

APPLICATION FORM
GUATEMALA MEDICAL MISSION TRIP 2019

PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

Name as it appears on **Passport:** _____ Name **called** by: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Passport Number: _____ Citizenship: _____

WE MUST HAVE A COPY OF YOUR PASSPORT IN CASE OF LOSS

Marital Status: _____ Place of Birth: _____ Date of Birth: _____
Shirt Size: (please circle): S M L XL XXL XXXL
Are proficient as a Spanish translator? Yes No
Will your health create any limitations? Yes No Are you taking any medication: Yes No
Explain medications: _____
Name of Beneficiary: _____
Church Affiliation: _____
Do you have any special interests/talents? _____
Team applying for: _____ Advance Team (**June 11-22, 2019**) _____ Main Team (**June 14-22, 2019**)

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relation: _____
Home Phone: _____ Cell Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

STATEMENT OF FAITH:

I, _____, am a professing Christian; I have a personal relationship with Jesus Christ and am unashamed of my faith. While on this trip, I will do nothing to call my faith into question or to impair the integrity of my mission team. Specifically, I will abstain from the use of alcohol and tobacco products, will guard my tongue from profanity, and will insure that my attitudes and actions will be motivated by love.

Signed: _____ Date: _____

WAIVER OF RESPONSIBILITY

I, _____, do hereby release First Baptist Church, Texarkana, and First Baptist Church, Mount Pleasant, their employees, and other members of my mission team from any liability, claim, or responsibility for any injury, mishap, loss, or circumstance which may occur on this trip. I understand the risks of such a journey and I accept full responsibility for those risks personally. Furthermore, I authorize church officials and appropriate medical leaders to administer to me any medical treatment they deem necessary, if I am unable to make such determinations for myself. Furthermore, I have read and do understand the "Mission Policies" on the attached page and will support them fully.

Signed: _____ Date: _____

FOR DOCTORS, DENTISTS, NURSES, AND OTHER MEDICAL PERSONNEL ONLY

Medical Specialty: _____ Board Qualifications/Degree: _____
Expiration Date of Certification: _____ Area of Interest: _____
Medical Student: Yes No Degree Program: _____
Graduation Date? _____

*** We must have a **CURRENT COPY** of your **MEDICAL LICENSE** upon registration. ***

Trip Cost: \$1,400 Deposit Required: \$300.00 Date Application Received: _____
FIRST BAPTIST CHURCH 2201 TEXAS HIGHWAY 49 MOUNT PLEASANT, TX 75455 (903) 572-3605

MISSION TRIP POLICIES

I realize that the following elements are crucial to the effectiveness, quality and safety of our mission. As a member of the mission team, I agree to:

1. Remember that I am a guest working at the invitation of the "Committee" in San Raymundo, Guatemala.
2. Respect the host's view of Christianity, I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness, and experience faith lived out in a new setting.
3. Develop and maintain a servant's attitude toward all nationals and my teammates.
4. Respect my Mission Leader(s) and his or her decisions.
5. Refrain from gossip. Do not judge, lest you be judged.
6. Refrain from complaining. There will be unexpected circumstances and situations. Conquering them will be rewarding if we all are creative and supportive.
7. Respect the work that is going on in the country with the particular church, school, hospital, or persons with whom we are working. Realize that our team is here for a short time, but the local group is here for the long term. We need to respect their knowledge, insights, and instructions.
8. Refrain from negative political comments or hostile discussions concerning our host country's politics.
9. Remember not to be exclusive in relationships. If my sweetheart or spouse is on the team, I will make every effort to interact with all members of the team, not just one another.
10. Refrain from any activity that could be construed as a romantic interest toward a national. I must realize that certain activities that seem innocent in my country may seem inappropriate in others.
11. Abstain from any behavior that may be a stumbling block to others.

Signature: _____ Date: _____

Printed Name: _____

AUTHORIZATION FOR MEDICAL TREATMENT

This is a consent that I, the undersigned, will notify the Mission Leader(s) should the need arise, and should it become necessary for medical treatment. I will allow them to secure the hospital, doctor, and anesthesiologist for emergency surgery if it becomes necessary for my life or safety.

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Hospitalization Insurance Company: _____

Policy #: _____

Phone Number of Insurance Company: _____

I am taking the following medicines for my personal use: _____

In case of emergency, please contact:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____