



# BMDMI Mission Service Application

NAME **EXACTLY AS IT APPEARS ON PASSPORT** \_\_\_\_\_

Name I go by \_\_\_\_\_ Maiden Name \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Passport # \_\_\_\_\_ Issuing Country \_\_\_\_\_ Passport Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Sex: M F Age: \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Captain's Name \_\_\_\_\_ Team travel dates \_\_\_\_\_

Have you been on a BMDMI Mission trip before? \_\_\_\_\_ Year & Captain of most recent trip? \_\_\_\_\_

Marital Status: S M D W Name of Spouse \_\_\_\_\_ Your Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Professional Titles you have (e.g. MD, DDS, RPh, Rev, RN, LPN) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Church where you are a member: \_\_\_\_\_ Church Phone : \_\_\_\_\_

Church Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*If this is your FIRST BMDMI mission trip, please list two references we may contact (names & contact info):*

\_\_\_\_\_  
\_\_\_\_\_

*Because the primary goal of each BMDMI team is to present the Gospel of Jesus Christ to the people of Central America, it is important that our team members have a personal relationship with Jesus. As a Christian, you profess that you came to a time in your life when you realized that you were a sinner; that you could not save yourself; you believe that Jesus Christ is the one and only Son of God; that He died for your sins; and you repented of your sins and called upon Christ to save you. In light of this statement, please check one of the following:*

\_\_\_\_ I agree with the previous statement and have accepted Christ as my Personal Savior.

\_\_\_\_ I have not yet accepted Christ as my Personal Savior but ask you to consider allowing me to join the team.

**Team Member Covenant:** As a team member, I am:

- ✓ Willing to follow the doctrinal beliefs of BMDMI
- ✓ Willing to abide by the BMDMI dress code as specifically detailed in the "One Week" brochure or online at <http://bmdmi.org/resources.php>
- ✓ Willing to refrain from use of tobacco products, alcohol or profanity while on the mission trip
- ✓ Willing to refrain from pairing off between members of the opposite sex during the mission trip
- ✓ Willing to perform any task assigned to me

The information I have supplied in this application is true, and I have carefully read, understood and agree to abide by all the covenant requirements listed above (including dress code requirements).

**\*\*\*Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ *Revised 10/15*

NOTE: BMDMI will arrange for the early return (at the team member's expense) to the United States of any team member that does not adhere to each of these guidelines. BMDMI reserves the right to decline any application for team membership for any reason, including (but not limited to) theological differences or personal behavior deemed incompatible with its ministry and/or testimony.

**LEGAL RELEASE OF CLAIMS AND ACKNOWLEDGEMENT  
OF RISKS ASSOCIATED WITH MISSION TRIP**

**NOTICE: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS**

- **PLEASE READ EACH PARAGRAPH CAREFULLY AND INITIAL TO INDICATE THAT YOU UNDERSTAND WHAT YOU HAVE AGREED TO.**

I, the undersigned, understand I will be traveling to a foreign country or countries and participating in various mission activities which are sponsored or facilitated, in whole or in part, by **BAPTIST MEDICAL & DENTAL MISSION INTERNATIONAL, INC. ("BMDMI")**, a non-profit corporation.

Initials \_\_\_\_\_

In consideration of my participation in said mission activities and as the recipient of benefits flowing from BMDMI as a sponsor and facilitator, and of other good and valuable consideration, I do hereby release, discharge, and agree to hold harmless BMDMI, its directors, officers, members, administrators, employees, and/or other individuals associated with BMDMI from any and all liability, claims, demands or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which I may sustain as a result of participation in any of said mission travel, recreation or other trip activities. This release covers activities in any country. It covers activities involving travel: (1) to and from those countries; (2) to and from mission activity sites; (3) to and from various locales visited during the mission trip by any mode of transportation.

Initials \_\_\_\_\_

I further agree that I will not institute any action or suit at law, or in equity, against BMDMI, its directors, officers, members, administrators, employees, and/or other individuals associated with BMDMI, and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, resulting from my participation in mission activities sponsored or facilitated by BMDMI.

Initials \_\_\_\_\_

I understand and acknowledge that travel to, from, and within foreign countries involves unique hazards and risks not usually encountered when traveling within the United States. I understand that these unique risks and hazards may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or disease. I understand and acknowledge that I may be exposed to native food and drink that could increase the risk of a medical situation due to allergies or other pre-existing conditions.

Initials \_\_\_\_\_

I am not aware of any medical conditions that may heighten risks I encounter while participating in and/or traveling to mission activities on the mission trip. If I do suffer from such conditions, I have informed my Team Captain *and* BMDMI of these conditions. Furthermore, I have discussed any such conditions with my physician, as they relate to and/or impact my service during this trip

Initials \_\_\_\_\_

I authorize BMDMI and any of its employees to use or disclose the medical information I have provided to BMDMI to any medical professional, medical institution, or BMDMI team member as BMDMI deems necessary in case of an emergency.

