



**WHC SHORT-TERM MISSIONS APPLICATION FOR 2011 TRIPS**

\_\_\_\_\_ Date of Application

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

**Name as it appears on PASSPORT:** \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Passport # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Sex: " Male " Female

If under 18 years of age, Name of Parent(s) or Guardian(s) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Mark your Mission Trip Country of choice:**

Cambodia    
 Guatemala    
 Haiti    
 Japan    
 Haiti   
*Oct. 25-Nov. 6    August 8-19    Dec. 26, 2010-Jan. 3, 2011    May    Dec. 26, 2011-Jan. 3, 2012*

**WHC Involvement**

Do you attend WHC Worship Services?  No  Yes    How Long \_\_\_\_\_

Are you a member of WHC?  No  Yes    How Long \_\_\_\_\_

If not, what church do you attend? \_\_\_\_\_

Do you work well in a team with other people? \_\_\_\_\_ Give an example below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**BACKGROUND INFORMATION**

**Current Occupation:** \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

**Skills:**

Do you have any abilities in the following areas?

Media / Teaching Activities / Technical Skills / Group Activities / Music and Drama

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken **First Aid training**?  No  Yes Type: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MEDICAL INFORMATION**

Any major illness during the past year? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take medication regularly? Yes \_\_\_ No \_\_\_

If yes, please explain and list medications and dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any allergies? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your tetanus shot current? Yes \_\_\_ No \_\_\_      Your blood type: \_\_\_\_\_

Any physical limitations/disabilities? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have adequate medical insurance? Yes \_\_\_ No \_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Does your insurance cover you in a foreign country? Yes \_\_\_ No \_\_\_

When was your last physical exam? Approximate Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Who would we contact in case of an emergency?

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_



- Please fill out only if this is your first mission trip -

**REASONS FOR GOING ON THIS MISSION TRIP**

A. If you have not been on a WHC Missions Trip, briefly explain your reasons for applying:

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B. If you have been on a WHC Missions Trip previously, tell what that trip meant to you and explain why you would like to go again (please use the back side of this sheet if you need more room):

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**ADDITIONAL INFORMATION**

Use the space below to provide any additional information you would like us to know:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### IMPORTANT INFORMATION REGARDING DONATIONS TO YOUR MISSION TRIP

When you or others give money towards your mission trip (including the deposit amount), it is considered a tax deductible donation. **IRS regulations prohibit the return of any money given as a tax deductible donation.** Please be aware that any money given towards your mission trip, either by you or by someone else, **is non-refundable.** If for some reason you are not able to go, any money donated to your trip will be used to help with the general mission trip fund.

It is very important that you meet the deadlines for your mission trip payments on time. Missing deadlines for payment creates problems with purchasing airline tickets, etc.

Thank you for your cooperation and for your commitment to short-term missions at WHC!

Please sign this document and return to the church office.

I have read and agree to the above.

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**Signature**

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**Date**

## WASHINGTON HEIGHTS CHURCH **ADULT** VOLUNTEER BACKGROUND SCREENING

The purpose of background screening at Washington Heights Church is to determine whether an individual has been convicted of a crime, or has a supported finding of child abuse or neglect. This is done in order to aid in protecting the children who attend Washington Heights Church. This application asks some very personal and private questions. All information received as a result of background screening will be kept confidential and no details regarding the screening will be released or disclosed. A representative of Washington Heights Church will notify a volunteer applicant if background screening is not passed.

Last Name \_\_\_\_\_ First Name and Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_  
Driver's License # and State Issued \_\_\_\_\_ Social Security Number \_\_\_\_\_

Answering "yes" to any of these questions does not necessarily disqualify you from serving.

1. Have you ever been charged or convicted of a crime involving the abuse or mistreatment of a minor child?  Yes  No
2. Have you ever been charged or convicted of any other criminal (including misdemeanor) matters?  Yes  No
3. Are you presently involved with use of illegal drugs, alcohol, pornography, or any other addiction?  Yes  No
4. Are there any reasons why you might not be considered to serve with minors?  Yes  No

If you answered "Yes" to any of these questions please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONSENT AND RELEASE OF LIABILITY

I certify that I have read and understand this form and that my answers to the questions on this release contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. I authorize a representative of Washington Heights Church to investigate my past and present records of law enforcement, Division of Child and Family Services, driver's license, and any and all information which may be pertinent to my working with minor children in the ministries of Washington Heights Church as an adult leader. I do hereby release Washington Heights Church, its employees, agents and representative from any claims or damages resulting from furnishing this information.

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

#### For Church Office Use

<input type="checkbox"/> Screening Submitted Date _____ Initials _____	<input type="checkbox"/> Screening Results Received Date _____ Initials _____	<input type="checkbox"/> References Contacted Date _____ Initials _____	<input type="checkbox"/> Cleared to volunteer Date _____ Initials _____
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## Washington Heights Church

### ASSUMPTION-OF-RISK FORM FOR SHORT-TERM MISSIONS VOLUNTEERS

**Note:** This form is for use by adult members who participate on short-term missions trips to other countries. Because Washington Heights Church may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising foreign activities, we ask members who participate on such trips to assume all risks associated with the trip as a condition of their participation.

All reasonable precautions have been taken and no problems are expected. Nevertheless, individuals, rather than Washington Heights Church, are asked to assume their own risk for the trip.

I, \_\_\_\_\_ [name of volunteer], in consideration of my acceptance as a short-term volunteer on a mission trip sponsored by Washington Heights Church 1770 E 6200 S, Ogden UT 84405

to \_\_\_\_\_ [destination of trip], represent and agree that:

1. I am a volunteer worker and not an employee of Washington Heights Church for the purpose of this mission trip.
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 coverages that may be available to me from any source, and only with respect to my church and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release Washington Heights Baptist Church and its agents, officers, directors, and employees 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 mission trip, as described above. I further understand that Washington Heights Church may not have 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 THIS RELEASE.

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

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

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

Address: \_\_\_\_\_