



## LEADER APPLICATION for Short-Term Missions

\_\_\_\_\_  
 Country/Place of mission project      Partnering organization (if applicable)      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Dates of project (from mm/dd/yyyy - to mm/dd/yyyy)

\_\_\_\_\_  
 First Name      Middle Name      Last Name  
 \_\_\_\_\_  
 Passport #      Passport expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (mm/dd/yyyy)      Country of citizenship

**\*\*Please include a copy of your passport with the submission of this application**

\_\_\_\_\_  
 Mailing Address      City      ST      Postal code  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      Gender: M / F      \_\_\_\_\_  
 Home phone      Cell phone      Marital status      Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
 Occupation      Employer (if applicable)  
 \_\_\_\_\_  
 Emergency contact (Not a team member)      Relationship to applicant      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
 Emergency contact's phone      Contact's alternate phone

List any major illness, medical problems, and/or surgeries of which your team leadership should be aware.  None

List all medications (name, dosage and treatment of) you are currently taking.  None

\_\_\_\_\_  
 Medication or generic name      Dosage      Treatment of

List any allergies or special dietary needs (including food allergies) and your reactions to them.  None

Describe your testimony experience (if you need more space, use separate sheet of paper).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your previous leadership experience (if you need more space, use separate sheet of paper).

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What is your most recent educational level completed? \_\_\_\_\_

List any special training, trade, skill or license \_\_\_\_\_

Check all abilities that apply:

- |  |   |                                     |  |   |
|--|---|-------------------------------------|--|---|
| <input type="checkbox"/> Sound technician    | <input type="checkbox"/> VBS                        | <input type="checkbox"/> Painting   | <input type="checkbox"/> Campfire programs   | <input type="checkbox"/> Singing              |
| <input type="checkbox"/> Sketching / Drawing | <input type="checkbox"/> Day Camp                   | <input type="checkbox"/> Cooking    | <input type="checkbox"/> Group games         | <input type="checkbox"/> Songwriting          |
| <input type="checkbox"/> Writing             | <input type="checkbox"/> TESL / TEFL                | <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Puppets             | <input type="checkbox"/> Clowning             |
| <input type="checkbox"/> Photography         | <input type="checkbox"/> Foreign Language(s): _____ | <input type="checkbox"/> Electrical | <input type="checkbox"/> Small group studies | <input type="checkbox"/> Drama / Mime         |
| <input type="checkbox"/> Video               | _____   | <input type="checkbox"/> Automotive | <input type="checkbox"/> Public speaking     | <input type="checkbox"/> Instrument(s): _____ |
|  |   | <input type="checkbox"/> Plumbing   |  | _____   |

Reference from former/current ministry. \_\_\_\_\_  
 Name Phone and/or Email

Have you ever personally experienced physical or sexual abuse?  Yes  No

Have you ever been accused or convicted of physical or sexual abuse?  Yes  No

**LEGAL WAIVER**

I understand and agree that in the event allegations of criminal or sexual misconduct with children arise against me during my service, Montavilla Baptist Church (MBC) will cooperate fully with any ensuing investigation and/or prosecution. MBC has the right to announce the facts/results of same publicly if deemed necessary or appropriate by the church leadership.

I am aware that all positions are voluntary, without financial remuneration. I agree to abide by all guidelines for Short-Term Missions presented by MBC. I clearly understand that raising all expenses will be my responsibility. I further agree that MBC has the right to discontinue my ministry at any time at its sole discretion.

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging MBC and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while on this mission trip.

- I give Montavilla Baptist Church the right to use my picture/video, voice and/or testimony in any form of publications.
- OR
- I do not give Montavilla Baptist Church the right to use my picture/video, voice and/or testimony in any form of publications.

**The information I have given is accurate and true to the best of my knowledge. My signature signifies authorization.**

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (mm/dd/yyyy)