### **Date of application:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family auto insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that BIC U.S. does not provide auto insurance)

Policy or Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family medical/hospital insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that BIC U.S. does not provide medical insurance)

Policy or Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your son/daughter currently under a physician’s care for a medical condition?\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since his/her last health exam, has your son/daughter had a serious injury requiring medical attention?\*\_\_\_\_

Is your child currently taking any medication?\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your child’s last Tetanus shot -date received\_\_\_\_\_

List all known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent medical information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you answered “yes” to any of the above questions, please explain, including dates, on back of page.

*BIC U.S. provides opportunities to all applicants for short-term missionary service without regard to race, disability, color, creed, sex, age, national origin, ancestry, citizenship, or veteran status in accordance with applicable federal, state, and local laws. BIC U.S. complies with applicable state and local laws governing nondiscrimination in employment in every location in which BIC U.S. has facilities.*

*As a Christian Church, BIC U.S. decisions regarding short-term missionary service opportunities are guided by biblical principles of the historic Christian faith. These decisions will be consistent with the Brethren in Christ U.S. Articles of Faith and Doctrine.*

*BIC U.S. expressly prohibits any form of harassment based on race, disability, color, creed, sex, age, national origin, ancestry, citizenship, or veteran status. Improper interference with the ability of BIC U.S. short-term missionaries to perform their expected job duties is absolutely not tolerated.*

pERSONAL INFORMATION

First name: Last name: Middle name:

Sex: [ ] Male [ ] Female

I certify that I am at least the minimum age requirement of age 18: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital status: [ ] Single [ ] Engaged [ ] Married [ ] Widowed [ ] Separated [ ] Divorced [ ] Remarried

Emergency contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

present Address (Effective until: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_)

Street/Box:

City: State/Province: Zip/Postal code: Country:

Permanent Address

Street/Box:

City: State/Province: Zip/Postal code: Country:

Phone: ( ) Email:

Cell Phone: ( ) Facebook account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Information

Number: [ ] U.S. [ ] Canada

Issue date and place: Expiration date:

church Information

Home church: Number of years attended:

Pastor: Denomination: Conference:

Address:

Phone: ( ) Email:

Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| educational experience (List all schools attended, starting with the most recent.) |
| Institution | city, state/province | years attendedFrom to | degree received | field of studyMajor minor |
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Academic standing (average grade or class rank): High school:­­­\_\_\_\_\_\_ College:­­­­\_\_\_\_\_\_ Graduate school:

Additional training, scholarships, honors, awards, or certificates:

Language(s) studied and number of years:

List any other experiences you have with foreign languages:

Cross-Cultural experience (Briefly describe any previous cross-cultural exposure you have had, as well as any previous evangelism and/or missions experience.)

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WORK EXPERIENCE (Briefly describe any practical and creative skills developed from previous work and service experiences.)

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Briefly answer the following on a separate sheet of paper and attach to this application:

* Describe significant factors and people in your development as a Christian.
* What are your strengths and weaknesses?
* Why do you want to participate in this Learning Trip?

Signature below will indicate the following:

* All the information I have provided in this application is true to the best of my knowledge.
* I recognize that there are risks involved in participating in this learning/short-term mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither BIC U.S. nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this trip and hereby release BIC U.S., its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the learning/mission trip. To the fullest extent permitted by law, I agree to save and hold harmless BIC U.S., its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.
* I authorize BIC U.S. through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.
* I understand and acknowledge that BIC U.S. does not provide health or medical insurance in connection with the learning/mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.
* I understand while on site I am acting as a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [congregation/mission], and I agree to conduct myself in a manner consistent with the BIC U.S. doctrine and practice.
* Should my actions warrant, the leader of the Learning Trip, after appropriate consultation with World Missions or BIC U.S. administrators, has authority to arrange for my immediate return home. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenditures.

Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent/guardian of the Learning Trip applicant, have read and accept the terms of liability as explained above. I further agree to indemnify BIC U.S. and hold BIC U.S. harmless for any injury or illness that my child might suffer as the result of his or her participation in any BIC U.S. activity. I assume full responsibility for the payment of any costs/damages incurred by my child, including, but not limited to medical costs and legal cost as a result of injury or illness sustained as the result of his or her participation in any BIC U.S. activity. (required if applicant is under 21 years of age).

Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit completed application to Vicky Landis at** **vlandis@bicus.org**