

Short-Term Mission Trip Application

Trinity Presbyterian Church-Sponsored Missions Trip

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Please read pages 1 & 2 before filling out the application and keep them for your records.

Complete the application, medical form, release form, and team covenant.

*Please **sign by hand** at the places where a signature is required.*

Return them along with your \$100 deposit.

Make the check payable to Trinity Presbyterian Church and identify the trip in which you plan to participate.

Checklist

- | | |
|--|---|
| <input type="checkbox"/> Initial Deposit (\$100) | <input type="checkbox"/> Application |
| <input type="checkbox"/> Medical Release Form | <input type="checkbox"/> Waiver/Release of Liability |
| <input type="checkbox"/> Team Covenant | <input type="checkbox"/> Funding your trip |
| <input type="checkbox"/> Passport Copy (if applicable) | <input type="checkbox"/> Missions Trip Financial Assistance Application |

Policies & Procedures

Revised: 5/4/2018

If you are interested in participating in a short-term mission trip with Trinity Presbyterian Church, please read the following:

- You must submit this completed application AND a \$100 deposit before your application will be processed and reviewed. The \$100 check will be deposited in the bank immediately. If your application is not accepted or the trip is cancelled, your deposit will be refunded.
- Please also attach a copy of your passport if applicable.
- Participants must adhere to the rules outlined in the Team Covenant. Please read it before applying.
- No one will be considered as a team member until a completed application has been reviewed and accepted.
- The Missions Trip Team or the Missions Minister or Director will review your application and a personal interview may be required.
- Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract or prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team meetings.
- All trip costs are the team member's responsibility and due one month before departure. Your Team Leader will provide a booklet that suggests ways to raise financial support; however, if full support is not raised, the balance is your responsibility. You may not begin to raise funds until you are notified of acceptance to the team and informed of proper fund-raising procedures.
- If you are unable to participate in your trip, the Missions Office must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Aside from your initial deposit, monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- Team members will be given information regarding passports and vaccination recommendations from the Department of Health. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member. Estimated Immunization costs are \$100 - \$300, depending on what you need. Team members assume the responsibility and liability for their personal health decisions.
- For additional information regarding the price and dates for each mission trip, contact the Missions Office. Team meetings will review in-depth information to prepare you for the mission.
- Team members are expected to contribute a minimum of 10% toward their support needs.
- To be considered for financial assistance from the Missions Team, this application must be submitted a minimum of 90 days (3 months) prior to departure.

Consider the Cost of Short-Term Missions

Fund-raising is an integral part of your short-term mission experience. Don't let money keep you from applying for a short-term trip. God could be waiting for an opportunity to show you how big He is! Detailed fund-raising guidelines and materials will be provided at trip team meetings. Here are some inevitable costs that are your personal responsibility and separate from the cost of the mission trip.

PASSPORT

- Required for all trips out of the continental U.S. Apply now for your passport!
- To obtain a passport, you will need a certified birth certificate (not the hospital record), two passport photos, and a driver's license. In addition, you will need to pick up and fill out a form from the post office and turn in the information to a postal clerk for processing with the US Passport Agency. All of this can cost \$65-\$100, depending on when you apply. You should allow six to eight weeks for your passport to arrive. Also, remember that it sometimes takes state agencies several weeks to provide a certified certificate of your birth, if you don't currently have one.

DEPOSIT & BALANCE

- The refundable \$100 deposit that is submitted with your application is your responsibility. You are also required to provide a minimum of 10% toward your total support need yourself. In addition, if your fund-raising efforts are not entirely successful, the balance of the trip cost is also yours to pay.

IMMUNIZATIONS

- The Missions Office supports the immunizations that are recommended by the Center for Disease Control. The Center for Disease Control will have the most recent immunization charts for all countries at www.cdc.gov, or you may contact the Health Department at 334 293-6555 or 293-6400. Check the diagram to determine which vaccinations are recommended and consult your physician or the Health Department (see contact information below) to determine costs.
- Vaccinations are not included in the price of the trip.
- Contact the Montgomery County Health Department at 334 293-6555 or 293-6400. It is recommended to receive immunizations 4-6 weeks before departure for maximum effectiveness.
- Recommended vaccinations for all trips: Hepatitis A&B, Measles/Mumps/Rubella (*if born after 1956), and Travelers Diarrhea RX.
- Required vaccinations for all trips: Tetanus/Diphtheria

You should contact your insurance provider to inquire about the possibility of benefits for your immunizations and/or prescriptions.

