



## Mission Trip Adult Application

(to be completed by participants 18 years and over)

*Note –*

- 1. If you completed an Adult Mission Application last year, you do not need to complete the Background Check Release form, the Personal Interview Form, or the Reference forms.*
- 2. If you completed a Mission Application last year as a minor (under 18 years) but will turn 18 years old prior to this year's trip, you will need to complete all forms, including the Background Check Release form, the Personal Interview form, and have 3 people complete a Reference form and return it to Mark Hathcox.*

\*LBC will provide travel insurance for all participants through Gallagher Insurance Company. \*

*Check with the Missions office when turning in this application to determine what deposit is required.*

*I understand Lexington Baptist Church reserves the right to accept, decline or retain any person as a member of the mission trip at any time.*

- Signature Required: \_\_\_\_\_

*Fundraising – Because the majority of this trip is funded by gifts from the members of Lexington Baptist Church through our Global Missions offering, it is the Church policy that individual fundraising not be directed to Lexington Baptist members or within Lexington Baptist Church.*

- Signature Required: \_\_\_\_\_

## Personal Information:

Date: \_\_\_\_\_

Name as on Driver's License: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

☐ Male ☐ Female

Person to be named as beneficiary on travel insurance: \_\_\_\_\_

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Engaged ☐ Widowed

Spouse's Name: \_\_\_\_\_

Names and ages of children:

_____	_____
_____	_____
_____	_____

***You must provide a copy of your driver's license (for National trips) or passport photo page (for International trips).***

## Project Description:

Location of Mission Project: \_\_\_\_\_ Dates: \_\_\_\_\_

Please describe your understanding of the ministry you will have on the field:

List any foreign languages you speak and describe your proficiency in each language:

Please describe any additional gifts, skills, talents, or experiences that you believe will be helpful on this mission project:

## Ministry Involvement:

Church Membership: ☐ Lexington Baptist ☐ Other \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

## Personal Testimony:

Please provide a brief description of your personal testimony, including your salvation experience and your current relationship with God:

Please provide a brief description of why you believe God has led you to participate in this project and what you hope to accomplish:

## Medical Information:

Please describe your current health: \_\_\_\_\_

Please describe any major illnesses or emergencies you have had in the last five years:

\_\_\_\_\_

Are you presently under the care of a physician? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Please describe any allergies you have: \_\_\_\_\_

\_\_\_\_\_

## Emergency Information:

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Personal Insurance Information:

Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Assumption-of-Risk Form for Short-Term Adult Missions Participants**

Note: This form is for use by adult members who participate on short-term mission trips both National and International. Because the church may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising foreign activities, we ask members who participate on such trips to assume all risks associated with them as a condition of their participation. All reasonable precautions have been taken and no problems are expected. Nevertheless, individuals, rather than the church, are asked to assume their own risk for the trip. LBC will obtain travel insurance that covers national/international travel and includes emergency evacuation.

I, \_\_\_\_\_ (name of participant), in consideration of my acceptance as a short-term participant on a mission trip sponsored by Lexington Baptist Church, 308 East Main Street, Lexington, SC to \_\_\_\_\_ (destination of trip), represent and agree that:

1. I am going as a volunteer worker and not an employee of my church.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and only with respect to my church and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, or illness that I may suffer as a result of participation in the mission project. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties and have disclosed all medical conditions and medications to my team leader.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me, enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that my church may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation in the trip and that if I desire additional insurance coverage, I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free act. This is a legal document, and I understand that I have the opportunity to consult with an attorney before signing it.

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Important: Please have two (2) witnesses observe your signature and have them sign below. They must be at least 18 and should not be relatives.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

This assumption of risk by the individual does not affect insurance coverage available to the participant from any other source. Also, note that no other institution or individual is released in this form.

## **Participation Agreement**

I agree to release, discharge, and hold harmless Lexington Baptist Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described activity or event. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify Lexington Baptist Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances. I have fully disclosed all medical conditions and medications within this application and agree not to jeopardize the work of this team or their safety in proceeding with this trip if advised against by my physician or team leader.

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**Signature of Participant or Legal Guardian**

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**Date**

## **CRIMINAL BACKGROUND CHECK RELEASE AUTHORIZATION**

1. In connection with my application for placement of volunteer service, I understand that an investigative report will be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy and consistent with the trip and responsibilities, you may be requesting information from public and private sources about my criminal record, driving record, education, and previous employment.
2. The fact that applicants have a criminal record will not be an automatic bar to participation as a volunteer. Factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed and subsequent rehabilitation will be taken into account.
3. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described in the attached request.
5. Furthermore, I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Lexington Baptist and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to volunteer.

