

SHORT-TERM MISSION TRIP APPLICATION



Please return completed applications to:
Jim Joros
Jim.joros@gmail.com

Crow Hill Bible Church
75 Bull Dogger Dr.
Bailey, CO 80421

Application received on: (date) _____

THINGS TO KNOW

You must submit this completed application to be processed and accepted. Participants are asked to follow the guidelines outlined in the team covenant.

Short Term 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 and 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 costs are the team member's responsibility and due according to trip due dates. If you are unable to participate in your trip for any reason, the Missions Team must receive cancellation notice as soon as possible. You may be responsible for all trip costs.

If you have physical limitations, please apply for a trip in which you are physically able to participate. Some trips may be prohibitive for certain physical conditions. Please make your team leader aware of these conditions.

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. Team members assume the responsibility and liability for their personal health decisions. Additional information regarding the price and dates for each mission trip will be available from the Missions Team. Team meetings are designed to inform and prepare you for the mission.

TEAM COVENANT

As a member of this team, I agree to:

1. Remember that I am representing Jesus Christ as well as Crow Hill Bible Church. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer: "Where you lead me I will follow. What they feed me I will swallow."
3. Remember that we have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
4. Respect the host's view of "questionable things" recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
5. Develop and maintain a servant attitude toward all ministry partners/nationals and my teammates.
6. Respect my team leader(s) and his or her decisions.
7. Refrain from gossip.
8. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
9. Attend all team meetings before the trip as well as any follow-up meetings.
10. Remember not to be exclusive in my relationships. If my boyfriend/girlfriend or spouse is on the team, we will make every effort to interact with all the members of the team.
11. Refrain from any activity that could be construed as romantic interest in a national or teammate.
12. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
13. Refrain from teaching or the practice of any belief that would be contrary to the Word of God.
14. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.

Signed: _____ Date: _____

SHORT TEAM TRIP APPLICATION

1. Describe how and when you received Christ as your Lord and Savior.

2. How do you share your faith through your occupation and abilities?

3. What does our church mean to you?

4. Why do you want to go on this mission trip?

5. Why do you believe God has called you on this particular mission?

6. How do your immediate family members feel about you going on this mission trip?

Personal Data (please print or type)

Legal Name _____

Passport Number _____ Expiration Date _____

Name As It Appears on Passport _____

Nickname _____

Address _____

Email Address _____ Cell Phone () _____

Home Phone _____ Work Phone () _____

Place of Birth _____ Date of Birth _____ Age _____

U.S. Citizen? Yes No

T-Shirt Size: Small Medium Large X-Large XX-Large

Emergency Contact Person:

Name _____

Address _____

Email Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Relationship: Parent Spouse Other _____

Secondary emergency contact if person named above is not available:

Name _____

Address _____

Email Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Relationship: Parent Spouse Other _____

Personal History

Have you ever been on a mission trip before? Yes No

Outline mission trips taken. Include how long you were on each trip, where you went, what impact each trip had on your life:

Trip Name: _____

Trip Date/Year: _____

Lessons Learned:

Trip Name: _____

Trip Date/Year: _____

Lessons Learned:

Education/Occupation

State and describe present employment and any pertinent information regarding work experience related to mission vocational choices

Name of school you attend (if applicable) _____
Year in School _____
Major/Minor _____

CHBC Involvement

Current Church Membership _____ Length of Membership _____
Church You Currently Attend (if different)

Do You Attend On A Regular Basis? ___Yes ___No
Have You Served in a Ministry at CHBC? ___Yes ___No
Where? _____
Are You Involved In A Small Group Bible Study? ___Yes ___No Which one?

What Ministries/Organizations Outside of CHBC Are You Involved In?

Skills and Talents

Please write the appropriate CODE next to your skills/talents.

CODES:

E=No/little experience

AVG=Average

GOOD=Better than average

CONSTRUCTION _____Carpentry _____Painting _____Masonry/Carpentry _____
Roofing _____Electrical _____Plumbing _____Other _____

BUSINESS

_____Computers _____Accounting _____Editing_____ Other_____

PROF=Professional MEDICAL

____ Nursing ____ Physician ____ Dental ____ EMT ____ CPR ____

Therapy (PT, OT, Other) ____ Other _____

MUSIC

Instrument (please list) _____

SPORTS

____ Basketball ____ Baseball ____ Football (Soccer) ____ Other _____

ARTS

____ Fine Art (Painting/Drawing) ____ Graphic Arts (Posters/Design) ____ Photography

____ Videography ____ Other _____

MINISTRY EXPERIENCE

____ Teaching Ages ____ VBS ____ Crafts ____ Vocal ____ Other _____

PERFORMANCE ____ Juggling ____ Clowning ____ Puppetry ____ Drama ____

Other _____

LANGUAGE FLUENCY (Other than English) Conversational fluency:

Language(s) spoken: _____

____ Fluent ____ Fair ____ Poor

RELEASE, HOLD HARMLESS AND INDEMNITY AND MEDICAL AUTHORIZATION FOR ADULT PARTICIPANTS

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, acknowledge that participating in the CHBC Short Term Trip to _____ (the "Mission Trip") involves certain risks and that injury, death or other harm (including damage to property) could occur to me ("Injuries"). By participating in the Mission Trip, I hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Crow Hill Bible Church of Bailey, CO and its staff, volunteer leaders, members, employees, deacons, council member, Ministry and Church Leadership (hereinafter collectively referred to as "CHBC") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip.

