



# Application for Mission Volunteer Service

This packet must be completed in full and returned to the Elder Board for final approval.

[provisionchurchnc.com](http://provisionchurchnc.com)

***This application must be completed in full, regardless of whether or not you have previously participated on a short-term trip.***

**Personal Information**

Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Is it okay to text you? Yes  No

Date of birth (minors must be accompanied by a parent/legal guardian) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Nationality and Country of Citizenship \_\_\_\_\_

Passport # \_\_\_\_\_ Issue Date/Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Male  Female  Email address \_\_\_\_\_

Marital Status (please check one) Single  Married  Widowed  Divorced

Spouse's Name \_\_\_\_\_ Children's names \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Primary Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Please indicate any special skills, talents, hobbies, or previous Christian service experience (musical, mechanical, etc.):

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Please list any local, national, or international mission/ministry experience:

<u>City/Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Type of Ministry</u>
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Please list previous and current work experience:

<u>Occupation</u>	<u>Company</u>	<u>From</u>	<u>Until</u>
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Provision Church Short – Term Mission Trip Waiver

I, \_\_\_\_\_, the undersigned, while voluntarily engaged in Provision Church’s activities, including but not limited to overseas mission trips, do hereby agree for myself, my heirs, executors, administrators and assigns, that neither said Provision Church nor any of its directors, officers, pastors, staff, mission coordinators, or any members shall be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by me in connection with or arising out of or resulting from any or all activities, including but not limited to mission trip activities, engaged in by me: and further, I do hereby, for myself, my heirs, administrators, executors, and assigns, assume all risk whatsoever for personal injury or death or property damage or loss in connection with or arising out of or resulting from any or all activities, including but not limited to mission trip activities, engaged in by me, and I hereby absolve and release said Provision Church, its directors, officers, pastors, staff, mission coordinators, or any members of and from all liability thereof, and further, I do hereby covenant and agree for myself, my heirs, executors, administrators, and assigns, not to sue, arrest, attach, or prosecute said Provision Church, its directors, officers, pastors, staff, mission coordinators, or any members, for or on account of any such personal injury or death or property damage or loss, it being my express intent and purpose to bind myself, my heirs, executors, administrators, and assigns hereby.

I have fully read the above and understand the same. I have checked with a health department to learn about possible health risks involved in travel to \_\_\_\_\_ and have obtained the necessary vaccinations, etc., advised. I also understand that I am responsible to have proper life, health, medical evacuation and emergency medical insurance coverage. Provision Church is not responsible and will not provide any insurance on any person while traveling or while otherwise engaging in any volunteer activities in the United States, or abroad.

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

Of Legal Guardian: \_\_\_\_\_

(if under 18 years of age)

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



You are hereby authorized to make any investigation on my personal history through any investigative agencies or bureaus of your choice in compliance with applicable laws or statutes. I understand that a criminal record check may be conducted on me, and I consent to any such check. If signed below, as long as I am volunteering with children or students less than eighteen years of age, I agree to an annual background check.

I, the undersigned, do, release and forever discharge and agree to indemnify the Provision Church of Monroe, NC and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debt and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my relationship with Provision Church.

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Signature

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Date

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Legal Name

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Phone Number

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Goes by Name

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Date of Birth

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Street Address

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Drivers' License State

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City, State, Zip

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Drivers' License Number

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Email address

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Social Security Number

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## Health Information

Due to the nature of this trip it is important that you are in good physical condition. Please complete the following health evaluation:

How would you describe your present health?

Excellent  Good  Average  Poor  Very Poor

On a scale of 1 to 10, how physically active are you? Please explain the activities/physical exercise in which you partake. (1 being not active, 10 being extremely active.)

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Please state any major illness(es) you have had in the last five years \_\_\_\_\_

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To your knowledge, do you have a minor illness(es) that could hinder you from participating in ministry while in the country? (i.e. previous injuries, back problems, frequent migraines, etc.)

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Are you presently under the care of a physician? Yes  No

If so, please note your physician's name and telephone number.

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Please list any medications you are currently taking. \_\_\_\_\_

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Please list any allergies you have.

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Insurance Provider \_\_\_\_\_

Primary Card Holder \_\_\_\_\_ ID/Group Number \_\_\_\_\_



**PLEASE CHECK WITH YOUR INSURANCE PROVIDER TO CONFIRM COVERAGE  
IN THE AREA YOU WILL BE SERVING.**

**MEDICAL CHECKLIST/QUESTIONS**

*If any box is checked, A Physicians Release Form Is Required.*

	Asthma or Chronic Wheezing		Mental Health Counseling Treatment
	Any other respiratory problems		Fainting spells
	Cysts or Tumors of any kind		Convulsions, epilepsy, or seizures
	Chronic or persistent cough		Parkinson's disease
	Skin disorder other than acne		Anemia or any other blood disorder
	Goiter		Serious bodily injury
	Diabetes or Hypoglycemia (low blood sugar)		Thyroid ailment
	Circulatory trouble		Severe allergic reactions
	Hearing or Vision Impairment		AIDS virus or HIV
	Kidney problems		High or Low Metabolism
	Tuberculosis		Gall bladder stones or colic
	Rheumatism, Arthritis, Painful swollen joints		Prostate problems
	Severe knee problems		Venereal disease
	Intestinal or bowl problems		Breast or menstrual disorder
	Cancer		High blood pressure/any cardiac problems
	Persistent, recurring indigestion, stomach, or duodenal ulcers		Any other disease or disability that is not listed above

## References

Please provide three references. One reference should be a Pastor/Elder, another a Life Group (small group) leader in the area(s) you serve or have served, and the third should be someone of your choosing that is an appropriate reference for this trip.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

## Personal Commitment

Do you understand that by completing this application you are committing to attend and participate in all information/training meetings and required reading for your mission trip?

Are you willing to commit to this? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Thank you.*

Provision thanks you for your interest and desire to serve our Lord as a volunteer in missions. We will consider all applications, regardless of evangelical denomination, for Provision mission trips. You will be contacted personally about your application and the area in which a mission project is being planned.