

Missions Application



Directions to completing this Application:

Please prayerfully consider which trip you would like to apply for and proceed with filling out this short-term application. If you have any questions ~ please call the SCBC Global Impact Office ~ 831-429-1162, ext. 245.

PLEASE MAKE SURE TO:

- Include ALL personal information
- Fill in ALL questions and blanks thoroughly
- Initial your Financial Responsibility
- Complete Medical and Liability Release Form
- Turn completed application into the church office



“Growing people to impact their world and beyond”
440 Fredrick Street ~ Santa Cruz, California 95062 ~ phone 831.429.1162 ~ fax 831.429.9575
www.santacruz bible.org



MISSIONS APPLICATION

Declare his glory
among the nations, his
marvelous deeds
among all peoples
Psalm 96.3

Today's Date _____ Trip Dates _____

1. PERSONAL INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ DOB _____

Marital Status Single Married

Spouse's Name _____ DOB _____

Children's Name	Male/Female	Age	DOB
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Emergency Contact in the U.S. _____
Relationship _____ Phone _____ Email _____

2. TRIP and TEAM INFORMATION

Destination _____ Departure & Return Dates _____

Mission Agency _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Name & Phone # of Agency Contact (preferably U.S.) _____

For Short Term SCBC Trip Applicants, Please initial: *I understand my personal financial responsibility to raise funds to be sent out with a short-term by SCBC, within set deadlines* _____

3. PASSPORT INFORMATION

The passport Application process takes 6-8 weeks or you can apply for a U.S. Passport Card (Mexico, Canada, the Caribbean and Bermuda only). Please see their website at <http://travel.gov/>

Name (as written on passport) _____

Passport # _____ Issue Date _____ Place _____

4. AUTHORIZATION

I am giving my authorization to Santa Cruz Bible Church and their appointed representative to verify the information on this form. The church may contact my references and appropriate government agencies, including permission to obtain a background check.

I would like to speak with Pastor concerning this statement.

MEDICAL & LIABILITY RELEASE FORM

~ Required for all SCBC sponsored events – Updated yearly ~

Event: _____
Date(s): _____

440 Frederick Street
Santa Cruz, CA 95062
Phone: 831-429-1162 ~ Fax: 831-429-9575

Name: _____ Age: _____ DOB: _____
Address: _____ Male Female
City: _____ State: _____ Zip: _____
Participant's Social Security #: _____

1. HEALTH HISTORY *Please explain any condition we should be aware of.*

Allergies (insect stings, drugs, foods, etc.) _____
Normal treatment of allergic reactions _____
Please detail and explain any other conditions (*heart condition, diabetes, asthma, epilepsy, etc.*) _____
Medication(s) taking currently _____ Blood Type: _____

2. INSURANCE *Our church's insurance is only secondary insurance. If you have medical insurance your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.*

Your insurance company _____
Contact Name _____ Policy Number _____
Phone _____

3. LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards possibly inherent to the activities you will participate in during the mission's trip. You also agree that you will not hold Santa Cruz Bible Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are both medical and liability release. Please be aware that when traveling outside of the United States you are subject to the laws of the country and that the U.S. government has no jurisdiction in that country. You must obey all the laws of that country or you may encounter serious consequences.

Participant's signature (if over 18 yrs) _____

4. MINOR LIABILITY RELEASE *for those under the age of 18 (please fill out both sections)*

I give permission for my child, _____ to participate in all activities as part of the ministry of Santa Cruz Bible Church of Santa Cruz, California. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in SCBC activities including transportation to and from any location in connection with SCBC events. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release SCBC from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting hereto, consent for the emergency attention may be given to any person standing loco parentis to my child pursuant to A.R.S. 44-133. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

Minor's Name Signature _____ Date _____

Parent/Legal Guardian _____ Date _____

Print Name _____ Date(s) of event(s) _____

Parent's Social Security # _____

Local person to contact if you cannot be reached in the event of an emergency

Name _____ Phone _____