

# Short-term Mission Trip Application

All of the forms listed on this sheet must be complete in order for your application to be processed. Children 12 or under traveling with you do not require a separate application. However, your child will still need to have a completed Medical Release Form and Affidavit, if applicable.

## FORMS

- Northshore Baptist Short-term Mission Trip Application  
All pages must be completed.
- Medical Release Form  
Please complete and sign.
- Affidavit of Permission  
This is required for minors under the age of 18 who are traveling without one or two of their parents. Must be notarized

## OTHER

- One photocopy of your **passport** (must be turned in with application)
- One photocopy of your **medical insurance card** (make sure contact numbers are included)
- Non-refundable **deposit** of \$350 per person to secure airline tickets

When all of the above is complete, please return to your team leader.

If you don't have a team leader mail it to:

Attn. Missions Pastor  
Northshore Baptist Church  
10301 NE 145<sup>th</sup> Street  
Bothell, WA 98011

**OFFICE USE ONLY:**

Date App. & Dep. Recv'd: \_\_\_\_\_

Status of Applicant: \_\_\_\_\_

# SHORT-TERM MISSION TRIP APPLICATION FORM

NORTHSHORE BAPTIST CHURCH

Date of trip you are applying for: \_\_\_\_\_

## Personal Information about you . . .

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Birthdate \_\_\_\_\_ Marital Status: M S W D

## Passport Information . . .

Do you have a valid US passport?  Yes  No If no, have you submitted the application? Yes  No  When? \_\_\_\_\_

Name as it appears on your passport: \_\_\_\_\_ Issue Date \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Church Information . . .

Do you attend NSB?  Yes  No How Long? \_\_\_\_\_

If you attend a church other than NSB:

Home Church: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Trip Involvement...

Have you ever been involved in a previous short-term mission trip?  Yes  No If yes....

Where did you go? \_\_\_\_\_

What impact did it have on you? \_\_\_\_\_

## Personal Spiritual Information...

Describe your personal relationship with Jesus Christ: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel that God desires your participation on this trip?

\_\_\_\_\_

\_\_\_\_\_

What expectations do you have for this trip?

\_\_\_\_\_

# Short-term Mission Medical Release

NORTSHORE BAPTIST CHURCH

## Personal Information...

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: F / M  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information...

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Do you have medical insurance?  Yes  No Blood Type: \_\_\_\_\_  
Medical Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Primary Name Insured: \_\_\_\_\_

Have you have had an allergic reaction to any food, insect bite, or medication?  Yes  No If yes, please explain:  
\_\_\_\_\_

Do you have any physical challenges?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been medically treated for any emotional problems?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List any history of major illness or surgery:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any prescription medications (and dosages) you take on a regular basis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other medical information we should be aware of?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization...

The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the person names above, including such as x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment, or other hospital services ordered by the attending physician, his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I understand I am responsible for charges not covered by insurance. A copy of this authorization can be used as the original.

This release is valid for (Trip Dates): From: \_\_\_\_\_ To: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

IF UNDER 18:

Parent / Guardian Name: \_\_\_\_\_

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

# AFFIDAVIT OF PERMISSION

## FROM PARENT FOR MINOR TO TRAVEL WITH OTHER PARENT OR COMPANION

TO WHOM IT MAY CONCERN:

I/We, \_\_\_\_\_

Do hereby give my permission for my/our son/daughter, \_\_\_\_\_

To travel with \_\_\_\_\_

to \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Public in and for the County of \_\_\_\_\_

and the state of \_\_\_\_\_

Expires \_\_\_\_\_