

GREECE SHORT-TERM MISSION APPLICATION
Valley Community Baptist Church

PERSONAL INFORMATION:			
Name as it appears on passport (<i>ATTACH COPY OF PASSPORT</i>):		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street:	Town:	State:	Zip:
Home Phone:		Cell:	Email:
Citizenship:	Passport #:	Date of Expiration:	
Church Affiliation:		If Valley, which campus?	
Number of Years:		Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT:			
Name:		Relationship:	
Home Phone:		Cell Phone:	Work Phone:
AGE OF CHILDREN YOU ARE INTERESTED IN WORKING WITH:			
<input type="checkbox"/> Infants	<input type="checkbox"/> Preschool	<input type="checkbox"/> Elementary school	
PRIMARY MEANS BY WHICH YOU PLAN TO FINANCE TRIP: Financial support raising guidance is available from World Outreach office. All trip payments are tax deductible.			
<input type="checkbox"/> Personal <input type="checkbox"/> Raise support from friends at Valley <input type="checkbox"/> Raise support from friends outside of Valley			
HAVE YOU BEEN ON VALLEY MISSION TRIP BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PAST MISSION TRIP IN WHICH YOU HAVE PARTICIPATED:			
Year:	Location:	Year:	Location:
OTHER MINISTRY EXPERIENCES:			
HOW WOULD YOU LIKE TO SEE THIS TRIP CONTRIBUTE TO YOUR PERSONAL GROWTH?			
HAVE YOU GIVEN YOUR PERSONAL TESTIMONY BEFORE A GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU LED ANYONE TO ACCEPT CHRIST AS SAVIOR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IS THERE ANYTHING IN YOUR BACKGROUND THAT COULD REFLECT NEGATIVELY ON YOU OR VALLEY? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:			

HOW DID YOU HEAR ABOUT THIS TRIP? <input type="checkbox"/> Friend <input type="checkbox"/> Valley website <input type="checkbox"/> Worship Folder <input type="checkbox"/> Trip display rack		
STEWARDSHIP (Please check only <u>ONE</u> box after each statement): Describe your attitude about your possessions: <input type="checkbox"/> I earn them <input type="checkbox"/> I share them once my needs are met <input type="checkbox"/> I share them generously <input type="checkbox"/> I share them sacrificially Poor people are: <input type="checkbox"/> In need of help <input type="checkbox"/> Just like me <input type="checkbox"/> Lacking options <input type="checkbox"/> Potentially self-sufficient		
SERVICE AT VALLEY: How often do you serve in church? <input type="checkbox"/> Never/not often <input type="checkbox"/> Seasonally <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Current service interest: <input type="checkbox"/> Mission trip leader <input type="checkbox"/> World Outreach Week <input type="checkbox"/> Long-term missions <input type="checkbox"/> World Outreach Committee/Subcommittee <input type="checkbox"/> Role in this church department: _____		
SKILLS YOU HAVE THAT MAY BE USED ON THIS TRIP:		
<input type="checkbox"/> Teaching children (age):	<input type="checkbox"/> Administration	<input type="checkbox"/> Song leadership
<input type="checkbox"/> Musical instrument:	<input type="checkbox"/> Bible teaching	<input type="checkbox"/> Crafts
<input type="checkbox"/> Sports:	<input type="checkbox"/> Drama/skits	<input type="checkbox"/> First Aid
<input type="checkbox"/> Language:	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Photography
<input type="checkbox"/> Organizing games:	<input type="checkbox"/> Facebook	<input type="checkbox"/> Videography
ANY ALLERGIES, ILLNESSES, HEALTH ISSUES THAT COULD AFFECT YOUR PARTICIPATION?		
PRESCRIPTION DRUGS YOU ARE TAKING:		BLOOD TYPE:
DATE OF LAST TETANUS/DIPHTHERIA VACCINATION? (MUST BE WITHIN 10 YEARS)		/ /
I HAVE HEALTH INSURANCE THAT IS VALID IN THE LOCATION TO WHICH I WILL BE TRAVELING:		
<input type="checkbox"/> Yes	Company: _____ Policy: _____	<input type="checkbox"/> No
IF THIS IS YOUR FIRST VALLEY MISSION TRIP, PROVIDE A REFERENCE WHO IS A VALLEY STAFF MEMBER.		
Name:	Phone:	Relationship:
PHOTOGRAPHY RELEASE: I agree to have my or my child's photograph taken during trip activities. The purpose of the photographs will be to tell the trip story and to encourage others to consider attending future trips. The photos will not be used for fund raising purposes.		
RELEASE OF CLAIMS: If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold trip leaders, the sponsoring mission/ missionaries or Valley Community Baptist Church responsible for any accident, injury, illness, death or other personal loss that might result from this trip and I will release them from any liability, whether arising from the negligence of those persons or otherwise. I authorize trip leaders as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness which is deemed advisable. I will submit to trip leadership. I will maintain a cooperative spirit and keep the Team Covenant for this trip. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate. I understand health insurance coverage is being purchased for me specifically for this trip. Recognizing that I am a representative of Valley Community Baptist Church, I agree to refrain from the consumption of alcoholic beverages and/or use of tobacco during the trip and related activities before and after the trip unless it is a specific expectation of national hosts.		
_____ Signature		Date
_____ Parental Permission (if under 18)		Date
Return application and copy of passport to Lois Hales	lhales@valleycommunity.cc	860.673.6826 x115