



The Bridge Community Church U.S. Missions Application

Please fill this application in full before submission

The Bridge Community Church * 8776 James Madison Hwy.* Warrenton, VA 20186

Team Member Application for: _____ **Trip Dates:** _____

Name *(as it appears on passport, if applicable):*

Last: _____ First: _____ Middle _____

DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security # _____ Home Phone _____ Cell/Other: _____

Email: _____

Emergency Contact: _____ *(someone not on the trip with you)*

Phone: _____ Relationship: _____

The following health information is very important. By signing the bottom of this document, you are saying that you have given us complete and accurate information. The Bridge Community Church is NOT responsible for any personal injury as a result of information which you have disclosed or not disclosed. All information is disseminated as required for the purpose of the mission/church.

Do you have or have you ever had:

	YES	NO	If you answered YES to any of the questions listed, please explain: _____
Diabetes:	_____	_____	_____
Seizures:	_____	_____	_____
Respiratory Problems:	_____	_____	_____
Heart Condition:	_____	_____	_____
Allergies (medications):	_____	_____	_____
Problem Lifting (over 20#):	_____	_____	_____
Problem Walking (1 mile+):	_____	_____	_____
Allergies (food, etc.):	_____	_____	_____
Other:	_____	_____	_____

List all *prescription* medication you are currently taking or expect to take on this trip. You must bring ALL prescriptions in their original bottles.

Medication	Dosage	Time	Reason for Taking
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List ALL over-the-counter medications, vitamins, herbs, and homeopathy you are currently taking or will intend to take with you on this trip: _____

If The Bridge Community Church requires team members to obtain current Vaccinations in order to participate on this trip, I agree to obtain said vaccinations and will provide TBCC with a copy of the immunization card to be filed. I accept/acknowledge that I may consult with a local health provider about the need for any vaccinations in addition to what may be required by TBCC and at my sole discretion/risk will or will not obtain additional vaccinations.

_____ By initialing here, I agree to obtain all vaccines as required by TBCC, 60 days prior to trip departure, and understand that all vaccinations will be at my own expense.

Insurance Carrier: _____ Health Insurance Policy #: _____
Policy Holder: _____ Carrier Phone #: _____
Church you attend: _____ Pastor's name: _____
Church Phone#: _____

Please take time to think about and ask the Lord for honest answers to the following:

1. Briefly describe your Christian walk/salvation experience/etc.:

2. Why do you want to participate on this mission trip?

Read very carefully:

1. Are you willing to work and cooperate as a member of a team, having a good attitude and willing to set aside any personal agenda to achieve a common goal? _____ yes _____ no
2. Are you willing to trust and submit to leadership authority, willing to cheerfully follow their counsel and instructions, and be a part of this mission team family working always for the Lord? _____ yes _____ no
3. If you are offered food or drink by the people we minister to in foreign countries, would you be unwilling to eat/drink if the leadership determines it to be unsafe? _____ yes _____ no
4. Do you feel confident the Lord will help you raise funds you need for this trip? _____ yes _____ no
5. Are you willing to attend ALL planning meetings (*unless absence approved by leader*)? _____ yes _____ no
6. List any areas of ministry which you feel skilled, called or willing to provide:

I have fully read and understand the packet of information provided for me. I understand that as a faith-based ministry, I am a representative of The Bridge Community Church and an ambassador of Jesus Christ. I agree to abide by the rules of conduct and dress code for team members as well as submit myself to leadership. As a team member, I must attend all team meetings before/while on this trip. I understand that team unity is vital. To the best of my knowledge, the information which I have provided is complete and accurate. I have read and understand the above statements. I have answered all questions completely and have left neither blanks nor unanswered questions on this application.

Signature Date

Signature of Parent (if under 18 years of age) Date