

Mexico Mission Trip Application

FULL NAME OF APPLICANT _____

PREFERRED NAME _____ CELL PHONE _____

EMAIL ADDRESS _____

DRIVER'S LICENSE NO. _____ STATE _____ EXP. Date _____

IF YOU ARE TAKING YOUR VEHICLE, WHAT IS YOUR VIN# _____

TAG _____ STATE _____

YOUR PASSPORT NO. _____

APPLICATION FOR MEXICO MISSION TRIP 2024 JUNE 22-29, 2024

TOTAL COST \$1,150, \$900 if Sentinel training is current, \$750 if postmarked by May 1, 2024. The first \$250 received is considered a non-refundable deposit. After May 1st money paid is NOT guaranteed to be refundable, though we do make an effort to recover funds paid above the deposit, when possible, especially when cancellation is due to illness or emergency.

Checks can be mailed to Hill View Baptist Church 23919 Hwy 430 South, Greenwood, MS 38930

Name by which you will be called on the trip _____

Age _____ Birthday _____ Sex _____

Mailing Address _____ City, State, Zip _____

Your Occupation _____

Contact Family Member/Beneficiary on Insurance _____

Their Phone _____

What would you like to do on this trip _____

I AM A MEMBER OF _____ CHURCH

MY PASTOR IS _____

PASTOR'S ADDRESS _____

READ AND SIGN BELOW: I understand that this is a mission trip and I go for the Lord, and not for myself, my comfort, or as a vacation. The most important people on this trip are those I serve, then those with whom I work. I must have the approval of my church or pastor before going. I agree to make spiritual preparation for this assignment by praying, reading God's Word, and being faithful in my own church. I will attend any meetings necessary for this trip. I will read all materials related to this work and seek the heart of a servant as I serve the Lord at home and abroad. My conduct, in word and deed, will honor the Lord Jesus Christ and is expected to be exemplary. I will employ my skills, talents and spiritual gifts in the building and expansion of His Kingdom in the place where I serve—as God gives me inner strength and wisdom. I will abide by the rules given me in orientation and on the trip. (Signed) _____

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RESPONSIBILITY RELEASE: I hereby give permission to any leader of the 2024 Mexico Mission team to secure medical or surgical care for me in the event of accident, injury, or illness. I am a mission volunteer and am going to be mentored by experienced persons who will look after my personal welfare, and that I will be provided with insurance for this trip outside the country. My own personal insurance is:

Primary _____ Policy No. _____

Secondary _____ Policy No. _____

I understand that both in and outside the U.S., a mission trip can be dangerous in today's world. If I accept the term of volunteer service, I make it clear that I am responsible for myself, and that no other church, church agency, or anyone directly involved in this trip is responsible for me legally, whether they be U.S. based or Mexico based. I will be responsible for the loss of my own property, damage to the same, personal harm, illness or death that may come to me, and I, for myself, my heirs, executors, administrators, distributees or assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the church leaders and institutions with which they work, and hold them harmless from any claim or demand which I or anyone might assert upon the basis of the foregoing. I FURTHER UNDERSTAND that I am a member of the team and will follow instructions from my leaders. I understand that the fee provides me with the benefits of the security of the group, insurance, food, travel and lodging as specified in the country where I serve. I am responsible for food and lodging in travel. However, I understand that if I choose to leave the group in the time of travel to and from the country where I serve, or I choose to travel apart from the mission team, that the leadership is not obligated to pay for such travel, necessary lodging or insurance except when it can be provided under their care. No one will frown upon me if I choose to leave the group to have greater personal freedom, but I understand that if I do so, I am forfeiting all claim to team benefits and privileges during that period of independent travel, etc.

(Signature) _____ Date _____

HELPFUL INFORMATION (Please circle or fill in the blank)

I Speak	No Spanish	Some Spanish	Fluent Spanish		
I am a:	Doctor	Dentist	R.N.	LPN	Pharmacist
	Optometrist	Lab Tech	Physical Therapist		
Other medical specialist (specify)	_____				
Cook	Driver	Carpenter	Electrician		
Plumber	Teacher	Lead Music	Helper		
Sing solos	Lead Music				

Each day you will be expected to rise early, eat breakfast, and participate in a worship service at the beginning of the day. You will be expected to learn to share your own Christian testimony during the week. You will be expected to work, maintain care of your body with healthy habits, drink ample water, and get plenty of bed rest.

Name, Address of your local newspaper:

ASSUMPTION OF RISK FORM

SHORT-TERM MISSIONS VOLUNTEER

► *Note: This form is for use by adults who participate on short-term missions trips. Because the Mississippi Baptist Convention Board may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising these activities, we ask participants on such trips to assume all risks associated with them as a condition of their participation.*

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer on a Mississippi Baptist Convention Board partially sponsored missions trip, to Mexico, represent and agree that:

1. I am a volunteer worker and not an employee of the Mississippi Baptist Convention Board.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to any insurance coverage that may be available to me from any source, and only with respect to the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term missions trip, as described above. I further understand that the Mississippi Baptist Convention Board may not have any insurance coverage that would apply in the event of my death, illness, injury or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Printed Name _____

Signature _____ Date _____

Address _____

City _____

State & Zip _____

IMPORTANT: *Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.*

Witnesses _____

EXPLANATION OF MEXICO MISSION TRIP RATES

Occupancy is 4 to room.

One from family: \$1,150, \$900 if Sentinel Training is current. \$750 if paid by May 1st.

Two from family: \$1,350 if Sentinel Training is current and paid by May 1st.

Three from family: \$1,800 if Sentinel Training is current and paid by May 1st.

Four from family: \$400 for each additional person after the initial cost of \$1,800 if Sentinel Training is current and paid by May 1st.