



PARTICIPANT APPLICATION

Bound Brook Presbyterian Church

Summer Mission Trip 2026

Participant Information *Please print clearly*

Participant Name: _____

Participant Email: _____

Participant Cell Phone: _____

Participant Address: _____

City, State, ZIP: _____

Date of Birth: _____ T-Shirt Size: _____

School / Grade, if applicable: _____

Pronouns: _____ Gender: _____

Parent/Guardian Information, if participant is under 18

Parent/Guardian Name(s): _____

Preferred Parent/Guardian Email: _____

Parent/Guardian Cell Phone(s): _____

Parent/Guardian Address, if different: _____

Participant Questions

1. Why do you want to participate in this mission trip?

2. What does serving others mean to you?

3. What does it mean to you to be a good steward of the Lord's creation?

4. What gifts, skills, or experiences do you bring to this team?

5. What concerns, questions, or accommodations should leaders know about?

Participant Commitment

I understand that this is a service-focused mission trip. I agree to participate fully, serve respectfully, follow leader instructions, and represent Christ, BBPC, and the mission team with integrity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature, if under 18: _____ Date: _____

SKILLS, TOOLS, AND EQUIPMENT FORM

Summer Mission Trip Skills, Tools, and Equipment Form

Participant Name: _____

Tool Comfort Level

Check one for each.

Tool	Yes	No	Need Training
Hammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screwdriver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tape Measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level

Using safety gear, gloves, goggles, ear protection

Outdoor and Water Readiness

Do you own or have access to:

Waders or waterproof boots: Yes No Can borrow

Comfortable work boots/shoes: Yes No

Clothes that can get muddy/wet: Yes No

Are you comfortable working outdoors in heat, humidity, rain, mud, or insects?

Yes I am nervous but willing Not sure No

Marine and Shoreline Tools

For beach, river, and estuary work.

Item	Can Use	Can Bring
Sand sifters / sieves	<input type="checkbox"/>	<input type="checkbox"/>
Buckets for water or debris	<input type="checkbox"/>	<input type="checkbox"/>
Small nets for cleanup or observation	<input type="checkbox"/>	<input type="checkbox"/>
Grabbers / trash pickers	<input type="checkbox"/>	<input type="checkbox"/>
Shovels / small spades	<input type="checkbox"/>	<input type="checkbox"/>
Rakes, light landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Gardening and Land Care Tools

For garden, planting, and land stewardship work.

Item	Can Use	Can Bring
Hand trowel	<input type="checkbox"/>	<input type="checkbox"/>
Garden hoe	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|-------------------------|--------------------------|--------------------------|
| Rake | <input type="checkbox"/> | <input type="checkbox"/> |
| Wheelbarrow | <input type="checkbox"/> | <input type="checkbox"/> |
| Watering cans | <input type="checkbox"/> | <input type="checkbox"/> |
| Pruners / clippers | <input type="checkbox"/> | <input type="checkbox"/> |
| Knee pads for gardening | <input type="checkbox"/> | <input type="checkbox"/> |
| Work gloves | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Skills

Do you have experience with any of the following?

- Gardening / planting
- Building / construction
- Painting
- Working with children
- Cooking / food prep
- Environmental cleanup
- Leadership / team leading
- First Aid / CPR
- Spanish language
- Translation / interpretation
- Music / worship
- Photography / storytelling
- Other: _____

Final Question

Are you willing to learn new skills and try hands-on work outdoors, including mud, water, weather, and physical labor?

- Yes
- I'm nervous but willing
- Not sure
- No

Please explain anything leaders should know:

MEDICAL INFORMATION AND EMERGENCY CONSENT FORM
Bound Brook Presbyterian Church
Summer Mission Trip 2026

Medical Information and Emergency Consent Form

To be completed by all team members and signed by a parent/guardian if participant is under 18.

Participant Information

Full Name: _____

Date of Birth: _____ / _____ / _____

Pronouns: _____ Gender: _____

Address: _____

City, State, ZIP: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number(s): _____

Next of Kin / Parent / Legal Guardian

Authorized for medical decisions.

Name: _____

Relationship: _____

Phone Number(s): _____

Food Restrictions

- Vegan
- Vegetarian
- Gluten Free
- Dairy Free
- Nut Free
- Seafood Free
- Other: _____

Please describe severity of food allergy or restriction:

Medical Provider Information

Primary Care Physician or Specialist: _____

Phone or Email Contact: _____

Ongoing Medical Conditions and Allergies

I am currently being treated for the following medical condition(s):

I have asthma: Yes No

I have a serious allergy and carry an EpiPen: Yes No

I am allergic to the following medications:

I am allergic to the following foods/substances:

Medications and Equipment

List all medications, including dosage and frequency:

Medical equipment, such as EpiPen, insulin pump, asthma inhaler, etc.:

Other health concerns or conditions:

Medical Insurance

Insurance Provider: _____

Policy Number: _____

Group Number, if applicable: _____

Policy Holder Name: _____

Please submit a copy of your insurance card with this form.

