

- C. What are some of the ministries you have been involved in recently and in the past?
Please begin with current areas of ministry.
- D. What personal evangelism / witnessing training(s) have you had, and when?
- E. If someone asks you how he/she can become a Christian, what will likely be your response? Please use any appropriate Bible references if you like.

3. Mission Trip You Plan To Participate And Why (What can you contribute and expect to gain?):

4. Participant's Covenant

I covenant myself to the following commitments:

1. Pray and read the Scriptures daily.
2. Attend all Mission Education Training sessions prior to the start of trip.
3. Obey and follow the direction of the team leader.
4. Serve cooperatively with others.

(Applicant's Signature)

(Date)

All participants must be recommended by a MBCLA pastor.

(Pastor's Signature)

(Date)

5. Medical Information

Date of last tetanus shot (DPT): month / year _____ / _____

(Valid tetanus shot is required for all participants)

Please check any item that applies to you and give a detailed explanation below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Physical Disabled | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart defect/disease |
| <input type="checkbox"/> Lung problem | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Fractured bones |
| <input type="checkbox"/> Back trouble | <input type="checkbox"/> Measles | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Coordination problems | |
| <input type="checkbox"/> Others (please describe): | | |

Medication currently taken:

NOTE: All special diets and medication are the participant's own responsibility.

6. Emergency Contact

* Please provide the phone numbers and addresses of two emergency contacts.

i. Name: _____ Relationship: _____ #: _____

ii. Name: _____ Relationship: _____ #: _____

7. PARTICIPANT'S LIABILITY RELEASE FORM

*** If under 18, please complete the Minor/Child Participant Medical Treatment Authorization And Liability Release Form.**

I, _____, being a participant of the _____ project, hereby assume all risks and hazards incidental to the conduct of the activities and transportation in connection with the Mission Project. I do hereby release, absolve, indemnify and hold harmless to MBCLA, the organizers, sponsors, and supervisors associated with the Mission Project from any and all loss, injury, or other damage to me arising out of the mission trip. In case of injury to myself, I hereby waive all claims against MBCLA, said organizers, sponsors, or any of the supervisors appointed by them in connection with the Mission Project. I likewise release from responsibility any person transporting me to and from the activities in connection with the Mission Project.

This form shall remain effective until the date I return to my home from the Mission Project, unless sooner revoked in writing delivered to MBCLA.

Signature of Participant (Date)

Signature of Witness (Date)

Name of witness: _____