



*Application for Short-term Missions  
Hocutt Baptist Church*

314 West Horne Street • Clayton, NC 27520 •  
919.553.6650 • 800.503.6822 (fax)

**PLEASE NOTE: APPLICATIONS ONLY ACCEPTED WITH DEPOSIT ATTACHED**

Your deposit is non-refundable, and will be applied to your total trip cost.

**TRIP PREFERENCE:** \_\_\_\_\_

**PARTICIPANT PERSONAL INFORMATION**

Name of participant: \_\_\_\_\_ Gender:  Male  Female

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Marital Status: (please check one)

Single  Engaged  Married  Separated  Annulled  Divorced  Remarried  Widowed

Spouse's Name \_\_\_\_\_

Is your spouse supportive of your participation in this project?

If yes, please have spouse sign here: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_

**Name as It Appears on Passport** \_\_\_\_\_

\*If applied for, please write your name as it will appear on passport

**Passport Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **City and State Where Issued** \_\_\_\_\_

Mission experience:

\_\_\_\_\_

**PROJECT INFORMATION**

Sponsoring organization: **Hocutt Baptist Church, 314 West Horne Street, Clayton NC 27520**

Project's location and dates: \_\_\_\_\_ Team Leader: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_ Cost: \_\_\_\_\_

If your team orders T-Shirts, what size would you desire? \_\_\_\_\_

## PARTICIPANT MEDICAL INFORMATION

Is sponsor authorized to approve medical treatment?       Yes    No  
Is participant covered by personal/family medical insurance?    Yes    No  
If yes, name the insurer: \_\_\_\_\_ Policy or group number: \_\_\_\_\_

**\*Please attach a copy of your insurance card.**

How would you describe your present health?       Excellent       Good       Average       Poor

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

\_\_\_\_\_

\_\_\_\_\_

Are you presently under the care of a physician?    Yes    No   If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Please list any medication you are taking

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies you have \_\_\_\_\_  
Please explain any physical challenges that you may face on this ministry trip \_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: (day) \_\_\_\_\_ (night) \_\_\_\_\_

## PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

**The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her names upon cancellation.** The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant commits to faithfully attend all meetings at the scheduled times.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian if participant is a minor:

\_\_\_\_\_

(name)

(signature)

## INVOLVEMENT

Church Membership:  Hocutt Baptist Church       Other Church \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

List the ministries with which you have been involved at your church, including the time of involvement and any leadership positions held \_\_\_\_\_

List the ministries with which you have been involved outside of your church, including the time of involvement and any leadership positions held \_\_\_\_\_

How would you describe your daily relationship with Jesus Christ? \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

How can you use your spiritual gifts on this trip? \_\_\_\_\_

Have you had training in personal evangelism? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_

When was the last time you witnessed to someone? \_\_\_\_\_

Are you a current member of a Sunday School class? \_\_\_\_\_ Name of your teacher \_\_\_\_\_

How long have you been in that class? \_\_\_\_\_

Please list any responsibilities in SS leadership you have: \_\_\_\_\_

Has your SS class adopted any people group? \_\_\_\_\_ Which one? \_\_\_\_\_

Have you been on a short term mission project? \_\_\_\_\_

If so, describe your experience \_\_\_\_\_

## TESTIMONY

How was your life before coming to Jesus? (What got me interested in God?)

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How and when did you come to know Jesus as your Savior?

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How is your life now that you know Him?

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In what areas of your life have you seen spiritual growth over the last month, year and 3 years?

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Briefly describe why you believe God is calling you to participate on this trip.

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What talents do you have that would like to use on this trip?

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What do you see as your role on this ministry team?

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**MOTIVATION**

Please briefly explain what you hope to see the Lord do in and through you on this mission project and explain why you want to participate: \_\_\_\_\_

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## REFERENCES

Please provide two references. One reference should be a Hocutt Baptist Church pastor or teacher in the area you serve or have served.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Relationship \_\_\_\_\_

## COMMITMENT

### Hocutt 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 my responsibility.

I certify that I have appropriate medical insurance for foreign travel. Should treatment for 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 Hocutt 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 or administrators, distribute and assign, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Hocutt Baptist Church, 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 Hocutt 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 the contract will be cause for dismissal from the volunteer project and return home at my own expense.

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

### FOR HIGH SCHOOL STUDENT ONLY:

Date: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## **NEXT STEP: INTERVIEW WITH TRIP LEADER**

**Students are required to have parents present for the interview.**

**Adults who are married are requested to have their spouse present for the interview.**

**Contact the church office (919-553-6650) to schedule an interview.**

**Submit your application on or before the stated deadline.**

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FOR OFFICE USE

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

Deposit Check Attached:  Yes  No

Interview scheduled: \_\_\_\_\_