

# Mission Trip 2019

Metro Baptist Association  
*"We are Better Together"*



August 4-9, 2019  
Grace in the City Church  
Minneapolis, MN

<https://www.graceinthecity.org/>

**Team Member  
REGISTRATION PACKET**

# BASIC INFORMATION

(Page 2)

Metro Baptist Association will be sponsoring a multi-church mission trip to Minneapolis, MN this summer. We will be partnering with Grace in the City Church and their pastor, John Steger, to help reach their community with the Gospel of Jesus Christ.

**Who:** Those who have a heart for children and desire to make disciples and teach them the truths of Scripture.

**Ministry Focus:** Conducting Vacation Bible School

**Where:** Grace in the City Church, Minneapolis, MN

**Dates:** August 4-9, 2019

**Cost:** \$100.00 per registrant with a \$250 maximum for families (includes transportation, lodging, all meals on location and VBS materials).

**Lodging:** Slavic Baptist Church - They have kitchen and shower facilities.

**Transportation:** Church Vans

**Registration fee:** \$100.00 per registrant (with a \$250 maximum for families)

**Departure Time:** Sunday, August 4 at 12:00 p.m. from Crestwood Baptist Church, Des Moines (this will allow us to attend Grace in the City's 4:00 p.m. worship service in Minneapolis).

**Application Deadline:** June 3, 2019

## NEXT STEPS

- ❖ Fill out Mission Trip Application | Medical & Background Releases\*
- ❖ Attend Mission Team Planning Meetings (TBD)
- ❖ Continue praying for direction and for other team members.

Mail Application to: Metro Baptist Association | P.O. Box 41023 | Des Moines, IA 50311  
Email: [EugeneGuthrie@me.com](mailto:EugeneGuthrie@me.com) | Phone: (515) 494-2063

\*Forms also soon to be available at <http://metroba.com/summer-mission-trip-2019/>

# MBA MISSION TRIP APPLICATION (Page 3)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy)

Mission Event: Grace in the City Church (2019)

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

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy)

Address: \_\_\_\_\_  
Street/Apt. # City State

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you (mark 1):  Phone  Email  Text

## Physical:

I have the following health conditions and or restrictions/limitations which require special medication, equipment or treatment:

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- I will be able to miss work and other obligations
- I commit to attend the preparation meetings and make up any I may miss.
- I would prefer working in VBS as:  Group Leader  Assistant Leader  Helper
- I would prefer serving at VBS in the following group:  
 Bible Study  Missions  Recreation  Snacks  Crafts
- I agree to follow instructions and submit to the team leader's direction for the duration of the preparation period and the mission trip.

## Spiritual:

Have you committed your life to Christ and testified of that commitment with believer's baptism?  Yes  No

Church Membership (where and for how long): \_\_\_\_\_  
\_\_\_\_\_

**Share your salvation testimony:**

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**What experiences have you had in sharing your faith:**

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**What experiences have you had in sharing your faith:**

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**Explain why you want to go on this mission trip:**

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

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

# STUDENT MEDICAL RELEASE FORM

(Page 5)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Emergency Preferred Phone \_\_\_\_\_ Emergency Alternate Phone \_\_\_\_\_

Emergency Contact Email \_\_\_\_\_

Secondary Emergency Contact Person \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Secondary Emergency Preferred Phone \_\_\_\_\_ Secondary Emergency Alternate Phone \_\_\_\_\_

Secondary Emergency Contact Email \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone Number \_\_\_\_\_ Date of Last Tetanus Immunization \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Insurance Subscriber's Name \_\_\_\_\_

Policy Number \_\_\_\_\_  
Phone number for prior notification for hospital care. \_\_\_\_\_

❖ Is prior notification required for emergency health care at a hospital?  Yes  No

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

## STUDENT MEDICAL AND SURGICAL WAIVER

To be completed by the parent(s) and/or guardian(s) of participants under 18 years of age.

I, parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to participate in Metro Baptist Association Mission Trip between the dates of August 4, 2019 and August 9, 2019. I further expressly grant my permission for my child to participate in all activities of said event.

I have listed said minor's physical or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Metro Baptist Association, or its representatives, or the event sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Mission Trip Leadership, the Metro Baptist Association, or its representatives, or the event sponsors, or the church at which the Mission Trip event is being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by said minor on the trip from August 4-9, 2019.

Also, I understand that this student may be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials.

