



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](mailto: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, Winston-Salem, 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