



Short-Term Trips Application

We are excited to know that you are interested in serving Jesus Christ through a short-term mission trip! To be considered for one of First Irving's short-term trips, you are required to fill out an application for the trip in which you wish to participate. Please write clearly and answer all questions as applicable. Attach separate pages if needed.

We are all called as believers in Christ to "GO", and it is our joy and privilege to take the name of Jesus Christ to the ends of the earth. It is also an immense responsibility to be an ambassador for His name and a representative of First Baptist Irving. Therefore, we require that you affirm all statements within the Commitment section in order to be able to accompany us on any short-term trip.

Today's Date _____

YOUR WALK WITH THE LORD

How long have you attended First Irving? _____ Are you a member Yes No
In what ways are you active at First Irving? _____

How long have you been a Christian? _____

How did you come to know Jesus Christ as your Lord and Savior? _____

Ministry Service: Give a brief description of your most recent ministry experience.

Ministry	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you describe your current walk with the Lord? _____

What has God been teaching you recently? _____

Why do you want to go on this short-term mission trip? _____

MEDICAL AND INSURANCE INFORMATION

Important medical history for treating physician: _____

Medication currently being taken: _____

Allergies: _____

If this is an international trip, what is your blood type? _____

Please explain any medical challenges that could be an issue overseas? _____

Medical Insurance

Company: _____ Phone number of insurance co. _____

Policy Number: _____ Name of policy holder: _____

Expiration Date: _____

Authorization for Medical Care of Adult

I, _____ (*Full name*), born _____, do hereby authorize any necessary examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital facility that may be deemed necessary should I experience any illness or accident while traveling with the short-term mission team from First Baptist Church of Irving, Texas, USA. This release is effective from the departure date to the return date for this mission trip. (See front page)

Signature

Date

Authorization for Medical Care of Child (under 18 years of age)

Name of child (under the age of 18)

Birth date

The above named child has my permission to attend and participate in this (see front page) short-term mission trip. In case of a medical emergency, I give my permission to the medical providers selected by the team leader or their appointed person, to provide necessary medical examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital facility that may be deemed necessary should my child experience any illness or accident while traveling with the short-term mission team from First Baptist Church of Irving, Texas, USA in case I cannot be reached. This release is effective from the departure date to the return date for this mission trip. (See front page)

Signature of Parent or Guardian

Date