



Short-Term Mission Trip Application

Destination _____ Date _____

- Notice of Understanding:
 - Completion of this application may not necessarily guarantee a place on the respective trip.
 - Each application will be reviewed by the Trip Leaders and Pastors.
 - It is the applicant's responsibility to secure the necessary finances for the mission trip.

General Information:

Full Name: _____

Name as appears on passport: _____

Mailing Address: _____

Telephone (H) _____ (W) _____ (Cell) _____

Email: _____

Passport No.: _____ Expiration Date: _____
(Passport must be valid for six months after return to US)

Occupation: _____

Employer: _____ Employer Address: _____

Marital Status: Single Married Birth Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Email: _____

Ministry Information:

Christ Fellowship Member? Yes No How Long? _____ Regular Attendee? Yes No

When did you accept Jesus Christ as your personal Savior and Lord? _____

Briefly explain your salvation experience?

Have you had experience with sharing your faith? Yes No

Have you participated on previous short-term mission trips? Yes No

Please describe your experience?

Please comment on your personal time of **prayer, Bible study, and walk with the Lord (include current areas of service)**:

Special skills, abilities, and hobbies you have that you would like to exercise during this trip:

Please explain your reasons for wanting to participate on a short-term mission trip?

What do you understand are your spiritual gifts?

Please give three references and their daytime phone numbers:

Name	Relationship	Phone number(s)
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Name	Relationship	Phone number(s)
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Name	Relationship	Phone number(s)
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If you are **not** a member of Christ Fellowship, please give name and contact number of someone who has ministered with you:

Name	Relationship	Phone number(s)
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RELEASE/DISCLAIMER OF LIABILITY

(To be completed by all short-term trip participants)

I, _____ in consideration of the benefits derived from my participation in the short-term trip to _____, (hereafter referred to as the “trip”) administratively organized by Christ Fellowship, do hereby voluntarily release, acquit, and forever discharge Christ Fellowship and its directors, elders, employees, members, and agents from all manner of suits, actions, demands, and liabilities which may arise from my participation in the trip.

I recognize that the conditions of the places to which I will travel are not equal to the same standard as the conditions to which I am accustomed. I realize further that there are certain travel, health and detainment risks as well as other risks to myself and my property, and I enter into participation on this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage, arising out of my participation in this trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than the church, its directors, elders, employees, members and agents.

In addition, I understand that my behavior must reflect Christlikeness throughout this entire trip and that failure to do so may result in disciplinary action, which may include immediate deportation at my own expense from the trip.

Date

Signature

Signature of Parent/Legal Guardian
(if above signature is that of a minor)

Christ Fellowship Short-Term Mission Trip Guidelines

Christ Fellowship Global Ministries short-term mission trips are designed to equip and enable believers to serve our missionaries and international partners in their ministries. Our desire is for team members to:

- ◆ experience the dynamics of the Body of Christ
- ◆ expand their vision of the world
- ◆ participate in fruitful ministry

In order to maximize the impact of a short-term trip, each team member is asked to agree to the following:

1. Live under the Lordship of Christ so that his/her lifestyle gives credibility to his/her profession of faith.
2. Be a member or regularly attend, in good standing, a local church.
3. Fulfill team requirements for training, **missing no more than 2 meetings.**
4. Raise the necessary prayer and financial support for the trip. Support raising training and deadlines will be provided during the first few training sessions of the trip. Any funds not raised by deadlines must be covered by the individual team member. **Christ Fellowship is not responsible for covering the expenses of a team member.**
5. Submit to the leadership and direction of the team leader during preparation, training, and on the trip. **Failure to submit to trip leadership may lead to disciplinary actions, including being sent home before the trip completion at the team member's expense.**
6. Seek to be above reproach in his/her actions and attitudes.
7. Make the necessary lifestyle adjustments in order to adapt to the culture of the host community.
8. Refrain from the expression of political opinions while overseas due to the political instability and anti-American sentiment in many countries.

I have read and agree with the above guidelines.

_____Date_____

MEDICAL QUESTIONNAIRE Today's date: _____

Name: _____ Age: _____

Emergency Contact: _____ Phone: _____

Please answer the following questions. All information is confidential and will only be used in the event of a medical emergency.

1. Are you currently being treated for any medical condition? Yes No

If yes, please describe the condition: _____

2. Are you currently taking any medications? Yes No

If yes, please list the medication(s): _____

3. Do you have any of the following conditions? (Please check all that apply and briefly describe.)

_____ allergies to food items _____

_____ allergies to airborne items _____

_____ allergies to medications _____

_____ asthma _____

_____ blood disorder (such as hemophilia) _____

_____ depression _____

_____ diabetes _____

_____ heart disease _____

_____ mental illness _____

_____ migraine headaches _____

_____ pulmonary condition _____

_____ seizure's _____

_____ other condition not listed _____

4. Do you have any restrictions regarding how much you walk, lift, or carry?

Yes No If yes, explain: _____

5. Do you wear glasses and/or contact lenses? Yes No

6. Type "Yes" or "No" to all of the following that you have been immunized against:

tetanus/diphtheria within past 5 years _____ within past 10 years _____

typhoid _____ hepatitis A _____ other immunizations (specify) _____

7. If you know, what is your blood type? _____

8. **Do you have any other physical needs or impairments which might arise with traveling or staying in a different culture?** _____

Contract of Financial Obligation

In the event that the total funding for my short-term trip to _____ /date_____

is not received by (7) seven days prior to my departure date, I agree to pay the difference between the cost of the trip (the funds I am obligated to pay) and all funds received through fundraising, by the prescribed date.

Signature

Date

I understand that according to IRS Non-Profit regulations, all funds raised through fund raising toward this Christ Fellowship elder approved mission trip are Christ Fellowship donations, to its Mission's department, and come under the jurisdiction of the church. I do not own the funds nor do I have authority over disbursement of any such funds.

Signature

Date

Authorization to Leave the Country

(To be completed and **notarized** for all trip participants under 18 years of age who are traveling without one or both parents)

I/We the undersigned parent(s) or legal guardians of the minor listed below,

_____ (minor's name)

_____ (birthdate)

give permission to _____ (team leader) and other adults accompanying the team leader to take the above named minor out of the United States during the dates of _____ to _____.

Furthermore, I/We authorize the team leader and the other adults on the trip to seek the necessary medical care for the above named minor should he/she need medical treatment for any accident or illness **of which I will be financially responsible.**

Dated this _____ day of _____ at _____
(day) (month) (city/state)

Signature of Parent(s) or Legal Guardian

State of Texas
County of _____

Signed or attested before me on _____ by _____.

(Signature of notarial official)

My commission expires: _____