### **PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please print your full name: \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please print other last names you have used: \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security#

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

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Name as it appears on license

\_\_\_\_\_  
State issuing license

\_\_\_\_\_  
Email Address

**CONFIDENTIAL**

Personal Interview Questions  
To be completed by applicant

Name: \_\_\_\_\_

(1) Bearing in mind that your proposed service may involve access to minor children, is there anything in your personal history or experience that indicates that you have any problem whatsoever involving sexual attraction to children or any related tendencies that could pose a risk of harm to any children you may encounter during your service?

(2) Have you ever been the subject of a complaint of child abuse or any other type of mistreatment of children?  
If yes, please explain briefly.

(3) Has anyone ever complained to you, the organization you were serving with, or to the government concerning your care of children?  
If yes, please explain.

(4) Certain types of behavior may reflect negatively on your fitness to serve in this ministry. Have you ever been charged with or convicted of any crime or misdemeanor involving (1) a minor child, (2) stalking or harassment, (3) sex or lewd behavior (e.g., rape, sexual assault, prostitution, public indecency) or (4) violence against another person?  
If yes, please explain briefly.

(5) Have you engaged in any illegal drug use within the past 10 years?



***CONFIDENTIAL***  
RECORD OF CONTACT WITH A REFERENCE  
IDENTIFIED BY MISSION TEAM APPLICANT  
Each adult needs 3 completed references

\_\_\_\_\_ has applied to be a part of a mission team and has given your name as a reference. Since all applications are held in strict confidence, we would appreciate your open and forthright comments as you answer each question. The application process is extremely important to the individual and to us as the sending church. To send someone overseas who could pose a danger to children or otherwise cause harm to our witness would severely undermine our desire to advance the Gospel. Thank you for your cooperation. PLEASE DO NOT RETURN THIS TO THE APPLICANT. Return it to Mark Hathcox, Missions Minister, LBC or by email to [mhathcox@lexingtonbaptist.org](mailto:mhathcox@lexingtonbaptist.org).

1. How long have you known the applicant, and in what capacity?
2. How would you describe the applicant's character?
3. Has the applicant ever given you any reason to doubt his/her character?
4. What spiritual strengths does the applicant possess?
5. What are the applicant's spiritual weaknesses?
6. Would you have any concerns about the applicant working with children or young people? If yes, please explain.
7. How would you rate the applicant's ability to use good judgment in stressful situations with children?

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to:  
Lexington Baptist Church  
Attn.: Mark Hathcox  
308 E. Main St.  
Lexington, SC 29072  
OR [mhathcox@lexingtonbaptist.org](mailto:mhathcox@lexingtonbaptist.org)

***CONFIDENTIAL***

RECORD OF CONTACT WITH A REFERENCE  
IDENTIFIED BY MISSION TEAM APPLICANT

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Date \_\_\_\_\_

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Financial and Information  
Systems Management  
Guide

**Lexington Baptist Church**

308 East Main Street ♦ Lexington, South Carolina 29072

Mission Trip Donor Form

Effective January 2019

As part of Lexington Baptist Church's mission ministry, we have regularly scheduled Mission trips, both domestic and International. These trips are part of our church's strategy to follow Jesus' commandments in Matthew 28:19-20.

The IRS guidelines regarding the ability to treat contributions for mission trips as tax-deductible contributions are complex. **The church does not provide any tax counsel or guidance to a donor, nor does it assume any responsibility other than that required by law.** In general, the only time a contribution can be considered a tax-deductible contribution for Mission trips are:

- ♦ When the donor understands that the financial gift is an irrevocable transfer. I.e., the church cannot refund the financial gift without serious legal risks to both the Church and the individual.
- ♦ The church at all times maintains administrative control of the trip and the expenditures related to the trip
- ♦ The Mission trip is consistent with Lexington Baptist Church's evangelistic mission and the trip is not for recreational purposes.

Any contribution toward a Lexington Baptist Church's sponsored Mission trip must be accompanied by this form. Please read the following options carefully and check the one that applies to your contribution:

☐ **Option 1.** I wish for the attached contribution to be treated as a tax-deductible contribution. I understand by doing so, I release full control of the contribution to Lexington Baptist Church. I understand the church retains full administrative control over the mission trip and that the trip is intended to further Lexington Baptist Church's evangelistic mission. I further understand that the church retains the right to refuse to refund any money contributed toward the mission trip.

Funds are requested to cover the expenses of: \_\_\_\_\_

Name of Mission Trip: \_\_\_\_\_

Date of Mission Trip: \_\_\_\_\_

☐ **Option 2.** I wish for the attached financial payment to be used to cover the expenses of the person listed below for the purpose stated herein. In order for this payment to be designated for the explicit use of the stated individual as well as to be refundable in the event that the individual listed is unable to participate, I hereby waive any consideration of this payment as a tax-deductible gift.

Funds are to cover the expenses of: \_\_\_\_\_

Name of Mission Trip: \_\_\_\_\_

Date of Mission Trip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_