

BEP Summer Mission Trip Application & Parent Permission Form

****Please type these questions and your answers on separate pieces of paper.****

CONTACT INFORMATION

NAME
ADDRESS
PHONE
CELL
E-MAIL

PROFILE

BIRTHDATE
SCHOOL & GRADE
EXTRA CURRICULAR ACTIVITIES & AWARDS

QUESTIONS

1. Why do you want to go?
2. What do you believe is your purpose in going on the trip?
3. Have you ever personally shared your faith? (share an example)
4. What has God been doing in your life this past year?
5. What books of the Bible have you read in the past twelve months?
6. What have you learned from what you have read?
7. What books (other than the Bible) have you been reading?
8. What are your greatest strengths? Weaknesses?
9. What experience have you had working with grade school age kids?
10. Your skills/talents/abilities? (Play an instrument, sing, contractor, carpentry, puppet ministry, first aid, other little known expertise, etc.)
11. ¿Habla usted español? sí o ningún
12. Personal Testimony (on a separate sheet of paper) Ex. Your conversion **and** what God has been doing in your heart and life this year.

SCHEDULING CONFLICTS

Prior Approval from John Cavallaro is required for any absence. Please note any scheduling conflicts you may have on your application. (If you foresee missing more than two events, you may need to reconsider the trip.)

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I/We hereby give my permission for _____ to participate in any and all activities related to the Mexico Missions Trip. I/We understand the nature of this event/trip and its activities. With such knowledge I/we voluntarily release the Presbyterian Church of America, Broadneck Evangelical Presbyterian Church, and their representatives and employees from any and all liabilities related to the activities of this program. In the event my child becomes ill or is injured, I/we authorize the accompanying church adults to take the following action:

Contact a parent of the minor and follow his/her instructions.

Home Phone: _____

Father: _____ Work Phone: _____ Cell: _____

Mother: _____ Work Phone: _____ Cell: _____

If we are unavailable, please contact the following person(s):

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

If no one can be reached in the event of an EMERGENCY I/we hereby give my/our permission to the physician selected by the youth leader to hospitalize, secure proper treatment for, and to order injection, anesthesia for surgery to my child.

Known Medical Conditions and Drug Reactions:

Medical Insurance Carrier: _____

Policy # _____

Hospitalization Carrier _____

Policy # _____

Will your child be taking any medications while on the Missions Trip? _____

If Yes, who will be in charge of the medicine? Check One

_____ 1. The student

_____ 2. An adult with our group, Name _____

I, _____, am the legal guardian of, _____.

(Parent/Legal Guardian)

(Participant)

I hereby consent to allow _____ to travel abroad to

(Participant)

_____ under the supervision of John Cavallaro, Director

(City and Country)

of Youth Ministries, between the 19th day of July, 2008, and the 26th day of July, 2008.

(Print Name of Parent/Legal Guardian)

(Notary Public)

(Print Name of Parent/Legal Guardian)

(Date)