

# Denver Baptist Church

## MISSION TRIP Application



Denver Baptist Church exists to glorify God  
by making disciples that advance the Gospel.

## **OVERVIEW**

One of the greatest joys we have at DBC is to help students and adults of all ages and backgrounds fulfill a God-centered desire to participate on church-sponsored mission trips. The needs are great, and there are wonderful opportunities to serve locally, in locations throughout North America, and in the world. Should you have any questions about the application process or any related topic, please contact Pastor Chris Griggs or Pastor Jeff Meyer at 704-483-3030 or [cgriggs@denverbaptist.org](mailto:cgriggs@denverbaptist.org) / [jmeyer@denverbaptist.org](mailto:jmeyer@denverbaptist.org).

NOTE: If there are more applicants approved for a mission trip than are needed, we reserve the right to select applicants who have not yet participated on a mission team. We also reserve the right to deny participation if an issue surfaces that cannot be resolved to our satisfaction prior to team departure.

## **PROCESS**

The following must be completed:

1. This application form with *all* requested information submitted to the church office.
2. A personal conversation with the mission trip Team Leader.
3. A background check if one has not been completed in the last three calendar years.
4. Child Protection Training facilitated by the Team Leader at the designated team meeting.

## **QUALIFICATIONS**

Mission trip participation is open to all DBC members in good standing. Adults from other Southern Baptist Churches may also apply; participation by non-Southern Baptists will be considered at the recommendation of the Team Leader. In all cases, DBC members will be given first priority for placement on the team. Unless otherwise stated, participants must be 18 years of age at the time of the journey to participate without having a parent or guardian accompany them. Participation by minors is at the discretion of the field host and age limit guidelines may apply. In some cases, a minor may be given special permission to participate on a mission team without a parent or guardian also participating. Contact Pastor Chris or Pastor Jeff for details as one of them must approve all such requests.

## MY RESPONSIBILITIES

As a condition to the approval of my application, I will:

1. Review, understand, and comply with all DBC policies and procedures regarding short-term mission trips as provided to each team member and covered during the pre-trip training meetings.
2. Attend all pre-trip team training meetings and complete all assignments given by the Team Leader.
3. Consult with a physician concerning immunizations that may be required or recommended by the receiving agency (IMB or other). I understand that all trip related medications and/or immunizations are considered a personal expense.
4. Abstain fully from the use of alcohol, recreational drugs, and/or tobacco in any form, and the use of profane and/or inappropriate language while on the mission trip including time traveling to and from the field.
5. Be financially responsible for all trip costs by submitting payments per the published schedule and adhering fully to the fundraising guidelines applicable to all team members.
6. Be flexible and willingly submit to the assigned Team Leader and Field Host.
7. Not travel to another destination or stay longer at my destination.
8. Disclose the details of any medical condition or history that could affect my participation in this trip.
9. Obtain valid travel documents prior to the trip.
10. Respect and follow the traditions of the people served by the trip.
11. Allow the use of my image (photograph or video) for the purpose of reporting on and/or promoting the mission trip and Missions Ministry of Denver Baptist Church in print, video, or via the internet.
12. Be an encourager of my fellow brothers and sisters and will lift up this trip in prayer on a daily basis.

**MY SIGNATURE BELOW AFFIRMS MY UNDERSTANDING OF THE PROCESS, QUALIFICATIONS, AND RESPONSIBILITIES OF BEING A VALUED TEAM MEMBER OF A DBC SHORT-TERM MISSION TRIP, AND I AGREE THAT I HAVE OR WILL COMPLY FULLY.**

**Name of Participant** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_

*Signature of parent or guardian is required for a team member under 18 at the time of the trip.*

## **TRAVEL INSURANCE**

DBC has Volunteer Travel Insurance in place for most mission trips. Please note that, in order for certain portions of the Volunteer Travel Insurance to apply, the volunteer is required to have U.S. major medical insurance in place at the inception of and for the duration of the trip. The Volunteer Travel Insurance typically includes overseas medical reimbursement, evacuation, disability, property and an assistance service for expenses related to injuries, illnesses, losses, or other claims that occur outside of the United States, its territories and possessions, and Puerto Rico. Please note that this is not a promise of coverage or a promise that the DBC will pay for these types of expenditures in the event coverage is not available. The terms of the Volunteer Travel Insurance Policy will control as to whether coverage is available. If you have questions about the Volunteer Travel Insurance in place for your particular trip, please let us know.

## **RELEASE OF LIABILITY**

In exchange for being a participant on a mission trip, I agree to the following, which are checked to signify my specific understanding:

I am a volunteer worker and am not participating in this trip as an employee of the DBC.

