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| **西雅圖靈糧堂 短宣隊員申請書**  **Bread of Life Christian Church - Short-Term Mission Trip Application Form** | | | | |
| *(All fields are required.)* 申請日期APPLY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 短宣隊別MISSION TRIP | | 中文姓名CHINESE NAME | | 生日DATE OF BIRTH |
| 英文全名FULL LEGAL NAME (護照姓名PASSPORT NAME) | | 住家電話HOME PHONE | | 手機CELL PHONE |
| 地址ADDRESS | | | | |
| 電郵地址E-MAIL | | | | |
| 婚姻狀況MARITAL STATUS | | 國籍COUNTRY OF CITIZENSHIP | | |
| 受洗教會(含城市) BAPTIZED CHURCH (CITY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  及日期AND DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 緊急連絡人EMERGENCY CONTACT  姓名 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  電話 PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 請列出目前或曾經參與的服事LIST CURRENT AND RECENT MINISTRIES AND CAPACITIES OF INVOLVEMENT | | | | |
| 請列出曾經參加過國內/國外宣教活動LIST PRIOR LOCAL/OVERSEAS MISSIONS EXPERIENCES | | | | |
| 本堂教牧推薦人BOLCCIS PASTORAL REFERENCE  (小組長或其他領袖CELL GROUP LEADER OR OTHER MINISTRY LEADER) | | 所屬小組AFFILIATED CELL GROUP (IF APPLICABLE) | | |
| 是否申請教會的宣教經費補助  Apply for Church Mission Fund support  1/3 宣教經費 是Yes 否 No  2/3 宣教募款 是Yes 否 No | | 是否需要教會出具宣教費用證明書  Need Mission Acknowledgment Letter  是Yes 否No | | |
| **教會同工專用CHURCH USE ONLY** | | | | |
| 審核同工Evaluating Coworker | 審核結果Result | | 審核日期Date | |

**免責聲明DECLARATION**

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| 本人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_自願參加由西雅圖靈糧堂主辦的\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_短宣隊，行程由\_\_\_\_\_\_\_\_年\_\_\_月\_\_\_日到\_\_\_月\_\_\_日。本人明白及同意有關舉辦機構之行程安排，至於行程中發生任何事故，而導致團員或財物損失，主辦機構及其任何聘雇人員或義工概不對該等遺失或意外負責。本人亦同意自己及家人均不會向主辦機構及其任何聘雇人員或義工追究責任。  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am willing to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mission team organized by Bread of Life Christian Church in Seattle, from \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_. I understand and agree all related arrangements. The organizer, its staff and volunteers have no responsibility to any lost or accidental damages related to the trip. I also agree myself and any of my family members will not take any action against the organization, any of its staff or volunteers.  簽名 SIGNATURE： 日期 DATE： |

**醫療授權及訴訟放棄AUTHORISATION & WAIVER OF CLAIMS**

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| 我授權短宣隊領隊，在我參與工場探訪期間，為我安排必要的醫療治療。我同意短宣隊領隊安排之必要及合  適醫護人員所提供的醫療。短宣隊隊員於工場探訪期間，如遇上意外、疾病或死亡，短宣隊隊員及其家屬同  意放棄對主辦機構及其任何聘雇人員或義工的訴訟權力。我已經閱讀及了解以上註明之有關責任歸屬，並且  同意放棄以上所言之各項訴訟。  I authorize the Team Leaders to arrange necessary medical treatment and accept the caring of medical staff during the  Trip visiting mission field. If accident, disease and death happen during the trip, the team member or the family  members agree to waive the accusation right against the organizer, staff or volunteers. I have read and understand the  above related responsibility, and agree to waive all accusations.  簽名 SIGNATURE： 日期 DATE： |

**(以下只適用於 18 歲以下的參加者FOLLOWING ONLY FOR APPLICANT BELOW 18 YEARS OF AGE)**

家長/監護人姓名PARENT/GUARDIAN'S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 關係RELATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家長/監護人簽屬PARENT/GUARDIAN'S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_