Consent for Medical Treatment

Please initial each section and sign below.

____ I give permission to be transported to the nearest medical facility for emergency treatment.

____ I consent to examination and medical or surgical treatment by a licensed physician or surgeon in the event I am unconscious, unable to communicate, or unable to give consent.

____ I understand that all medications must be brought in their original container with the prescribing doctor's name clearly labeled.

____ I understand that trip leaders must be informed of all medications, allergies, serious medical conditions, and emergency medical needs.

____ If the participant is under 18: I, the parent/legal guardian of the above-named minor, give permission for emergency medical treatment as outlined above.

Signature of Participant: _____ Date: _____

Parent/Guardian Signature, if under 18: _____ Date: _____

PHOTO AND MEDIA RELEASE FORM

Photo and Media Release

Participant Name: _____

I give permission for Bound Brook Presbyterian Church and Sanctuary + Seed to photograph, video record, and/or otherwise capture the image, voice, and participation of the above-named participant during the Summer Mission Trip 2026.

I understand that these images, videos, and recordings may be used for ministry-related purposes, including but not limited to:

- Church newsletters
- Church website
- Social media
- Printed materials
- Mission trip reports
- Congregational presentations
- Fundraising and ministry storytelling
- Sanctuary + Seed communications, when related to the mission work

I understand that:

- Images will be used respectfully.
- No compensation will be provided.
- Names may be used only when appropriate and with care.
- This release applies to photographs, videos, and recordings taken during mission trip activities.

Please check one:

Yes, I give permission for photos/videos of me/my child to be used for ministry-related purposes.

No, I do not give permission for photos/videos of me/my child to be used publicly.

Participant Signature: _____ Date: _____

Parent/Guardian Signature, if under 18: _____ Date: _____

LIABILITY RELEASE AND PERMISSION FORM

Liability Release, Permission to Participate, and Assumption of Risk

Participant Name: _____

I understand that participation in the Bound Brook Presbyterian Church Summer Mission Trip 2026 may include travel, shared lodging, physical labor, outdoor work, environmental service projects, farm-related visits, shoreline work, gardening, forest conservation, food preparation, group activities, and recreational activities.

I understand that these activities may involve certain risks, including but not limited to:

- Transportation risks
- Physical injury
- Heat exposure
- Dehydration
- Insect bites or stings
- Allergic reactions
- Slips, trips, or falls
- Tool-related injuries

- Exposure to mud, water, plants, animals, or uneven ground
 - Weather-related conditions
 - Shared lodging risks
 - Recreational activity risks
- I voluntarily choose to participate, or allow my child to participate, in this mission trip.
- I agree that the participant will follow all safety rules, leader instructions, partner organization guidelines, and behavioral expectations.
- I understand that failure to follow guidelines may result in removal from activities or early return home at the parent/guardian's expense, if applicable.
- To the fullest extent permitted by law, I release and hold harmless Bound Brook Presbyterian Church, Sanctuary + Seed, trip leaders, volunteers, drivers, staff, partner organizations, and affiliated representatives from claims for injury, illness, loss, or damage arising from participation in this trip, except in cases of gross negligence or intentional misconduct.
- I give permission for the participant to travel with designated trip leaders and approved drivers during the mission trip.

Participant Signature: _____ Date: _____

Parent/Guardian Signature, if under 18: _____ Date: _____

Printed Name of Parent/Guardian: _____

Emergency Phone Number: _____

PARTICIPANT AND PARENT/GUARDIAN COVENANT

Participant Covenant

I understand that this mission trip is a commitment to service, faith, learning, and community.

As a participant, I agree to:

- Serve with humility.
- Respect all people I encounter.
- Care for the land, water, and creatures around me.
- Participate fully in work, worship, devotions, meals, and shared responsibilities.
- Follow all leader instructions.
- Be flexible when plans change.
- Ask for help when I need it.
- Encourage my teammates.
- Represent Christ and BBPC with integrity.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Covenant, if participant is under 18

I understand the expectations, schedule, risks, and responsibilities connected to this mission trip. I agree to support my child's participation, preparation, fundraising, and commitment to the team.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____