



# Application for Missionary Intern

## Bay Leaf Baptist Church

12200 Bayleaf Church Road • Raleigh, NC 27614 • 919.847.4477 • 919.847.8289 (fax)

Location of Internship Applying for: \_\_\_\_\_

### PERSONAL INFORMATION

Male  Female

Name as it appears on passport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Do you have a passport?  Yes  No If Yes, Passport Number: \_\_\_\_\_

**(Must include a copy of your passport)**

If NO, Date Passport applied for: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Beneficiary to be listed on insurance and relationship: \_\_\_\_\_

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's E-Mail Address if applicant is under 18: \_\_\_\_\_

Adult Marital Status (*please check one*)(if applicant is under 18 please skip this section)

Single  Married  Separated  Divorced

Engaged  Widowed  Annulled  Divorced & Remarried

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

Is your spouse supportive of you applying for this trip?  Yes  No If No, please explain: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

**In case of an emergency, please notify:** \_\_\_\_\_

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

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

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

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

## HEALTH

MY HEALTH IS: Excellent Good Fair Poor

PLEASE STATE ANY MAJOR ILLNESS(ES) YOU HAVE HAD IN THE LAST 5 YEARS.

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? Yes No

If yes, explain:

ARE YOU CURRENTLY TAKING ANY MEDICATION? Yes No

If yes, what?

PLEASE LIST ANY ALLERGIES YOU HAVE:

DO YOU HAVE ANY SPECIAL HEALTH NEEDS? Yes No

If yes, please explain:

## CHURCH INVOLVEMENT

How long have you been attending Bay Leaf Baptist Church? \_\_\_\_\_ Are you a member? Yes No

If you do not attend Bay Leaf, where do you attend? \_\_\_\_\_

Please list the ministries with which you have been involved at Bay Leaf. (Please include time of involvement and any leadership positions held.) \_\_\_\_\_

Please list any ministries with which you have been involved outside of BLBC. (Please include time of involvement and any leadership positions held.) \_\_\_\_\_

## TESTIMONY

Please attach a separate sheet with your personal testimony. Please include how long you have been a believer.

## MOTIVATION

Please explain briefly what you hope to see the Lord do in and through you on this mission project and explain why you want to participate: \_\_\_\_\_

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## REFERENCES

Please provide two references. One reference should be a Bay Leaf Baptist Church minister or teacher in the area you serve or have served.

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

## GIFTS/EXPERIENCE

Do you speak any foreign languages?  Yes  No

If yes, please list them and indicate your level of proficiency. \_\_\_\_\_

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Please indicate any skills, talents, spiritual gifts or Christian ministry experience that you feel may be helpful on the field. \_\_\_\_\_

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Please list previous missions experience:

| Country | Mission Organization | Dates | Ministry |
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## COMMITMENT

### Bay Leaf Baptist Church Mission Intern

I make a commitment to:

- faithfully go through the training process prior to departure and after I return from the trip
- raise the necessary prayer and financial support,
- submit to the Mission Pastor's leadership and the host on-the-field's authority,
- conduct myself in a manner worthy of the Lord while serving Him on the project, and
- refrain from any behavior which may compromise my witness

Additionally, if at any time while on the project my behavior constitutes a problem, the Mission Pastor has the authority to ask me to return home. Any additional cost incurred as a result of this action will be at my cost.

Should any illness or medical emergency be required, I agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy. \_\_\_\_\_(please initial here)

I understand and agree that Bay Leaf Baptist Church its staff or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of this volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Bay Leaf Baptist Church, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing. I understand that I will be under the policies of Bay Leaf Baptist Church and my field supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that the breach of this contract will be cause for dismissal from the volunteer project and return home at my own expense.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BAY LEAF | Baptist Church

## Contact Information/Medical Permission & Release Form

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Bay Leaf Baptist Church, all of its officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

If Bay Leaf Baptist Church staff members, chaperones, or any other Bay Leaf leaders cannot reach my emergency contact, then I authorize Bay Leaf Baptist Church to secure any medical treatment necessary for me by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

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

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

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

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

(Please include your zip code)

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Contact's Telephone Number: \_\_\_\_\_

Secondary Contact in case of Emergency: \_\_\_\_\_

Secondary Contact's Telephone Number: \_\_\_\_\_

Any Medical Problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Medications Currently Prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date