



PALM VALLEY C H U R C H

Mission Trip Location _____

Leader _____

Mission Trip Application & Screening Release

Personal Information (Please Print Legibly)

Legal Name (First, MI, Last): _____ Date of Birth _____ Gender _____
(As printed in Passport)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security Number: (for background check) _____

Do you have a Passport? Yes No

Passport Number / Country Issued / Exp. Date _____

Employer: _____ Title: _____

Student: Yes No School: _____

I am a Christian: Yes No Not Sure

I attend Palm Valley Church: Yes No Start Date: _____

Take a moment to answer the following questions:

1. I consider myself:

task - oriented people - oriented a combination of both

2. I would feel most comfortable:

leading a group working as a member of a team working alone

3. I find meeting new people and engaging them in conversation:

very easy somewhat easy somewhat challenging very difficult

4. Have you ever taken part in a mission trip? Yes No

If so, where and when? _____

With what church or organization? _____

Church/ organization phone number: _____

5. What language(s) do you speak? _____

6. Briefly describe why you want to go on this trip:

Verification and Release

Have you ever participated in, been accused, convicted, pleaded guilty or no contest to abuse or any sexual misconduct.

Yes No

Have you ever been convicted of or pleaded guilty or no contest to any criminal offense of any kind?

Yes No

Are you aware of any traits or tendencies that you possess that could pose any threat to children or youth?

Yes No

I authorize Palm Valley Church to conduct a background inquiry that may include criminal records, public records and personal references.

Yes No Please Initial: _____

I recognize that Palm Valley Church is relying on the accuracy of the information I provide on this application. I attest and affirm that the information I have provided is absolutely true and correct.

Please Initial: _____

I authorize Palm Valley Church to contact any person or entity listed on this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

Please Initial: _____

I voluntarily release Palm Valley Church and any such person or entity listed on this application from liability involving the communication of information relating to my background or qualifications.

Please Initial: _____

I acknowledge that I am volunteering my time and efforts in service for Christ through the ministries of Palm Valley Church, and that I will receive no monetary compensation or insurance benefits for my time or services performed.

Please initial: _____

I acknowledge and accept the risk of physical injury that could occur from my participation in a mission trip. Except for gross negligence on the part of Palm Valley Church, I accept personal financial responsibility for any bodily or personal injury sustained. Further, I release and agree to indemnify and hold harmless Palm Valley Church, and its officers, directors and representatives from any liability, injury, damage, loss, accidents, delay or irregularity related to being a volunteer for Palm Valley Church.

Please Initial: _____

I acknowledge that I may be photographed, videotaped, or otherwise recorded, whether on film or sound during my mission trip for Palm Valley Church. I assign to Palm Valley Church the rights to any photos, videotapes, images, and/or sound recordings made of me by or for Palm Valley Church.

Please Initial: _____

If accepted to participate in this mission trip, I agree to conduct myself in accordance to the Gospel and follow all instructions of the trip leader.

Please Initial: _____

Signature: _____ Date: _____

For Palm Valley Church Staff Use Only (attach follow-up documentation if applicable):

Background Check Completed	Date _____	Circle One: Satisfactory	Follow-up Required
Approval	Date _____	Circle One: Satisfactory	Follow-up Required
Deposit Paid	Date _____	Amount _____	Method _____