

Anderson Mill Road Baptist Church Short Term Missions Application

Please print clearly

General Information:

Name(exactly as shown on passport and drivers license):

Last	First	M.I.	Suffix
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Address: _____

Street Address	City	State	Zip
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Date of Birth: _____

All Phone #s: _____

Employer: _____ Business Phone: _____

Marital Status: unmarried married divorced/separated

Member of AMRBC? Yes No If no, where? _____

Passport Information:

Passport Number _____ Issue Date: _____ Nationality: _____

Expiration: _____ Type: _____ Authority: _____

Medical Information:

Doctor's Name: _____ Last Visit: _____

Street Address: _____

Phone: _____

Emergency Contact Information:

Who can we contact in the event of an emergency: _____

Phone Number(s): _____

Relationship to Applicant: _____

Current Medications (please list all)

Name	Strength	how much/how many times per day?
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Name	Strength	how much/how many times per day?
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Name	Strength	how much/how many times per day?
------	----------	----------------------------------

Name	Strength	how much/how many times per day?
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Please turn in any proof of necessary vaccinations to your trip leader

List all known allergies:

Medicine or Food

Reaction

Medicine or Food

Reaction

Medicine or Food

Reaction

Medicine or Food

Reaction

List all medical conditions:

Do you smoke? Yes No

Health Insurance information:

Company: _____ Phone: _____

Policy No: _____

Travel/Evacuation Insurance: _____ Phone: _____

Policy No: _____

Ministry Experience:

Please describe your involvement/leadership at AMRBC

Monetary Commitment:

Some limited scholarship funds are available. If funds are available, how much financial assistance are you in need of? _____ Brief Reasoning for Request: _____

Missions Experience: (local/national/international)

I understand that pictures, video, and audio of me may be used at the discretion of Anderson Mill Road Baptist Church in promotional video/audio/publications/website and other media without notification.

I authorize Anderson Mill Road Baptist Church and its representatives permission to initiate medical treatment on my behalf as is deemed medically necessary if I become unable to make such decisions for myself.

I understand that there is a certain level of risk involved in traveling internationally and take full responsibility for taking that risk

Applicant signature

Parent/Guardian if applicant is a minor

If applicant is a minor, the following must also be completed:

I _____ give _____ permission to participate in the East Asia
(parents name) (students name)

Mission trip March 25-April 3 . In case of emergency, I give Jason Williamson, Stephen Timmons, or the person placed in charge of my child permission to have my child treated. I will not hold the individual, the attending physician, or Anderson Mill Road Baptist Church, Moore, SC responsible.

Please check the following medications that you give your permission for your child to take should they be needed:

- Tylenol—for headache, aches, fever, cramps
- Mylanta, Maalox—for upset stomach
- Dramamine—for prevention of nausea
- Benadryl—for allergic reactions or cold symptoms
- Tigan, Phenergan suppository—for excessive vomiting
- Murine Eye Drops—for irritated eyes

My child and I understand what is expected regarding behavior. Bad behavior will result in forfeiting the privilege of participation in the next trip and being sent home on this trip, at the expense of the parent or guardian. I understand that there are to be no electronic devices (mp3 players, ipods, gaming devices, etc.) unless permission is expressly given to bring such devices. I also understand that cell phones may be collected on any trip and given back as we near home. No drugs, alcohol, or weapons of any kind will be allowed.

Parent Signature _____ Date _____

Participant Signature _____ Date _____

Student's Birthdate _____ Student's SSN: _____

Student's Mailing address: _____

I, the parent or guardian of the above individual, acknowledge that the participation in youth activities sometimes necessarily involves risk of physical injury. I further acknowledge that the programs of Anderson Mill Road Baptist Church Student Ministry are primarily administered by volunteers and parents who give their time rather than paid professionals. By signing this form on behalf of the above named individual and permitting the voluntary participation of said individual in its youth programs, I hereby release, discharge, and hold harmless Anderson Mill Road Baptist Church, its employees, volunteers, agents, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Anderson Mill Road Baptist Church Student Ministry sponsored activities.

I further understand that pictures, videos, or audio of said individual may be used at the discretion of Anderson Mill Road Baptist Church in promotional video/audio/publications/website/etc. without notification.

Parent Signature _____ Date _____