Team Member Form

Name:_____ Gender: M / F Date of Birth: _____

Address: _____ City: _____

State: _____ Zip:_____ E-mail: _____

Home #: _____Work #: _____ Cell #: _____

Are you a member of Calvary? Yes ☐No ☐ If no, what church do you attend? Do you attend a BF group at Calvary? Yes ☐No ☐ If yes, which one?

What other ministries are you involved in at Calvary? _____

_____

_____

_____

Which local/global ministries are you interested in? _____

Background Check

You will be **emailed a background check link** from OTS (Occupational Testing Solutions) at the email provided above with instructions if you are 16 or older and one has not been completed in the last three years. Please ensure the email address given is accurate.

Is the email address above accurate? Yes ☐No ☐

In case of an emergency, please notify

Name: _____

Address: _____City: _____

State: _____ Zip: _____

Home#: _____Work #: _____Cell#: _____

Email address: _____

Are you participating in a mission trip? Yes ☐No ☐ If yes, **complete page 2**

(Office use) Background check requested: _____Background check completed: _____

Please briefly explain why you would like to participate in a mission trip. _____

_____

_____

_____

_____

_____

Please list any medical conditions or medications that the team would need to be aware of:

Do you want consideration for 25% discount for Calvary members? Yes ☐No ☐

If you are applying to go on an international mission trip, please complete the passport information below. A photocopy of your passport will also need to be submitted to the Office of Evangelism & Missions.

Email 3 personal references to mvolunteer@calvarynow.com, be sure to include name, phone number and email address.

Passport:

Name exactly as it appears on Passport: _____

Passport Number: _____Issue Date: _____

Expiration Date: _____Country Issued: _____

Beneficiary information for any insurance purchased by Calvary Baptist Church on your behalf: Please list someone not participating in this trip.

☐ Same as emergency contact. If not same, please fill out the following.

Name: _____

Address: _____City: _____

State: _____Zip: _____Home#: _____ Cell#: _____

Email address: _____

Parent's signature (if team member is under 18 years of age): Date:

_____ _____

ASSUMPTION OF RISK FORM
Adult

I, _____, in consideration of my acceptance as a short-term volunteer on a mission trip sponsored by Calvary Baptist Church of Winston-Salem, Inc., 134 S. Peace Haven Road, WinstonSalem, North Carolina to (destination) _____represent and agree that:
Initial one:

_____I am a volunteer worker and not an employee of Calvary Baptist Church of Winston-Salem, Inc.

_____I am an employee of Calvary Baptist Church of Winston-Salem, Inc.

1. 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 coverages that may be available to me from any source, and only with respect to Calvary Baptist Church and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release said church and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. II Corinthians 11:23-28.

2. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

3. 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.

4. I am aware of the hazards and risks to my person associated with participation in a short-term missions trip, as described above. I further understand that said 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 on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.

5. 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.

_____ _____
Signature Date
Print Name:_____

Address:_____

City:_____ State:_____ Zip:_____

IMPORTANT: Please have 2 witnesses observe your signature and have them sign below. They must be at least 18 years old and should not be relatives.

WITNESSES:_____ _____

Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
City	City
_____	_____
State Zip	State Zip

TRAVELERS

Health Questionnaire

**Prior to completing this health questionaire, please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could void insurance policy. If you are in doubt as to whether any information is material, it should be disclosed.*

Name:_____ Height:_____ Weight:_____Date ofBirth:____/____/_____

Primary Care Physician:_____Office Number:_____Occupation:_____

Circle YES or NO as appropriate. *Please include details for all yes responses.*

1. Does the person to be insured have any **PAST** or **PRESENT** medical history?.....**YES** or **NO**

_____

_____

2. Have any surgical history? (Including all minor and/or outpatient procedures).....**YES** or **NO**

_____

_____

3. Take any medications on a daily basis? (Please list all medications and doses).....**YES** or **NO**

_____

_____

4. Have any known drug Allergies? (Please list below).....**YES** or **NO**

_____

5. In the past 24 months have you sought medical attention for any illness or injury.....**YES** or **NO**

_____

_____

6. Have you been hospitalized within the past 24 months.....**YES** or **NO**

_____

7. Drink Alcohol and/or Tobacco products daily? .....**YES** or **NO**

8. Have impaired vision and/or hearing? .....**YES** or **NO**

9. Have a **Pacemaker**, **defibrillator**, or **prosthetic device**? .....**YES** or **NO**

10. Has your request for any insurance (Accident, Medical, or Life) ever been denied or terminated.....**YES** or **NO**

_____

11. At any time has your current insurer imposed special conditions or increased your premium.....**YES** or **NO**

_____

***DECLARIATION*:** I declare to the best of my knowledge and belief the above statements and particulars are true and complete.

Signature: _____ Date: _____