

# Tri-County Baptist Association Mission Trip Application

## MISSION TRIP LOCATION AND DATES: Omaha, Nebraska– July 25-August 1, 2020

Thank you for your interest in participating in a Tri-County Baptist Association volunteer missions effort. This application contains six sections: 1) Personal Information; 2) three Personal References; 3) Agreement and Release from Liability; 4) Applicant Statement; 5) Personal Testimony; and 6) Background Check information. Please complete and return NO LATER THAN ONE MONTH PRIOR TO THE BEGINNING OF THE TRIP to: TCBA, PO Box 370 Nixa, MO 65714 or meleta@tcsba.com.

### 1. Personal Information:

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

Last

First

Middle

(For international trips) Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Home Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you: Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse's Name \_\_\_\_\_

For Insurance purposes, please give us the name of your beneficiary: \_\_\_\_\_

Have you accepted Christ as your personal Savior? \_\_\_yes \_\_\_no \_\_\_not sure

Church membership: \_\_\_\_\_ How long? \_\_\_\_\_

If you are presently serving in a church, please list the church and your area(s) of service.

Church: \_\_\_\_\_ Area(s) of service) \_\_\_\_\_

#### If a minor:

Parent/Guardian information:

Name \_\_\_\_\_

Last

First

Middle

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

List any prior missionary trip experience (place/year): \_\_\_\_\_

List any health concerns that might affect this trip: \_\_\_\_\_

Do you understand you are responsible for contacting your own doctor for information, medicines and immunizations needed for your trip, and that TCBA is not responsible for providing medical care? (TCBA does not give medical advice)

Yes \_\_\_\_\_ No \_\_\_\_\_

The following questions are part of a process to help us provide a safe environment for our mission partners.

- Have you ever been accused or convicted of the use or sale of illegal drugs? \_\_\_\_\_

- Have you ever used illegal drugs? \_\_\_\_\_
- Are you presently facing charges for any criminal offense? \_\_\_\_\_
- Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_
- Have you ever been accused of or charged with any offense involving children? \_\_\_\_\_
- Are you engaged in any conduct that is contrary to the teaching of the Bible? \_\_\_\_\_
- Do you have any health issues that could place another adult or minor at risk? \_\_\_\_\_
- Have you ever been diagnosed with a mental illness? \_\_\_\_\_
- Have your ever been denied legal custody of your child/children in any legal proceeding including divorce decrees or settlements? \_\_\_\_\_
- We conduct a police background check on all adult applicants. Do you have any objections? \_\_\_\_\_
- Have you ever been dismissed from a volunteer position for any reason? \_\_\_\_\_

If you answered “yes” to any of the above questions, please explain briefly. TCBA understands the life-changing power of Jesus Christ and are eager to hear how He has help you. (Feel free to attach any additional pages as needed.)

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## 2. Personal References:

Please provide **three** personal references-**not** related to you. Must have known you for **at least one year**.

Note: **Minors may not be used as references.**

### Reference #1

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

### Reference #2

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

### Reference #3

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

## 3. Agreement and Release from Liability:

### A. Voluntary participation.

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate in a short-term mission trip to Omaha, Nebraska on July 25-August 1, 2020 sponsored by Tri-County Southern Baptist Association (TCBA) TCBA is providing assistance in arranging the mission trip, which involves travel to, and volunteer work in the United States. Participants consent to being photographed and/or videotaped while on mission trips for promotional use by TCBA.

### B. Assumption of risk.

I am aware that the mission trip poses risks including but not limited to: sickness, crime, travel, transportation, as well as similar and dissimilar risks. I AM AWARE THAT THE MISSION TRIP MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN THE MISSION TRIP WITH KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH THAT MAY RESULT FROM MY PARTICIPATION I THE MISSION TRIP.

### C. Release from liability.



**5. Personal Testimony/Salvation Experience (no more than one page)**

# Background Check for Volunteer Ministry

Tri County Baptist Association PO Box 370 Nixa, MO 65714

## Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

Social Security No.: \_\_\_\_\_ Driver's License State and No.: \_\_\_\_\_

## Authorization and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide Tri County Baptist Association ("TCBA") with one or more reports based on that information; and (d) for TCBA to share those reports with others for legitimate business purposes related to your employment or volunteer status. BGC will investigate your criminal record and driving record to assess suitability for volunteer purposes. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. This authorization shall be valid for as long as you are an applicant or seeking employment or volunteer status through the TCBA.

You have a right to obtain a copy of these reports directly from BGC, P.O. Box 353, Chapin, SC 29036; (866) 265-6602; [www.backgroundchecks.com](http://www.backgroundchecks.com),

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