

BMDMI Mission Service Application

Full Name _____ Name I go by _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____ Fax _____

Email _____ Sex: M F Age: _____ DOB ___/___/___ Blood Type: _____

T-shirt Size: S M L XL XXL XXXL Marital Status: S M D W Name of Spouse _____

Team Captain's Name _____ Team travel dates _____

Passport Number _____ Issuing Country _____ Passport expires: ___/___/___

YOUR NAME EXACTLY AS IT APPEARS ON PASSPORT _____

Your Occupation _____ Employer _____

List Any Professional Titles you have (e.g. MD, DDS, RPh, Rev, RN, LPN) _____

Emergency Contact: _____ Relationship: _____

Day () _____ Night () _____ Cell () _____

Have you been on a BMDMI Mission trip before? YES NO

Year of your FIRST BMDMI Mission trip? _____ Who was Team Captain? _____

Year of your MOST RECENT BMDMI Mission trip? _____ Who was Team Captain? _____

Church where you are a member: _____ Ch. Phone : _____

Church Address: _____ State _____ Zip _____

If this is your FIRST BMDMI mission trip, please list two references we may contact (names & contact info):

Because the primary goal of each BMDMI team is to present the Gospel of Jesus Christ to the people of Central America, it is important that our team members have a personal relationship with Jesus. As a Christian, you profess that you came to a time in your life when you realized that you were a sinner; that you could not save yourself; you believe that Jesus Christ is the one and only Son of God; that He died for your sins; and you repented of your sins and called upon Christ to save you. In light of this statement, please check one of the following:

___ I agree with the previous statement and have accepted Christ as my Personal Savior.

___ I have not yet accepted Christ as my Personal Savior but ask you to consider allowing me to join the team.

Team Member Covenant: As a team member, you must:

- ✓ Be willing to follow the doctrinal beliefs of BMDMI
- ✓ Be willing to abide by the BMDMI dress code as specifically detailed in the "One Week" brochure or online at <http://www.bmdmi.org/resources/index.html>
- ✓ Refrain from use of tobacco products, alcohol or profanity while on the mission trip
- ✓ Refrain from pairing off between members of the opposite sex during the mission trip
- ✓ Be willing to perform any task assigned to you

The information I have supplied in this application is true, and I have carefully read, understood and agree to abide by all of the covenant requirements listed above (including dress code requirements).

*****Signature:** _____ **Date** _____ Revised 9/09

NOTE: BMDMI will arrange for the early return (at the team member's expense) to the United States of any team member that does not adhere to each of these guidelines. BMDMI reserves the right to decline any application for team membership for any reason, including (but not limited to) theological differences or personal behavior deemed incompatible with its ministry and/or testimony.

Release

WHEREAS, the undersigned will be traveling to various countries and participating in various mission projects while in said countries which are sponsored in whole or in part by Baptist Medical & Dental Mission International, Inc., a non-profit corporation; and

WHEREAS, the undersigned desires to release and hold harmless Baptist Medical & Dental Mission International, Inc. its directors, officers, administrators, employees, members, team captain or team coordinators, and/or team members from any and all liability, claims, demands or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from and during said mission project by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from Baptist Medical & Dental Mission International, Inc. as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless Baptist Medical & Dental Mission International, Inc., its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members from any and all liability, claims, demands or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersign may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against Baptist Medical & Dental Mission International, Inc., its directors, officers, members, administrators, employees, team captain or team coordinators and/or any team members at any time, and will not institute, prosecute or in any way aid in the damages, cost, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from, known, unknown, past, present or future by the undersigned's participation in mission projects sponsored by Baptist Medical & Dental Mission International, Inc.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions and environment existing in said countries in which the mission projects will be conducted and of various health and safe hazards which exist, and he/she fully understand and assumes all the risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, or administrators, members, employees, team captains or team coordinators and/or team members of said Baptist Medical & Dental Mission International, Inc.

*** Signature: _____ Signed on this _____ day of _____, 20 _____

Print Name: _____ Team Captain's Name: _____

IF YOU ARE UNDER 21 YEARS OLD, you are considered a minor and this release must be signed by **BOTH** PARENTS and/or GUARDIANS (and spouse, if minor is married). *(Skip this section if you are 21 or older.)*

Please check if only one parent is signing and you have sole custody or if the other parent is deceased.