Initials \_\_\_\_\_

I authorize BMDMI or any individual associated with BMDMI to use or disclose the emergency contact information I have provided to BMDMI to any medical, government, or other personnel as BMDMI deems necessary in case of an emergency.

Initials \_\_\_\_\_

I acknowledge that my medical insurance is my primary coverage, and it is my responsibility to ensure that said insurance will cover possible medical needs, including pre-existing conditions, during my trip. This includes, but is not limited to medical treatment in a foreign country, medical treatment in a foreign health care facility, medical evacuation, and follow up or additional treatment upon my return to the United States. I understand and acknowledge that should a medical emergency arise during my trip, access to and treatment at a medical facility may be limited, and treatment I may receive may not be provided at levels found within the United States. Initials \_\_\_\_\_

I understand and acknowledge that the nature of a medical mission trip to a foreign country may expose me to health conditions and/or illness or disease that may impact my health or cause harm while on the trip or after my return, and it is my responsibility to take necessary precautions such as vaccination, medication, or other preventative measures.

Initials \_\_\_\_\_

I understand and acknowledge that during travel to and from the trip, and while participating in activities on the field, I may experience stressful, difficult, and/or hazardous situations that could necessitate that I take additional precautions related to any pre-existing medical condition I may have.

Initials \_\_\_\_\_

I have taken the necessary steps to ensure that I can travel to and from the destination without legal restraint.

Initials \_\_\_\_\_

I have taken the necessary steps to ensure that any required professional documents or other certifications that are required for me to perform licensed or regulated activities in the medical, dental or other related professional fields have been provided to BMDMI. I understand and agree that my service as a medical or dental professional may be regulated by government agencies in foreign countries. I agree to follow the requirements and guidelines set forth by BMDMI while serving on the mission field in a professional capacity to adhere to said regulations.

Initials \_\_\_\_\_

I understand and have been informed of the risks and hazards involved in participation and service on a foreign mission trip, and I willing to accept those risks.

Initials \_\_\_\_\_

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY **BAPTIST MEDICAL & DENTAL MISSION INTERNATIONAL, INC.**, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER INDIVIDUALS ASSOCIATED WITH BMDMI FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER. I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Name *[please print]*: \_\_\_\_\_

Signature: \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Minor Release Form**

**IF YOU ARE UNDER 18 YEARS OLD**, you are considered a minor under the laws of the State of Mississippi, where BMDMI is based, and this release must be signed by BOTH PARENTS and/or GUARDIANS (and SPOUSE if you are married), notarized, and submitted with your Legal Release of Claims and Acknowledgement of Risks Associated with Trip Form. *(If you are an emancipated minor, please contact our office for additional release forms and requirements.)*

Name of Minor *[please print]*: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s) *[please print]*:  
\_\_\_\_\_

I/we agree that I/we have also read and understand the Legal Release of Claims and Acknowledgement of Risks Associated with Trip Form and agree to allow my/our minor to participate on the BMDMI mission trip.

\_\_\_\_\_  
Signature of Minor’s Parent (or Guardian) #1

\_\_\_\_\_  
Signature of Minor’s Parent (or Guardian) #2

Name of the Minor’s Spouse, if the Minor is Married: *[please print]*  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the Minor’s Spouse if the Minor is Married:

**IF ONLY ONE PARENT IS SIGNING ABOVE, PLEASE CHECK THE FOLLOWING BOX THAT APPLIES:**

- I verify that the other parent/legal guardian is deceased.
- I verify that I have been granted *sole legal custody* of the minor listed above.

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



# Medical History and Emergency Treatment Release Form

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ If pregnant, stage of pregnancy \_\_\_\_\_

Blood Type \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Drug Allergies \_\_\_\_\_

\_\_\_\_\_

**Pertinent Medical History:**

**Current Health Problems:**

**List of Current Medications (Name & Dosage):**

**Your Physician:**

Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Phone \_\_\_\_\_

I authorize the personnel of Baptist Medical & Dental Mission International and/or the physicians on our team to obtain and administer emergency medical treatment for me should I become ill or incapacitated while on this BMDMI-sponsored mission trip. I also authorize the personnel of Baptist Medical & Dental Mission International and/or the physicians on our team to obtain and administer emergency medical treatment for any child of mine on this trip should I become incapacitated or am unable to be contacted.

\_\_\_\_\_  
**Signature of Team Member**

\_\_\_\_\_  
**Date**

(If team member is a minor, the parent/guardian may sign for him/her, putting in parenthesis your relationship to the minor immediately following the Signature)