PLEASE REMOVE PAGES 1-2 TO KEEP FOR YOUR OWN RECORDS

Deposit Received: _____

Short-Term Mission Trip Application

Trinity Presbyterian Church

Date: _____

Trip Location: _____

Dates of Trip: _____

Deposit Included: _____

Personal Information

(Please attach recent photo to this application)

Full Name: _____

(as it appears on your passport)

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Date of Birth: _____

Age at time of trip: _____

Marital Status: Married Single Divorced Widowed

Spouse Name: _____

Children: _____

Occupation: _____

School: _____

T-Shirt Size: _____

Passport No: _____

Citizenship: _____

Date of Issuance: _____

Date of Expiration: _____

In the Event of an Emergency, Notify:

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Business Phone: _____

Trinity Presbyterian Church Involvement

1. Please write a brief testimony about your conversion and what you hope the Lord will do in and through you on this mission trip. If you need additional space please use another sheet of paper.

2. Are you a member of Trinity Church? _____
3. What role(s) are presently serving in the Body of Christ? Describe in detail.
4. Are you presently attending Trinity Presbyterian Church? (Check appropriately)
- 8:30 AM Worship 11:00 AM Worship SS (teacher: _____)

If TPC is not your home church, please list:

Church Name: _____ Business Phone: _____

Pastor's Name: _____

Pastor's Email and Phone #: _____

Ministry Experience

1. Have you previously participated in short-term-cross-cultural ministry opportunity? If yes, where and when?
2. Please list and describe all specialized ministry skills, talents, and experience (preaching, teaching, youth ministry, construction, medical, computer, drama, puppets, sports, etc.) and how you desire to use those gifts on a Mission Trip:

Language Fluency

(Other than English – Conversation: Fluent, Fair, Poor)

<u>Language</u>	<u>Number of Years</u>	<u>Conversational Fluency</u>

I understand and agree to the following policies:

- My \$100 deposit is due with this Application and may only be refunded if I am not accepted or the trip is cancelled.
- I have read "Policies and Procedures" and "Consider the Cost of Short-Term Missions."
- I will support myself for at least 10% of the full trip cost.
- If I cancel, I may responsible for full repayment of the trip.
- I have read and signed the Team Covenant. I will adhere to the Team Covenant if accepted to the short-term Mission Team.

Signature

Date

Medical Information

Name: _____

Name of Primary Physician: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Name of Emergency Contact: _____

Relationship: _____

Address: _____

Phone: _____

City, State, Zip: _____

Individual Health Information

Participant - As a *mission project* participant, you are asked to give the following health information, in order for the project leadership to be aware of any risk your participation may create. Failure to provide known information will release both the Team Leader, the mission agency and Trinity Presbyterian Church from responsibility arising due to complications brought on by the activities of this project.

Team Leader - Please review each health form. If there is a health problem or question, consult with the Missions Pastor before the trip.

Birthdate: _____

Age: _____

A. Have you ever been treated or seen a physician for any of the following:

(Circle the number if your answer is "yes")