➡ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT MEDICAL RELEASE FORM

(PAGE 6)

List ALL KNOWN Allergies (Food/Drugs/Other) \_\_\_\_\_

These non-prescription medications may be stocked in the nurse's station and used as needed to manage illness or injury. Please mark any that **SHOULD NOT BE GIVEN** to this student.

**OKAY TO GIVE ALL LISTED**

Tylenol (acetaminophen)                       Ibuprofen (Advil, Motrin)                       Tums (or generic)                       Oral Benadryl

Hydrocortisone Cream (anti-itch)                       Cough Drops                       Antibiotic Cream

Other common medicine this student should NOT be given: \_\_\_\_\_

**Will the student have medicines to be take while away? (Including prescription and non-prescription medicines). Y N**

Medication #1 \_\_\_\_\_

When will medication #1 need to be taken? (check all that apply)

Breakfast Time     Lunch Time     Dinner Time     Bed Time     Other \_\_\_\_\_

Medication #2 \_\_\_\_\_

When will medication #2 need to be taken? (check all that apply)

Breakfast Time     Lunch Time     Dinner Time     Bed Time     Other \_\_\_\_\_

Medication #3 \_\_\_\_\_

When will medication #3 need to be taken? (check all that apply)

Breakfast Time     Lunch Time     Dinner Time     Bed Time     Other \_\_\_\_\_

Medication #4 \_\_\_\_\_

When will medication #4 need to be taken? (check all that apply)

Breakfast Time     Lunch Time     Dinner Time     Bed Time     Other \_\_\_\_\_

Additional Medications \_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS BY CIRCLING Y FOR YES - N FOR NO**

**Y N** This student has been diagnosed with Attention Deficient Disorder or ADD/HD?

**Y N** This student has a psychiatric condition, such as depression, OCD, panic/anxiety disorder.

**Y N** This student has an emotional health concern.

**Y N** This camper has a learning disability/challenge.

**Y N** This student has seen or is seeing a professional to address mental/emotional health needs.

**Y N** Please list any other medical conditions or special needs: \_\_\_\_\_

➡ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

➡ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ADULT MEDICAL RELEASE FORM

(Page 7)

Please print legibly in **black ink**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name You Would Like To Be Called At Camp \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Church Name \_\_\_\_\_

Church City \_\_\_\_\_ Primary Position/Ministry At This Church \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Your Relationship To Emergency Contact \_\_\_\_\_

Emergency Daytime Phone \_\_\_\_\_ Emergency Evening Phone \_\_\_\_\_ Date Of Last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Physician \_\_\_\_\_

Primary Insurance Subscriber's Name \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Allergies (Food/Drugs/Other) \_\_\_\_\_

Recent Operations or Serious Illnesses \_\_\_\_\_

Special Instructions \_\_\_\_\_

Current Prescription Medications and Instructions \_\_\_\_\_

## ADULT MEDICAL AND SURGICAL WAIVER

I, \_\_\_\_\_, am 18 years of age or older and have listed all physical defects or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Metro Baptist Association, or its representatives, or the trip sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Metro Mission Team Leaders, the Metro Baptist Association, or its representatives, or the mission trip's sponsors, or the churches upon whose campus the mission trip is being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred during the mission trip from August 4-9, 2019.



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

# ADULT BACKGROUND RELEASE

(Page 8)

## Metro Baptist Association Screening Form for Volunteers

### Confidential

Because it is the desire of the Metro Baptist Association to provide a safe and secure environment for those who participate in our programs and mission endeavors, this form is to be completed by anyone desiring/agreeing to work in any position (volunteer or compensated) involving the supervision or custody of minors.

### PERSONAL

Identity must be confirmed with a state driver's license or other photographic identification.

Last Name

First Name

Middle Name

Maiden Name

Gender

Male

Female

Date of Birth

Address

City

State

Zip

Home Phone

Social Security Number

Driver's License Number

State

Have you ever been convicted or pleaded guilty to a crime (excluding minor traffic violations)?  Yes  No

If yes, describe convictions: \_\_\_\_\_

### APPLICANT'S STATEMENT

#### **I do hereby give my permission for the Metro Baptist Association to contact law enforcement agencies for a background check.**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for youth work. In consideration of the receipt and evaluation of this application by the Metro Baptist Association, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

I agree to be bound by the guidelines of the Metro Baptist Association and agree to refrain from unscriptural conduct in the performance of my services on behalf of the Metro Baptist Association.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free action. This is a legally binding agreement, which I have read and understand.

⇒ **Applicant's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

⇒ **Witness:** \_\_\_\_\_ Date: \_\_\_\_\_