MEDICAL AUTHORIZATION

If, while participating in the Short term Trip, I require emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered as may be deemed necessary by any duly licenses physician or dentist. I hereby give my permission to CHBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licenses physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by CHBC. I agree to assume and pay for all costs of such emergency medical treatment.

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

Witness Signature: _____ Date: _____ Printed Name: _____

WITHOUT THIS FORM WITH YOU AND SIGNED YOU WILL NOT BE ALLOWED TO PARTICIPATE

CHURCH TRIP RELEASE FORM – ADULT – PART TWO

Participant's Name: _____ Date: _____
Address: _____
E-Mail: _____ Phone _____ Age: _____
Insurance Carrier: _____ Policy #: _____
Physician's Name: _____ Phone: (____) _____
(Will your medical insurance cover you out of the country? _____ Yes _____ No
Allergies: _____
Chronic Illnesses: _____
Medication Currently Taking: _____

Physical Limitations (please list): _____
Blood type _____
Are you subject to motion sickness? _____ Yes _____ No
Are you permitted to take _____ or _____, or generic equivalent
for fever?
Are you permitted to take _____ or _____, or generic equivalent
for headache?
Are you permitted to take _____ or _____, or generic equivalent
for flu symptoms?

HEALTH

My health is: _____ Excellent _____ Good _____ Fair _____ Poor
Health Insurance: _____ Yes _____ No
Life Insurance: _____ Yes _____ No

PHOTO AND VIDEO PERMISSION

My permission is granted for Crow Hill Bible Church to videotape or photograph me during church events or normal activities. I understand these photos may be used as church promotional materials.

Signature of Participant: _____

CHURCH TRIP RELEASE FORM – MINORS – PART ONE

Participant's Name: _____ Date: _____

Address: _____

E-Mail (parent): _____

E-Mail (youth): _____

Phone (____) _____ Age: _____ Grade _____ Birthdate: _____

Insurance Carrier: _____ Policy #: _____

Physician's Name: _____ Phone: (____) _____

Will your medical insurance cover you out of the country? _____ Yes _____ No

Allergies: _____

Chronic Illnesses: _____

Medication Currently Taking: _____

Physical Limitations (please list): _____

Blood type _____

Is child subject to motion sickness? _____ yes _____ no

Child is to take _____ or _____, or generic equivalent for motion sickness

Child is permitted to take _____ or _____, or generic equivalent for fever

Child is permitted to take _____ or _____, or generic equivalent for headache

Child is permitted to take _____ or _____, or generic equivalent for flu symptoms

ACTIVITIES

(Name of activity) (Destination) (Date of Trip) (Parent's Initial) _____

Emergency Contact Information: Contact person(s)

Name(s): _____ Home Phone:

(____) _____ Cell Phone: (____) _____ Work Phone:

(____) _____

Secondary emergency contact if person named above is not available:

Name: _____ Phone: (____) _____

PHOTO AND VIDEO PERMISSION

My permission is granted for Crow Hill Bible Church to videotape or photograph my child or young person during church events or normal activities. I understand these photos may be used as church promotional materials.

Signature of parent or legal guardian:

CHURCH TRIP RELEASE FORM – MINORS – PART 2

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, as parent or legal court appointed guardian of _____ (Please print or type full legal name) a minor under the age of eighteen (18), (“Minor”), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the Programs and Activities at Crow Hill Bible Church. I, on my own behalf and on behalf of Minor, acknowledge that participating in the Programs and Activities involve certain risks and that injuries, death or other harm (including damage to Minor’s property) could occur to Minor (“Injuries”). By allowing Minor to participate in the Programs and Activities, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Crow Hill Bible Church of Bailey, CO and its staff, volunteer leaders, members, employees, deacons, council members, Ministry and Church Leadership (hereinafter collectively referred to as “CHBC”) from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip.

MEDICAL CONSENT AND AUTHORIZATION

If, while participating in the Programs and Activities, Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered to Minor as may be deemed necessary by any duly licenses physician or dentist. I hereby give my permission to CHBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licenses physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by CHBC. I assume full responsibility for all medical expenses incurred as a result of such emergency medical treatment.

Parent/Guardian Signature: _____
Printed Name _____ Date _____

Witness Signature _____
Printed Name _____ Date _____