



# SHORT-TERM MISSIONS APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ (minimum age subject to trip requirements)

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Passport: \_\_\_\_\_

Marital Status:  Single  Married  Other: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Person not traveling with you):

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## MEDICAL AND INSURANCE INFORMATION

List any current allergies, illness, physical conditions, or medications: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  YES  NO

Is participant covered by personal/family medical insurance?  YES  NO

If yes, name of insurer: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

If under 18, written parental consent is required to be involved in this trip. Do you have your parent's consent to be involved in this trip?  YES  NO

Parent's/Guardian's signature\*: \_\_\_\_\_

\*GUARDIANSHIP RELEASE FORM MUST BE COMPLETED WHEN APPROVED TO PARTICIPATE

## **MINISTRY INVOLVEMENT**

Do you attend Redeeming Grace Church regularly?  YES  NO

Do you attend another church regularly?  YES  NO

If yes, name of church: \_\_\_\_\_

What ministries are you presently involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a leadership role in any ministry?  YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in short term missions?  YES  NO

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We frequently work with children as part of our mission trips. Please describe your experiences working with children.

\_\_\_\_\_

\_\_\_\_\_

Have you completed a Child Protection Questionnaire?  YES  NO

If no, please complete the Child Protection Questionnaire and attach it to this application.

Why do you want to be part of this particular mission trip?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **REFERENCE INFORMATION**

Please attach a personal reference letter from your care group leader or pastor. If you are not from Redeeming Grace Church, please provide contact information for a character reference:

Name of Pastor: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARTICIPANT BACKGROUND INFORMATION**  
**(CONFIDENTIAL)**

Have you ever been convicted of or pleaded guilty to a crime (other than a minor traffic violation)?

YES  NO  *Would prefer to discuss in person.* If "YES", please provide a detailed explanation:

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Have you deliberately and repeatedly viewed pornography in the past three years? (This includes reading, watching, listening to, or in any other way using pornographic material, including books, magazines, television shows, movies, internet programs, or telephone services.)

YES  NO  *Would prefer to discuss in person.* If "YES", please provide a detailed explanation:

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Do you drink alcoholic beverages?

YES  NO  *Would prefer to discuss in person.*

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Have you participated in illegal drug usage? :

YES  NO  *Would prefer to discuss in person.* If "YES", please provide a detailed explanation:

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If required, are you willing to refrain from all forms of tobacco and alcohol usage while on this short term trip?

YES  NO  *Would prefer to discuss in person.* If "NO", please provide a detailed explanation:

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## **LIABILITY WAIVER AND RELEASE**

I acknowledge that participation in the above trip involves risk to the Participant, and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

## **LEADERSHIP**

Submission to the leadership of the team is a must. There can only be one leader on each team. Team members should submit to the team leader. Failure to submit to the leadership and guidelines of the team leader may result in an individual being sent home at his or her own expense.

## **PARTICIPANT RELEASE**

I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed and additionally agree to all conditions stated in the LIABILITY WAIVER & RELEASE.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if participant under 18): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_