

MISSION SERVE APPLICATION



"THE MINISTRY OF THE HORSE"

Our service for Christ is very important. God's call, prayer, and commitment are the most important aspects of our mission efforts as we serve God. Please complete your application carefully and prayerfully answering each question honestly before God.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____ City _____ Zip _____

DOB _____ Age _____ Sex _____

Home Church _____ Church Phone _____

Church Address _____ City _____ Zip _____

Are you a member ___ yes ___ no Active: ___ Weekly ___ Monthly ___ Occasional

Tee Shirt Size: _____

MEDICAL INFORMATION

Notify in Case of Emergency: _____

Relationship _____ Phone _____

Any physical handicaps that we should be aware of? ___ yes ___ no

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If yes explain _____

Are you taking any medication? ___ yes ___ no

If yes explain _____

Personal Physician _____ Phone _____

Do you use tobacco products ? ___ yes ___ no Do you have any known allergies? ___ yes ___ no

If yes explain _____

EXPERIENCE

Have you ever been on a mission trip before? ___ yes ___ no

If yes, how would you describe your experience

State three reasons, in order of priority, why you would like to serve as a mission team member. (Use back if needed.)

1. _____
2. _____
3. _____

Please complete the following in two or three sentences. (Use back if needed.)

1. Who is God to you? _____

2. Who is Jesus Christ to you? _____

3. Who is the Holy Spirit to you? _____

MISSION SERVE APPLICATION

I the above named Volunteer, **do hereby give my consent** to serve at Horse & Bible Camp and Participate in ALL activities. I give permission to take pictures or videos and use them to promote the camp and other related programs. I also recognize the potential hazards with an outdoor camp and also of being around and riding horses. I release Horse & Bible Camp , Life Brand Cowboy Outreach, churches, ministry partners and all agents from any and all liability. All appropriate precautions will be taken for the safety of all volunteers and staff. I also give permission for **above named volunteer** to receive first aid treatment by camp staff for any injury and to be transported by or to local medical clinic or hospital if necessary.

Medical Release: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. In the event the emergency contact cannot be reached in emergency, I hereby give permission to the physician selected by Life Brand Cowboy Outreach to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the volunteer named above. I understand that Life Brand Cowboy Outreach does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all such fees and charges arising from illness or injury that may occur. This completed form may be copied for transportation record.

Liability Release: The Undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin (herein referred to as releasers), hereby released, waives, discharges and covenants not to sue Horse & Bible Day Camp, Life Brand Cowboy Outreach, its agents, volunteers and churches (herein referred to as releases) from negligence of releasers or otherwise while participating in activities associated with Camp. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by him or her.

The undersigned has read and voluntarily signs this medical release, Waiver of All Liability and Assumption of Risk Agreement.

Parent or Guardian Signature for:

Minor Volunteer: _____ **Date:** _____

Adult Volunteer: _____ **Date:** _____

Warning – Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. pursuant to sections 42-11-2

Warning – Under Nebraska law, an equine professional is not liable for an injury to or the death of a participant in equine activities, pursuant to sections 25 – 21, 249 to 25 – 31, 253.

I, _____, have reviewed the application of _____
(Pastor/Youth Pastor) (Mission Team Member)

To the best of my knowledge and belief, the applicant has professed Jesus Christ as Savior and Lord. This is evident in the life of the applicant. I feel the applicant is capable of being a mission team member.

Comments: _____

Signature of Pastor/Youth Pastor

Date