- | | | |
|-------------------------------|--|---|
| 1. Heart Trouble | 20. Hepatitis | 39. Internal Bleeding |
| 2. Heart Murmur | 21. Cirrhosis | 40. Digestive Disorder |
| 3. Rheumatic Fever | 22. Other Liver Trouble | 41. Intestinal Disorder |
| 4. Chest Pain | 23. Kidney Stone or Infection | 42. Arthritis |
| 5. Stroke | 24. Bladder Stone or Infection | 43. Sciatica |
| 6. High Blood Pressure | 25. Prostate Trouble | 44. Gout |
| 7. Abnormal Pulse | 26. Sugar, Albumin, Blood, or Pus in Urine | 45. Deformity |
| 8. Hardening of the Arteries | 27. Psychiatric Problem | 46. Amputation |
| 9. Diabetes | 28. Emotional Problem | 47. Skin Disorder |
| 10. Anemia | 29. Nervous Problem | 48. Hernia |
| 11. Thyroid/Glandular Problem | 30. Epilepsy | 49. Circulatory Disorder |
| 12. Blood Disorder | 31. Convulsions | 50. Disease of the Eyes |
| 13. Asthma | 32. Dizziness | 51. Disease of the Ears |
| 14. Bronchitis | 33. Loss of Consciousness | 52. Disease of the Nose |
| 15. Tuberculosis | 34. Frequent Headaches | 53. Disease of the Throat |
| 16. Other Lung Disease | 35. Other Nervous System Disorders | 54. Tested Positive for any kind of blood disease |
| 17. Ulcer | 36. Cancer | 55. Other |
| 18. Gall Bladder Disease | 37. Tumor | |
| 19. Colitis | 38. Allergy/Recurring (if you are allergic to bees, bring your own kit.) | |

B. Date of last tetanus booster: _____

(An updated tetanus booster is required every 5 years for international projects; 10 years for U.S. projects.)

C. If you answered “yes” to any condition listed in “A”, please explain below:
(include date of last treatment or office visit for each item, labeled by corresponding number.)

D. What medication, if any, will you be taking during the project (and for what purpose)?

E. Have you had surgery in the past three years? If yes, please explain:

F. List any physical limitations: _____

Note: Pregnant women are not permitted to participate on projects rated as Intermediate, Substantial or High Risk. Check with your Project Administrator if you are not sure of your project rating.

G. List any medical allergies: _____

H. Blood Type: _____

In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Participant Signature

Date

Parent/Guardian Signature
(for minor)

Date

Relationship
to Participant

Waiver/Release of Liability

_____ (the "Participant"), who will participate in a Short Term Mission Trip to _____ (the "Mission Trip") from _____, 20__ to _____, 20__ with Trinity Presbyterian Church, PCA of Montgomery, Alabama ("TPC"), and if applicable, the parent/guardian of the Participant, signs this RELEASE in consideration of being permitted to participate in the Mission Trip.

The Participant, and if applicable, the parent/guardian of the Participant, on their behalves and on behalf of their personal representatives, heirs and assigns (collectively, "Representatives"), does hereby RELEASE, WAIVE AND DISCHARGE Trinity, its members, officers, directors, employees, representatives and agents (collectively, the "Released Parties") from any and all claims, demands, rights and causes of action ("Claims") of any kind whatsoever which the Participant, the parent/guardian of the Participant, or any of their Representatives may have or later may have against any of the Released Parties resulting from or arising out of the Participant's participation in the Mission Trip, including, but not limited to, the Participant's travel to and from and stay in _____. The Participant, and if applicable, the parent/guardian of the Participant, further assumes full responsibility for the risk of bodily injury or death to the Participant due, in whole or in part, to the negligent acts or omissions of any of the Released Parties or due to the wanton, willful or intentional acts or omissions of any of the Released Parties, or otherwise, while on the Mission Trip.

The Participant, and if applicable, the parent/guardian of the Participant, gives to _____ and _____ of TPC the authority to request and authorize medical and/or hospital treatment for the Participant's benefit in the event of any injury or sickness sustained by the Participant while on the Mission Trip, including, without limitation, any injury or sickness sustained while traveling to and from the Mission Trip. The Participant, and if applicable, the parent/guardian of the Participant, agrees to pay for all such treatment and to reimburse TPC and/or any of the Released Parties for all costs and expenses incurred by it or them with respect to such treatment.

The Participant is a Christian, and along with TPC and the other Released Parties, believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with one other in private or within the Christian Church (Matt.18:15-20, I Cor. 6:1-8). Therefore, the Participant, and if applicable, the parent/guardian of the Participant, agrees that any claim or dispute arising from or relating to this RELEASE shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. A copy of such Rules of Procedure is available for the Participant's, and if applicable, the Participant's parent's/guardian's, inspection in the office of TPC, and the Participant, and if applicable, the parent/guardian of the Participant, has reviewed it (or hereby waives the right to review it) and consents to it. Any such mediation and arbitration shall take place in Montgomery, Alabama. Any judgment upon an arbitration award may be entered in any court having jurisdiction. The Participant, and if applicable, the parent/guardian of the Participant, along with TPC and the other Released Parties, understands that the methods set forth in this RELEASE shall be the sole remedy for any controversy or claim arising out of this RELEASE. Further, the Participant, and if applicable, the parent/guardian of the Participant, along with TPC and the other Released Parties, expressly waives any rights to file a lawsuit in any civil court against one another for any such controversy or claim, except to enforce a mediation or arbitration decision.

