

First Presbyterian Church Mission Team for Brazil 2011 Participant's Application

Please print clearly, using black ink. Please return the printed and signed form to the First Presbyterian Church office:

Part I: General Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: () _____

Date of Birth: _____ Age: _____ Passport #: _____

Sex: ___ Blood Type: ___ Marital Status: ___ Occupation: _____

Church/Organization: _____

Pastor/Missions Coordinator: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

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Part II: Personal Information

1) Describe your personal relationship with Christ. _____

2) In what ways are you currently involved in the church? _____

3) Why do you want to participate on this short-term team? Please be specific. _____

4) Do you have any training/background/certification in any medical profession (i.e., doctor, nurse, EMT, WSI, physical therapy, ENT, etc.)? _____

5) Have you ever visited another country? _____ If yes, where? _____

6) What cross-cultural experiences have you had? (ministry/business/background/educational) _____

7) Briefly describe any experience you have had living with people who are not members of your family.

8) Briefly describe any experience you have had working as part of a team.

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Part III: Language Proficiency/Ministry Skills

Please rate yourself: (A = None B = Little C = Well D = Fluently)

<u>Language:</u>	<u>Speak</u>	<u>Read/Write</u>	<u>Understand</u>
Spanish	_____	_____	_____
Other (_____)	_____	_____	_____

Check below some of the ways you could help on this outreach:

- | | |
|--|--|
| <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Prayer Support | <input type="checkbox"/> Medic/Nurse/Dr |
| <input type="checkbox"/> Play Musical Instrument | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Mime Team | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clowning/Skits | _____ |
| <input type="checkbox"/> Sewing Classes | _____ |
| <input type="checkbox"/> Health Classes | |

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Part IV: Medical History

It is important that you are honest and complete with your medical history due to the environment in which you may be working.

1) List all medical problems for which you have received medical care in the past 12 months: _____

2) List any prescription drugs (and their generic names) which you are now taking: _____

3) List any history of major illness or surgery: _____

4) List any known allergies or chronic life-threatening conditions: _____

5) List any known physical limitations and/or disabilities: _____

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First Presbyterian Church Information

Part V: Emergency Information/ Liability Waiver (Must be completed and signed)

IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: () _____ Work Phone: () _____

LIABILITY RELEASE FORM

I, _____, give notice to First Presbyterian Church (FPC) of Tuscaloosa, AL that I would like to participate in the short term mission to

_____ from _____ to _____ (“Activity”) on the terms and conditions described in this agreement:

I also inform FPC that I have freely decided to participate in the Activity. I agree to participate in the Activity at my own risk and realize that participation in the Activity necessarily involves the possibility that I may injure myself. I also understand that the assumption of this risk may affect my legal rights in the event that I am injured in the course of my participation in the Activity.

I also agree that I will not begin a lawsuit or similar action against FPC arising out of my participation in the Activity. If FPC is required to pay money or to provide any other type of reimbursement or compensation to another party as a result of my participation in the Activity, I agree that I will repay FPC the total amount of these costs. In addition, if I incur costs or expenses arising out of my participation in the Activity, I agree that I will not make any claim whatsoever against FPC for reimbursement of these costs and expenses, including any reimbursement for medical costs that I may incur because of an injury that I have sustained in my participation in the Activity.

I also understand that all references to FPC in this agreement shall include all of FPC’s employees, agents, related entities and successors and volunteers on behalf of FPC, and that such employees, entities and corporations are entitled to certain rights under this agreement.

In addition, in the event that I am unable to make medical decisions for myself, I authorize FPC to obtain for me any necessary medical care.

I also acknowledge to FPC that I have relied on my own judgement and knowledge in signing this agreement and that I have freely entered into this agreement without being forced in any manner whatsoever.

I HAVE READ ALL OF THIS AGREEMENT CAREFULLY. I UNDERSTAND THAT THIS AGREEMENT IS A BINDING, LEGAL DOCUMENT AND AFFECTS MY LEGAL RIGHTS CONCERNING ANY INJURIES THAT I MAY SUSTAIN WHILE PARTICIPATING IN THE ACTIVITY.

(Print Name)

(Signature)

(Date)