further give permission to obtain any and all diagnostic and treatment records necessary for my medical treatment.

I UNDERSTAND THAT I AM SIGNING TO INDICATE THAT I HAVE READ AND CONCUR WITH ALL PORTIONS OF THIS FORM, INCLUDING THE MEDICAL INFORMATION, RELEASE, & PERMISSION TO BE TREATED SECTIONS AND ALSO HEREBY CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

WITNESS MY SIGNATURE this _____ day of _____ 20____

Signature of Volunteer _____ Date Signed _____

Print Name _____

DBC MISSION JOURNEY VOLUNTEER RELEASE AND COVENANT NOT TO SUE

WHEREAS, the undersigned will be traveling and participating in various mission journeys which are sponsored in whole or in part by DECATUR BAPTIST CHURCH; and

WHEREAS, the undersigned desires to release and hold harmless DECATUR BAPTIST CHURCH, its directors, officers, administrators, employees, members, team leaders, or team coordinators, and/or team members from any and all liability, claims, demands, or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission journeys and/or activities, or while traveling to, from, and during said mission journey by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission journey and the benefits flowing from DECATUR BAPTIST CHURCH as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge, and save harmless DECATUR BAPTIST CHURCH, and their directors, officers, members, administrators, employees, members, team leaders or team coordinators and/or team members from any and all liability, claims, demands, or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission journey and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission journey sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against DECATUR BAPTIST CHURCH, their directors, officers, members, administrators, employees, team leaders or team coordinators and/or any team members at any time, and will not institute, prosecute, or in any way aid in the damages, cost, loss of services, expenses, or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from known, unknown, past, present, or future by the undersigned's participation in mission journeys sponsored by the DECATUR BAPTIST CHURCH.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions, and environment existing in said countries in which the mission journeys will be conducted and of various health and safety hazards which exist, and he/she fully understands and assumes all risks involved in participation on said mission journeys.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, administrators, members, employees, team leaders or team coordinators, and/or team members of DECATUR BAPTIST CHURCH.

By signing this document, I acknowledge that my photograph and/or statements may be used in any fashion, by Decatur Baptist Church, in its sole discretion, including but not limited to, publications, videos and websites.

☐ Do not use my photograph

Signature _____ Date Signed _____

DBC MISSION JOURNEY VOLUNTEER AUTHORIZATION FORM FOR PERSONS UNDER 18 YEARS

NOTE: IF VOLUNTEER IS UNDER THE AGE OF 18, THE FOLLOWING FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENTS OR GUARDIANS.

I (We) authorize:

Full Legal Name of Minor: _____

Date of Birth: _____ Place of Birth: _____

to travel on any occasion to _____ (country or territory) as well as to the country of residence, unaccompanied or under the responsibility of:

Name of Accompanying Adult on Journey: _____

Nationality: _____ Marital Status: _____ Profession: _____

Full Address: _____

Passport Number: _____ Place of Issue: _____

By signing this document I acknowledge that my child's photograph and/or statements may be used in any fashion, by Decatur Baptist Church, in its sole discretion, including but not limited to, publications, videos and websites.

☐ Do not use my child's photograph

BOTH PARENTS MUST SIGN EVEN IF ONE OF THEM IS GOING ON THE JOURNEY. SIGNATURES MUST BE NOTARIZED.

Print Name _____ Relationship to Child: _____

Signature _____ Date Signed _____

Print Name _____ Relationship to Child: _____

Signature _____ Date Signed _____

STATE OF ALABAMA
MORGAN COUNTY

_____, I, the undersigned, a Notary Public in and for said County in said State, hereby certify that _____ who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily.

NOTARY PUBLIC _____

My Commission Expires _____

MY TESTIMONY

NAME _____ DATE _____

Write a paragraph using answers to the questions below. Please write in story form and not just as answers to the questions.

- What was my life like before I met Jesus Christ? (What were my needs? What got me interested in God?)
- How did I come to know Jesus Christ as my Savior? (Who was I with? When did this happen? What did I say to God?)
- What is my life like with Christ now? (What needs does Jesus meet? How is my life different? How is my faith growing?)

PRAYER PARTNER INFORMATION

VOLUNTEER PARTICIPANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

SPOUSE'S NAME (If you have one) _____

CHILDREN'S NAMES AND AGES _____

WHERE DO YOU WORK? _____

WHERE IS YOUR CHURCH MEMBERSHIP? _____

IS THIS YOUR FIRST MISSION JOURNEY? _____ WHEN ARE YOU GOING? _____

WHERE ARE YOU GOING? _____

WHAT WILL YOU BE DOING ON THIS JOURNEY? _____

HOW CAN WE PRAY FOR YOU WHILE YOU PREPARE TO GO? _____

HOW CAN WE PRAY FOR YOU WHILE YOU ARE ON THIS JOURNEY? _____

OTHER PRAYER REQUESTS: _____

MY PRAYER PARTNERS ARE (These people will be put on an e-mail distribution list for project reports and prayer requests while you are on the journey.)

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

CHECKLIST

Please attach the following to your application:

- Color copy of your passport (photo id page)
- \$150.00 Deposit