The Participant, and if applicable, the parent/guardian of the Participant, does hereby expressly agree that this RELEASE is intended to be as broad and inclusive as is permitted by the law, and that if any provision of this RELEASE is held to be invalid, the remaining provisions of this RELEASE shall, notwithstanding, continue in full legal force and effect.

If the Participant is less than nineteen (19) years of age, this RELEASE must be signed by a parent/guardian of such minor Participant.

I AM AWARE THAT MY PARTICIPATION IN THE MISSION TRIP MAY INCLUDE HAZARDOUS ACTIVITIES (INCLUDING TRAVELING OUTSIDE OF THE UNITED STATES), AND I AM VOLUNTARILY PARTICIPATING IN THE MISSION TRIP WITH KNOWLEDGE OF THE POTENTIAL DANGERS INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF INJURY, DEATH OR OTHER DAMAGES. THIS IS A FULL RELEASE OF LIABILITY. READ CAREFULLY BEFORE SIGNING.

Name of Participant: _____ Date: _____
Signature of Participant: _____

(If Applicable)
Name of Parent/Guardian of Participant: _____ Date: _____
Signature of Parent/Guardian of Participant: _____

Participant Acknowledgement:
STATE OF ALABAMA)
 :
COUNTY OF _____)

I, the undersigned, a notary public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing Release, and who is known to me, acknowledged before me on this day that, being informed of the contents of said Release, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this ___ day of _____, 20 .

Notary Public

[NOTARIAL SEAL] My commission expires: _____

Parent/Guardian of Participant Acknowledgement (if applicable):
STATE OF ALABAMA)
 :
COUNTY OF _____)

I, the undersigned, a notary public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing Release, and who is known to me, acknowledged before me on this day that, being informed of the contents of said Release, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this ___ day of _____, 20 .

Notary Public

[NOTARIAL SEAL] My commission expires: _____

Funding Your Trip

Sources of Funds

Trip Cost - Please check all that apply

- I will pay for the entire trip with my personal funds.
- I plan on raising some support, but will expect to pay a portion out of my personal funds.
- I hope to raise support to cover the entire trip (minus 10% I am providing from my own funds.)

Short-term Scholarship

The Missions Ministry of TPC desires that many TPC members will choose to participate in a cross-cultural short-term mission trip. As a result, financial support may be given to assist the trip participant in fulfilling the obligations of the trip cost. The ability of the TPC Missions Team to provide scholarships is dependent upon the availability of funds in the missions trip account and connected to the amount of applications submitted for scholarship assistance. **The scholarship money comes directly from the generous donations of TPC members.** Some of you expect to pay for the cost of the trips yourself or expect to receive the total cost of your trip provided in other ways besides a TPC trip scholarship. That is an acceptable way to approach funding your trip and enables others who are in greater financial need to receive additional consideration for a trip scholarship.

Please check one of the following:

- I would like to be considered for a scholarship fulfilling my trip costs.
- I am not requesting consideration for a scholarship fulfilling my trip costs.

Note: You may be contacted by a member of the TPC Missions Team relating to your scholarship request.

