

Watchman Fellowship, Inc.
Utah Mission Trip Application

PERSONAL INFORMATION

FULL NAME: Last	First	Middle	Driver's License
Current Address: Number, Street, Apartment	City	State	Zip
Cell Phone	Email Address		

CHURCH INFORMATION

Are you a member of a church? Yes No If no, please explain.
 If yes, what is the name of the church?
 Provide Church address and website here:

SPIRITUAL BACKGROUND

Have you trusted Christ As your personal Savior? At what age?
 Yes No
 Briefly explain your life before Christ.
 Briefly explain how you came to Christ.
 Briefly explain your life after you trusted Christ.

MINISTRY EXPERIENCE

Have you had any training in evangelism? Yes No If yes, what strategy?
 Are you willing to attend/participate training from Watchman Fellowship? (This training may be in person or text driven.) Yes No
 If no, please explain.

PERSONAL BACKGROUND

The information in this section will be read and held with confidentiality by the leadership of Watchman Fellowship. Answering yes to the following questions does not necessarily disqualify you from joining the mission team. However, in order to uphold the integrity of the individual, other team members and for the sake of Watchman Fellowship and the gospel, we ask that you carefully consider the questions below.

Excluding minor traffic violations, have you ever been convicted of any law or ordinance? Yes No If no, please explain:
 Have you ever been arrested or criminally convicted for either physical or sexual abuse of a child? Yes No
 If yes, please clarify.
 Have you been under the care of a counselor or licensed mental health professional during the last 12 months? Yes No
 If yes, please clarify.
 Do you have any medical issues that the leadership of Watchman Fellowship should be aware of? Yes No
 If yes, please clarify.

REFERENCES

To complete the application process you will need to supply a pastoral reference form attached.

In signing this application: I certify that the information contained in this application is true to the best of my knowledge. I understand that failure to complete requirements for the trip, as indicated above, could result in the rejection of my application or the cancellation of my participation on the trip.

Date: _____ Signature of Applicant: _____

Watchman Fellowship, Inc.
Liability Release Form
Utah Mission Trip

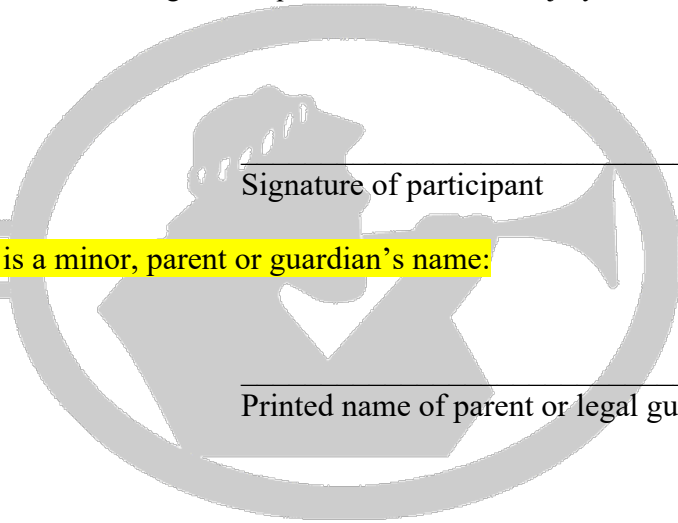
Participant full legal name: _____ (must match govt ID for travel)

Date of Birth: _____ (required for air travel)

Contact phone number: _____

I/We agree to indemnify and hold harmless Watchman Fellowship, Inc and all its agents and employees from any claim or liability brought by or on behalf of (Trip Applicant's name: _____) (or any parent/guardian or family member of immediately aforesaid person if aforesaid person is a minor).

I also hereby authorize _____ to receive medical, surgical, or first aid treatment that might be required in the event of injury or illness.



Signature of participant

If the trip participant is a minor, parent or guardian's name:

Printed name of parent or legal guardian

Signature of parent or legal guardian

Watchman Fellowship, Inc.
Utah Mission Trip
Medical Release / Permission to Treat Form

NOTE: Please complete this form fully when applying to join a Watchman Fellowship mission trip.

Trip Dates: _____

Personal Information

Full Name: _____ Gender: _____

DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian (if younger than 19 years old): _____

Emergency Contact Information

Please provide the name and contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

Name: _____

Relationship to You: _____

Phone: _____ Alt. Phone: _____

Name: _____

Relationship to You: _____

Phone: _____ Alt. Phone: _____

Insurance Information

Please attach a copy of the front and back of your insurance card.