I am over the age of eighteen (18) and am competent to sign this Release of Liability. I agree that this waiver will be applicable to myself, my spouse, children, heirs, personal representatives and my Estate. I understand that North Carolina law controls this Release of Liability.

I am aware of the hazards and risks that could be associated with serving on this trip, such hazards and risks including, but not being limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence from third parties. I understand these inherent risks are part of mission trips and voluntarily agree to participate with full awareness of these risks.

Subject to any insurance coverage that may be available to me from any source, and only with respect to DBC and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and with regard to any damage to my personal property.

I hereby release, forever discharge, and agree to indemnify and hold harmless the DBC and its agents, officers, directors, and employees from any and all claims, demands, causes of action, and any and all liability whatsoever arising as a result of my participation in this trip, including but not limited to death, injury, illness, medical treatment, or property damage or loss.

I understand that the Volunteer Travel Insurance is controlled by the terms of the insurance contract and may or may not be available to me in certain scenarios. **I specifically understand that if I do not carry a type of major medical insurance as required by the Volunteer Travel Insurance plan, the Volunteer Travel Insurance will not provide any type of coverage for medical treatment, illness, injury, or death, which details are further explained in the plan documents.** I also understand that, in some scenarios, the Volunteer Travel Insurance only provides coverage during the trip and does not provide coverage for certain medical treatment after the trip has ended. To the extent coverage is not provided or is otherwise unavailable to me, I understand that I will bear the sole responsibility and/or liability for any personal or property injury, medical treatment, illness, death, or the like.

**BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO ALL OF THE TERMS OF THIS RELEASE OF LIABILITY AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE DENVER BAPTIST CHURCH, INC.**

Name of Participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_

*Signature of parent or guardian is required for a team member under 18 at the time this application is completed.*



**APPLICATION**

*Please print. When you have completed the application in full, return it to the church office in person or by email to Pastor Chris (cgriggs@denverbaptist.org) or Pastor Jeff (jmeyer@denverbaptist.org).*

Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

For what mission trip are you applying? Location: \_\_\_\_\_ Dates: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Marital Status (please check one):  Single  Married  Divorced  Separated  Widow/Widower

Name of Spouse: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

For Supplemental Travel Insurance only (International Trips) . . .

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

When did you make your profession of faith in Jesus Christ? \_\_\_\_\_

When were you baptized? \_\_\_\_\_ Was it by immersion?  Yes  No

Name of church if not a member of DBC: \_\_\_\_\_

If you have participated in one or more mission trips in the past, list the destination, year, and purpose of the trip.

\_\_\_\_\_

\_\_\_\_\_

**Share how you became a Christian. (You may supply a separate page if desired).**

**HEALTH / MEDICAL INFORMATION**

My overall health is  Excellent  Good  Fair  Poor

Primary Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

*Note: If over the age of 70, provide a written letter from your primary physician indicating that your health is satisfactory to participate on a mission journey.*

Do you have any physical conditions that could limit your ability to perform the ministry of this mission journey?

Yes  No If yes, explain \_\_\_\_\_

List any physical limitations you have had, or are currently experiencing such as heart problems, fainting spells, diabetes, seizures, or migraines. Take special care to include those you may be susceptible to while traveling.

\_\_\_\_\_

Are you currently under a physician's care or have you been in the past two years?

Yes  No If yes, explain \_\_\_\_\_

Have you had any surgery or major health problems in the past two years?

Yes  No If yes, explain \_\_\_\_\_

Please check if you have any of the following medical conditions (check all that apply).

- Allergies  Arthritis  Asthma  Bleeding Disorder  Chronic Anxiety  Depression  Diabetes  Fibromyalgia
- Glaucoma  Heart Disease  Hypertension  Hypoglycemia  Migraines  Seizures
- Other \_\_\_\_\_

Blood Type  A+  A-  B+  B-  AB+  AB-  O+  O-

List any prescription medications you are currently taking and the dosage for each:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List any over-the-counter medications you are currently taking and the dosage for each:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you have any allergies to medicines, food, insects, or other items? Any special dietary needs?

Yes  No If yes, explain \_\_\_\_\_

**MY SIGNATURE BELOW GIVES THE DBC TEAM LEADER(S) PERMISSION TO OBTAIN MEDICAL CARE AND/OR TO MAKE MEDICAL DECISIONS ON MY BEHALF IN THE EVENT OF A MEDICAL EMERGENCY IF I AM UNABLE TO DO SO, AND GIVES ATTENDING MEDICAL STAFF PERMISSION TO SHARE ALL INFORMATION ON MY CONDITION AND/OR TREATMENT WITH THE TEAM LEADER(S). I AFFIRM ALL INFORMATION PROVIDED ABOVE IS CORRECT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_

*Signature of parent or guardian is required for a team member under 18 at the time this application is completed.*