



**GLORIFY
GROW
GO**

MISSION TRIP APPLICATION

McAllen Mission Trip ~ July 2021

YOUR NAME:

Mission Trip REGISTRATION requires two steps:

1. This completed application
2. A \$50 reservation deposit payable to MBC by May 21st

Return this application to Amy Castello

(can be scanned and emailed to amy_castello@meadowbrookbc.org)

PAYMENT SCHEDULE:

Deposit of \$50 due on May 21st

Final balance (\$150) due by July 1st

(If writing check put in memo: McAllen Mission Trip)

OFFICE USE ONLY:

- Online Reservation Deposit
- Personal Information/Application
- Copy of Driver's License
- Copy of Insurance Card
- Medical Consent
- Testimony/Story, Volunteer Agreement and Release
- Travel Authorization for Minors (separate pdf document)
- Ministry Safe / Background Check

Personal Information

Name _____ Date of Birth _____

Address _____

Email _____ Cell Phone _____ T-shirt size _____

Occupation _____

Cell Phone _____ Email _____

Marital Status: Single Married Spouse Name _____

Emergency Contact Name _____ Cell Phone _____

Emergency Contact Relationship _____

Health Information

Physician Name _____ Phone _____

Insurance Company _____

Name of Insured: _____ Group/Policy/ID#: _____

Insurance Company Phone(s) _____ Fax _____

Year of Last Tetanus Shot _____ Blood Type _____

Medications Currently Taken and Reason:

Any Special Health or Diet Needs or Concerns:

PLEASE PROVIDE A COPY OF YOUR CURRENT INSURANCE CARD

SHARE YOUR STORY

Describe how and when you trusted in Christ as your Lord and Savior.

Why do you want to be on this specific mission team?

Briefly explain what you hope to see the Lord do in and through you on this mission trip.

MEDICAL CONSENT FOR ADULT

TO WHOM IT MAY CONCERN,

I, _____, age _____, born _____, residing at _____ make oath and say that I am of majority age.

Meadowbrook Baptist Church and its Representatives (MBC), 1207 North Old Robinson Road, Robinson, TX, in the event that I am incapacitated and cannot elect appropriate medical care on my own, has my consent to administer any treatment (including but not limited to: x-ray, examination, anesthetic, medical, surgical or dental diagnosis and any hospital care) that are considered necessary in the best judgment of the attending medical or emergency personnel. This consent is given prior to any such medical treatment but is given to provide authority and power on the part of MBC and its representatives in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

If the injury or illness is life threatening or in need of emergency treatment, I authorize MBC to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

This consent is valid for the duration of each selected MBC sponsored mission trip in which I participate in this calendar year of 20____.

Our contact info: Cell phone(s): _____

Signed this _____ day of _____, 20_____

Signature _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

Notary Public
State of Texas

PROVIDE COPY OF DRIVERS LICENSE

MEDICAL CONSENT/RELEASE FOR MINOR

TO WHOM IT MAY CONCERN,

I/We, _____ and _____ make oath and say that I/we are the lawful Guardians of _____ (Male, Female), age _____, born _____.

Meadowbrook Baptist Church and its Representatives (MBC), 1207 North Old Robinson Road, Robinson, TX, has my consent to administer any treatment (including but not limited to: x-ray, examination, anesthetic, medical, surgical or dental diagnosis and any hospital care) that are considered necessary in the best judgment of the attending medical or emergency personnel. This consent is given prior to any such medical treatment but is given to provide authority and power on the part of MBC and its representatives in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

If the injury or illness is life threatening or in need of emergency treatment, I authorize MBC to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

This consent is valid for the duration of each selected Meadowbrook sponsored mission trip in which the above-named minor (my child) participates for the calendar year of 20_____.

Our contact info: Cell phone(s): _____

Signed this _____ day of _____, 20_____

Signature _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

Notary Public
State of Texas

PROVIDE COPY OF PHOTE ID (Drivers License, School ID, etc.)