Team Covenant

(Please sign and return with your application)

I realize that the following principles are crucial to the effectiveness, quality, and safety of our mission together. As a member of the short-term mission team, I promise and covenant, by God's abounding grace, to:

- a. Remember that I am a representative of Trinity Presbyterian Church, and as such I will seek to represent the spiritual values, moral conduct and likeness to Christ that are embraced and embodied in that assembly.
- b. Remember that I am a guest working at the invitation of the personnel in the host country. I agree to respect and support their leadership.
- c. Remember that I have come not only to teach, but also to learn. I may be exposed to procedures and practices that I feel are ineffective or insufficient. I may also be confronted by attitudes that I feel are narrow or close-minded. As this occurs I will resist the temptation to "correct" my hosts and inform them about "how things are done back in the United States." I will rather be open to the opportunity of learning other culture's methods and ideas.
- d. Respect my host's culture and distinctive practices of Christianity. I recognize that the Christian faith has many different faces throughout the world, and that one of the purposes of my trip is to witness and experience faith lived out in a different culture.
- e. Develop and consistently maintain a servant's attitude toward all nationals and my teammates.
- f. Respect our team leader(s) and their decisions.
- g. Refrain from gossip and keep my promise of giving only good reports. If there are policies and decisions made by the leaders with which I disagree or do not understand, I will go to the team leaders in private and make my concerns known to them rather than to other team members. In so doing I will avoid the possibility of sowing seeds of dissension and division.
- h. Be patient, forbearing and forgiving toward the failings of the other members on the team.
- i. Refrain from complaining. I realize that travel can present numerous unexpected and undesirable circumstances, but the rewards of conquering such circumstances are desirable. I will resolve to be flexible, supportive and adaptive on such occasions rather than grumbling when circumstances are difficult.
- j. Respect the work that is going on in the host country with its pastors and leaders. I realize that our team will be there for just a short time, but the local church is there long term. I will respect their knowledge, insights and instructions.
- k. Refrain from negative comments or hostile discussions concerning the host country's politics and culture.
- l. Remember not to be exclusive in my relationships with the team. If my sweetheart or spouse is on the team we will make every effort to interact regularly with all team members of the team.
- m. Refrain from activity or undue interest that could be construed as a romantic interest toward a national. I realize that certain actions that seem innocent in my own culture may be inappropriate in another culture.
- n. Refrain from any consumption of alcoholic beverages, including beer, wine, and liquors if directed by the team leader. I realize and accept that failure to adhere to this mandate may result in my exclusion from further short-term trips. *
- o. Refrain from use of any tobacco or tobacco-related products. *
- p. Seek to live an exemplary life of holiness and obedience to God's commands.
- q. Commit to participating in a debriefing of my trip with members of the Missions Team.

Signature _____ Date _____

Printed Name _____

* We understand that Scripture does not specifically prohibit smoking and drinking. Our position on the use of tobacco and alcohol during projects is not based on a biblical mandate; rather it is born out of our experience in cross-cultural ministry. Cultural sensitivity dictates this policy. Some nationals view consumption of alcohol or tobacco as an inappropriate behavior for Christians. Since we are guests in their country and do not want to do anything that would compromise their witness, we defer to their standards and norms. On some adult projects, the team leader has the authority to grant an exception to this rule.

Short-Term Missions Trip Financial Assistance Application

Dear Trinity Member, We are grateful for your willingness to follow the Great Commission by participating in a missions trip. We ask each person willing to undertake a missions trip to do all of the following:

- a. Pray for God's leading regarding participation in this trip and ask Him to provide the necessary prayer, spiritual, financial and emotional support to go on the trip.
- b. From your own funds, commit to pay at least 10% of the trip cost.
- c. Request prayer and financial support from family and friends outside the church to assist you on an individual basis. Support from personal friends in your small group or Sunday School class may also be solicited. Their support check should be written to Trinity Presbyterian Church with your name and trip designated in the support line.
- d. Request the congregation to support you along with the other members of your Trinity teammates because you will be a representative of Trinity Church. The Ministry of Missions will send a letter on behalf of teams or assist individual travelers in completing this letter.
- e. Complete the information below if you are requesting financial assistance from the Church, and submit this request with your trip application to the Minister or Director of Missions or the designated Trip Leader. There may be funds available within the budget to assist your travel for trips planned and sponsored by the Ministry of Missions or for other trips approved by the Ministry of Missions.

I request financial assistance from Trinity Church to participate in the mission trip to _____.

The trip cost is estimated to be \$ _____

I commit to paying \$ _____ toward my trip expenses,

But will need \$ _____ if additional money is not raised.

Print Name(s)

Contact Phone Number

Contact E-mail

Signature

Date

Parent Signature (If under 18)

Date