Insurance Company: _____

Policy Holder: _____ Relationship: _____

Policy #: _____ Group #: _____

Ins. Co. Address: _____ Phone: _____

Medical Information

Primary Care Physician: _____

Physician Address: _____ Phone: _____

Do you have any allergies (**include food allergies**)? _____ yes _____ no

If yes, please explain:

List any specific medical conditions requiring medical treatment and/or medication:

List ALL medication taken on a regular basis: _____

List all operations/serious injuries (include dates) within the past five years: _____

Do you have any special dietary restrictions? _____ yes _____ no

If yes, please explain: _____

Are your immunizations current? _____ yes _____ no

Emergency Authorization

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or authorize surgery for me. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Watchman Fellowship, its employees or agents, and in country contacts from liability associated with participation in a mission trip. I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury. I understand that there are risks involved in participating in a mission trip.

Signature: _____ Date _____
(Must be signed by a parent or guardian if under 19 years of age.)

Completed forms and payment may be sent via USPS or Electronically

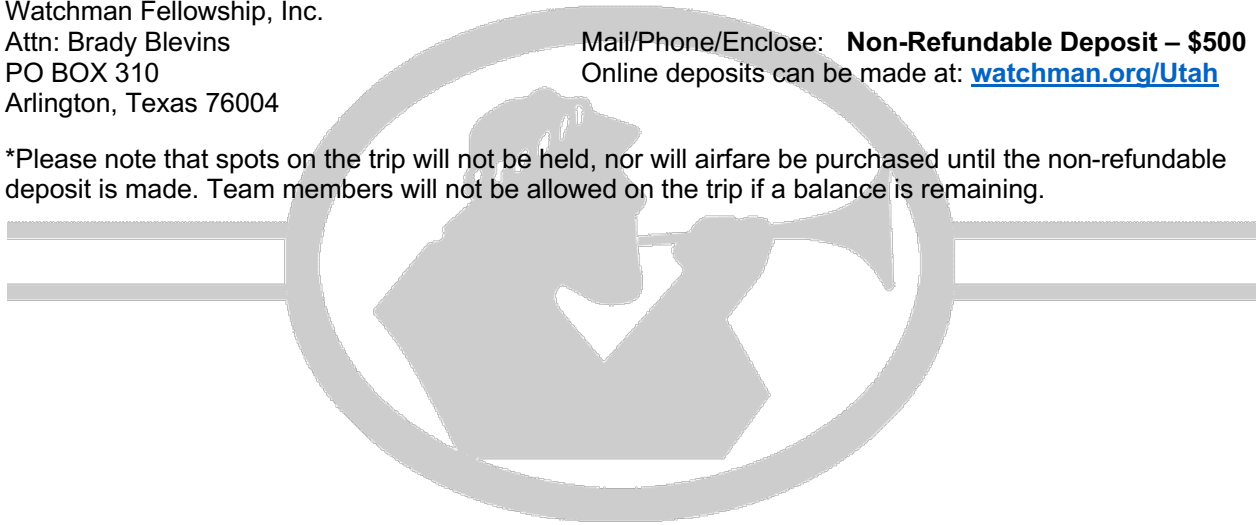
MAILING ADDRESS:

Watchman Fellowship, Inc.
Attn: Brady Blevins
PO BOX 310
Arlington, Texas 76004

Email: bblevins@watchman.org

Mail/Phone/Enclose: **Non-Refundable Deposit – \$500**
Online deposits can be made at: watchman.org/Utah

*Please note that spots on the trip will not be held, nor will airfare be purchased until the non-refundable deposit is made. Team members will not be allowed on the trip if a balance is remaining.



Pastoral Recommendation Form

Applicant Information

Last Name _____ First Name _____

Phone (____) _____ Email _____

Pastor's Information

Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Use the following scale to rate the applicant in the following areas:

0 – Not observed **1** – Weak **2** – Fair **3** – Good **4** – Very Good **5** – Outstanding

<i>Spiritual Maturity</i>		<i>Devotion to Christ</i>	
<i>Integrity and Honesty</i>		<i>Openness to Correction</i>	
<i>Self-Discipline</i>		<i>Self-Motivation</i>	
<i>Family Life</i>		<i>Willingness to Serve</i>	
<i>Ability to Work Well with Others</i>		<i>Respectful of Others</i>	
<i>Communication Skills</i>		<i>Leadership Skills</i>	
<i>Reliability</i>		<i>Physical Health</i>	
<i>Emotional Stability</i>		<i>Effect on Peers</i>	
<i>Cooperative</i>		<i>Promotes Unity</i>	
<i>Biblical Knowledge</i>		<i>Evangelistic Acumen</i>	

Please use the back of this form to address additional concerns, if needed.

Please mail this form to:

Watchman Fellowship, Inc.
 Ref: Applicant's Name
 Attn: Utah Mission Trip
 PO Box 310
 Arlington TX, 76004

Or scan and email to:

bblevins@watchman.org