

# Mission Trip Application (under 18)

Read and fill this form together with one of your parents (guardian).

Thank you for your interest in Ridgedale Baptist Church mission trips. The Mission Ministry at RBC exists to help people encounter Christ through church-based community ministries, local missions and international mission trips. We desire to glorify God and share His love by engaging with people, home or abroad.

Please submit this application and a \$70 non-refundable deposit. This application will only be examined for approval after the deposit has been submitted. An application is also available for download at [ridgedalebaptist.org/ministry/missions-and-community-outreach/](http://ridgedalebaptist.org/ministry/missions-and-community-outreach/)

For accuracy of allocated funds please turn in your trip deposit check to the financial secretary. Please do not place deposit checks into the general offering. If you turn in your deposit check yet are unable to go on a mission trip, you may transfer the money to another RBC event in that same calendar year, otherwise the money will go directly into the Missions funds.

If paying online, please go to [www.ridgedalebaptist.org/give/](http://www.ridgedalebaptist.org/give/). On this page, you will find a link that will direct you to our online giving website. Once you are on this site you can make your deposit under the "Events" section in the "Connect" field.

\_\_\_\_\_ Please check this box if you have submitted your deposit online.

\_\_\_\_\_ Initials that I have read and agree to the above information.

## Mission Trip Information

I am applying to participate in the following mission trip:

Location \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  M  F  
(First) (Middle) (Last)

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## For parents (guardian):

Either in the space provided below or on a separate sheet of paper, please express any fears, concerns or reservations you may have about your child participating on this trip, about Ridgedale Baptist Church, or about the sponsoring organization on this trip.

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

No Concerns  Concerns: \_\_\_\_\_

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

**Church Information**

In what Sunday School/Home Group and/or ministries of RBC are you involved, if any?

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Please have your pastor fill out the next 2 lines:

I believe \_\_\_\_\_ (applicant's name) would be a good asset to this mission trip.

Pastor Name \_\_\_\_\_ Signature \_\_\_\_\_

**For non-RBC members:**

\*Applicants who are not members of RBC are welcome to apply; however, members receive priority in filling trip spots.

\*Required items to be approved to attend a Ridgedale Baptist Church mission trip

What church are you a member of? \_\_\_\_\_  Not a member anywhere

Do you attend your home church regularly?  Yes  No

If not a member anywhere, where are you regularly attending? \_\_\_\_\_

\*List present ministry involvement: \_\_\_\_\_

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\*Pastoral reference & phone number: \_\_\_\_\_

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**Medical Information:**

Informal Consent: Your private information will need to be shared with RBC in processing your request.

**Health information:**

Present state of health:       EXCELLENT     GOOD     AVERAGE     POOR

Are you presently under the care of a physician?     Yes  No    If **YES**, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you under any medical restrictions?     Yes  No    If **YES**, please explain:

\_\_\_\_\_

\_\_\_\_\_

List all medications prescribed for you that you are taking: \_\_\_\_\_

\_\_\_\_\_

Are you physically capable of walking 10 miles per day for more than a week?  Yes  No  
*(This is required for primarily International Mission trips due to them being very challenging both spiritually and physically)*

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Medical insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Beneficiary in case of death: \_\_\_\_\_

Relationship to beneficiary: \_\_\_\_\_

