



Bethel Church
 BELIEVE | BELONG | BECOME | BLESS

**BETHEL MISSION
 PROJECT PARTICIPATION
 AGREEMENT**

PARTICIPANT PERSONAL INFORMATION

Name of participant: _____ Gender: () Male () Female

Address: _____

Telephone: _____

Email _____

Date of Birth _____ Citizenship _____ Country of Birth _____

Marital Status: () Single () Married () Separated () Divorced () Engaged () Widowed () Annulled ()

Divorced & Remarried Spouse's Name _____ Is your spouse

supportive of your participation in this project? _____

*** Please attach Spousal Support Acknowledgment Form signed by your husband/wife.**

Names & Ages of Children

Name as It Appears on Passport _____ *If applied for please write your name as it will appear in passport

Passport Number _____ **Expiration Date** _____ **City and State Where Issued**

Missions experience:

PROJECT INFORMATION

Sponsoring organization: _____ Project's

location and dates: _____ Team Leader: _____ Purpose

of the trip: _____ Cost: _____ If your

team orders T-Shirts, what size would you desire? _____

PARTICIPANT MEDICAL INFORMATION

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name the insurer: _____ Policy or group number:

***Please attach a copy of your insurance card.**

How would you describe your present health? Excellent Good Average Poor

Are you presently under the care of a physician? Yes No If yes, please explain

Please list any medication you are taking

Please list any allergies or food allergies you have _____

Please explain any physical challenges that you may face on this ministry trip _____

Emergency Contact: _____ Telephone: (day) _____

(night) _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her names upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant commits to faithfully attend all meetings at the scheduled times.

Participant's Signature: _____ Date: _____

Parent/guardian if participant is a
minor: _____

(name)

(signature)

INVOLVEMENT

Church Membership/Attendee: () *Bethel Church* () *Light Company* () Other

Church _____

How long have you been a member/attendee? _____

List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held

How would you describe your daily relationship with Jesus Christ?

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held _____

What are your spiritual gifts?

How can you use your spiritual gifts on this trip?

Have you had training in personal evangelism? Yes _____ No _____

Are you a current member of a Connect Group or small group? _____ Name of group leader

How long have you been in that group? _____

Please list any responsibilities in leadership you have?

Have you been on a short-term missions project? _____ If so, describe your experience

TESTIMONY

How was your life before surrendering to Jesus? (What got me interested in God?)

How and when did you come to know Jesus as your Savior?

How is your life now that you know Him?

In what areas of your life have you seen spiritual growth over the last month, year and 3 years?

Briefly describe why do you see God calling you to participate on this trip.

What talents do you have that would like to use on this trip?

Parent Permission Affidavit Form

In consideration for participating on the following Bethel Church short-term mission project:

I hereby give my son/daughter permission to travel to and from _____ with Bethel Church and its representatives.

I also authorize Bethel Church or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Name of Participant _____

Signature _____ Date _____

If Minor, Parents or legal Guardians must sign:

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

State of Nebraska, County of Lincoln:

Notary Public

My Commission Expires: _____