

Park Cities

B A P T I S T • C H U R C H

Mission Trip Application

Please mail completed forms to:
Park Cities Baptist Church
Missions Office
3933 Northwest Parkway
PO Box 12068
Dallas, TX 75225
214 -860-1500
jcdehaven@pcbc.org

Park Cities Baptist Church

Mission Trip Application

General Information

Trip Destination: _____

Trip Date(s): _____

Name (exactly as it appears on your passport/driver's license):

Name as you prefer to be called: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

What size T-Shirt? S M L XL XXL Other: _____

Occupation: _____

Current or Last Employer (include dates): _____

Address/Phone of Employer: _____

Position Held: _____

Education Experience: _____

Marital Status: Single Married Widowed Divorced

Sex: Male Female

Driver's License Number: _____ State: _____

International Trip Participants Only:

USA Passport # _____ Expiration Date: _____

Social Security # _____ - _____ - _____

Medical Information

General Health: Above Average Average Below Average

Chronic Health Problems: _____

Physical Limitations/Disabilities/Restrictions (climbing stairs, extended walking, back fatigue, etc.): _____

List all Allergies (food, drugs, insects, etc.): _____

Please list any prescription medicine(s) you are current taking: _____

Date of last tetanus shot: _____

Physician's Name: _____ Phone Number: _____

Primary Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Emergency Contacts

Primary Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Secondary Contact (other than above):

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

List previous mission experiences: _____

Do you speak any languages other than English? Yes No

If yes, please list the language(s) and your current level of proficiency:

_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent

Please list any experience working with children or youth, and/or any evangelism training:

Do you play any musical instruments? If so, what instruments and at what level of proficiency (beginner, intermediate, advanced)? _____

Briefly write your personal testimony, one you will be prepared to give on this mission trip:

Park Cities

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Consent for Medical Treatment and Hold Harmless Agreement

Valid for One Year from Notarized Date

I, _____ (parent/guardian or adult participant), release Park Cities Baptist Church its' employees, and the members from any and all damages, injuries, lost items, medical needs, or any other matters before, during and after my (my child's) mission trip with Park Cities Baptist Church.

I understand that neither myself nor my heirs nor any other interested parties may hold Park Cities Baptist Church, its' employees, or the members responsible for any personal or material damages.

Furthermore, I agree for Park Cities Baptist Church to act on my behalf in the event of a medical emergency. In the event of such an emergency, I understand that Park Cities Baptist Church will notify the noted emergency contact or me as soon as possible.

I hereby agree to hold Park Cities Baptist Church harmless in all respects, to release them of all liability if any injury or loss occurs, and I covenant not to sue Park Cities Baptist Church and it's officers, representatives, employees, insurers, affiliates, successors, and assigns for any loss, harm, injury, death, or damage that occurs.

I acknowledge that travel schedules, accommodations, dates, and itineraries are subject to change and beyond Park Cities Baptist Church's control and will not hold them responsible for any inconvenience or losses this may cause.

Signed (parent/guardian or adult participant) _____

Printed Name _____

Date _____

Participant Name (if minor) _____

(This form must be notarized before returning to the Missions Office)

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____

Signature of Notary Public

My commission expires: _____

ParkCities

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Participant Honor Code

Recognizing Jesus Christ as the author and finisher of my faith and the inspired Word of God as the supreme standard for all wisdom and knowledge, it is my aim to become a fully devoted follower of the Lord Jesus Christ.

I will endeavor to develop a more intimate relationship with Jesus Christ through spending time alone with Him in prayer, studying His word, so that I might minister effectively to those that I am going to serve and work with during this mission project.

As a member of a Park Cities Baptist Church team, I take the Great Commission as a personal call on my life. I aim to be used of God to share the hope of the “Good News” as the opportunity arises in both my words and in my actions.

I will submit myself to the established leadership of Park Cities Baptist Church and to the rules and regulations pertaining to this mission trip. I have read the honor code and am willing to comply with it while on this mission endeavor.

Participant’s Signature

Date

Printed Name