Name(s) of Parent(s) or Legal Guardian(s) _____

Signature of Minor's Parent (or Guardian) #1

Signature of Minor's Parent (or Guardian) #2

Signature of the Minor's Spouse if the Minor is Married: _____

Medical History and Emergency Treatment Release Form

Name _____ Date of Birth _____

Height _____ Weight _____ If pregnant, stage of pregnancy _____

Blood Type _____ Date of last Tetanus Booster _____

Drug Allergies _____

Pertinent Medical History:

Current Health Problems:

List of Current Medications (Name & Dosage):

Your Physician:

Emergency Contact:

Name _____

Address _____

Relationship _____

Phone # _____

Phone _____

I authorize the personnel of Baptist Medical & Dental Mission International and/or the physicians on our team to obtain and administer emergency medical treatment for me should I become ill or incapacitated while on this BMDMI-sponsored mission trip. I also authorize the personnel of Baptist Medical & Dental Mission International and/or the physicians on our team to obtain and administer emergency medical treatment for any child of mine on this trip should I become incapacitated or am unable to be contacted.

Signature of Team Member

Date

(If team member is a minor, the parent/guardian may sign for him/her, putting in parenthesis your relationship to the minor immediately following the Signature)

Baptist Medical & Dental Mission International

Release of Team Members Not Traveling at All Times with Their Team

WHEREAS, the undersigned _____ (your name) being a member of the _____ (team captain) Mission team traveling to _____ (country), on the _____ day of _____, 20____, and returning to the United States on the _____ day of _____, 20____, desires not to depart/return to the United States with the said team or desires to participate in an activity or excursion not sponsored or sanctioned by Baptist Medical & Dental Mission International, and

WHEREAS, the undersigned has been informed that he/she assumes all risks and responsibilities associated with deviating from the group travel and Mission-sponsored activities as a member of said team in said country, and he/she willfully accepts all risks and responsibilities as stated above, Baptist Medical & Dental Mission International, Inc., its officers, directors, administrators, employees, members, team captain, team coordinators will no longer be considered his/her sponsor/coordinator and he/she will be responsible for his/her own transportation, medical care, provisions, and other associated needs.

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and benefits flowing from Baptist Medical & Dental Mission International, Inc., as a sponsor and coordinator, and other good valuable considerations, the undersigned hereby incorporates all the covenants, provisions, terms, conditions, acknowledgments and provisions of the Release attached hereto and further acknowledges that he/she is bound by same at all times while with said mission team, or at such time as he/she leaves said mission team at the mission project site, mission home, or any other location the mission team may be located; the undersigned further acknowledges that at such time as he/she leaves said country before/after his/her mission leaves/arrives in the United States or deviates from the group travel and Mission-sponsored activities, that Baptist Medical & Dental Mission International, Inc., its officers, directors, administrators, employees, members, team captain, team coordinators, will no longer be considered his/her sponsor/coordinator and he/she will be responsible for his/her own transportation, care, provisions, and any other needs he/she may require.

WITNESS MY SIGNATURE this, the _____ day of _____, 20_____

Signature of Team Member

Printed Name of Team Member

Baptist Medical & Dental Mission International Minor's Travel Permission Form

Permission Form for a minor to leave the United States when both parents are not traveling with the minor

_____, a minor of less than 18 years of age,
(Print Name of Minor Here)

Has the permission of **both** parents/legal guardians to leave the United States from the span of dates of

_____, 20____ to _____, 20____
(date of departure) (date of return to U.S.)

Participate on a Baptist Medical & Dental Mission International short-term foreign mission trip to the country of _____.
(country traveling to: Honduras or Nicaragua)

(printed name of Parent/Legal Guardian #1) (printed name of Parent/Legal Guardian #2)

(signature of Parent/Legal Guardian #1) (signature of Parent/Legal Guardian #2)

(date signed by Parent/Legal Guardian #1) (date signed by Parent/Legal Guardian #2)

This form MUST be signed by BOTH parents or legal guardians and notarized by a Notary Public in order to be valid! The minor may be asked to provide this form AT THE AIRLINE TICKET COUNTER the day of travel in order to be allowed to travel with the team. You will need TWO notarized copies of this form – one for the airline traveling down to Central America, and the other for your return flight to the United States.

(Notary Public)

Team Member serving with back to back teams*

Name _____

Team Captain Name for 1st team _____ Date: _____

Please list below name(s) of team captain and date(s) of travel for other teams you will serve with:

I agree to pay \$750 to the first team I travel with and \$300 to each additional team I serve with.

Signature of team member

*Please remember you must get approval from the team captain of each team you plan to serve with. Also, all arrangements must be made prior to you leaving the US.