

Mission Trip Location

Leader

Mission Trip Application

| Personal Information (Please Print Legibly) | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|--|--|
| Legal Name (First, MI, Last):(As printed in Passport) Current Street Address: | | | | | | | |
| City: | | | | | | | |
| Home Phone: | Cell Phone: | | | | | | |
| Email: | | | | | | | |
| | | | | | | | |
| 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: | | | | | | | |
| 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: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Have you ever participated in, been accused, convicted, pleaded guilty or no contest to abuse or any sexual misconduct. | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|----------------|------------------------|-----------|--------------------|
| Have you ever been ☐Yes | convicted of o | r pleaded guilty or n | no contest to | any criminal offense | of any ki | ind? |
| Are you aware of any | y traits or tende No | ncies that you posse | ess that could | d pose any threat to c | :hildren | or youth? |
| | | | | | | |
| I recognize that Palm I attest and affirm the Please Initial: | at the information | | | | on this | application. |
| I authorize Palm Valle any such person or e background or qualit Please Initial: | ntity to provide fications. | | | | | |
| 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 Church, and that I wi Please initial: | II receive no mo | | | | | |
| 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 Chur | en sidii use On | lly (altach follow- up | aocumento | mon ii applicable): | | |
| Background Check | Completed | Date | | Circle One: Satisfac | tory I | Follow-up Required |
| Approval | | Date | | Circle One: Satisfac | tory | Follow-up Required |
| Deposit Paid | | Date | Amou | nt | Method | d |

Verification and Release



Background Check Document

*DISCLOSURE REGARDING BACKGROUND CHECKS

PALM VALLEY CHURCH may obtain information about you from a third party background check reporting agency for travel, volunteering, or employment purposes. Thus, you may be the subject of a background check report which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (driving records), or other background checks.

You have the right upon written request made within a reasonable time, to request whether a background check has been run about you and to request a copy of your report. These searches will be conducted by "Verified First" 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com.

*ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I have read and understood this disclosure regarding background checks. I hereby authorize PALM VALLEY CHURCH to obtain background check reports now and throughout the course of my travel, volunteering, or employment with the church to the extent permitted by law. I agree that a facsimile (fax), electronic, or photographic copy of this authorization shall be as valid as the original.

| Applicant Signature: | | | | | |
|----------------------------------|------------------|----------------------------------------------------|---------|----------------------------------|--|
| Date: | | | | | |
| PLEASE COMPLETE ALL I | FIELDS BELOV | N | | | |
| Last Name | | First Name | Middle | Name check box if no middle name | |
| Social Security Number* ###-#### | | Date of Birth* month/day/year | Email A | Email Address required | |
| Driver's License Number | Issuing State* | Former Names / Aliases separate aliases with comma | | | |
| | | | | | |
| Street | | Apt/Unit | | | |
| City | State / Zip Code | | | Phone Number | |
| | | | | | |

^{*}This information will be used for background screening purposes only and will not be used as hiring criteria Revised 09.25.2019