

HARVEST COMMUNITY CHURCH

143 Reed Road Kittanning, PA 16201

724-548-5643 / 724-543-7509 (fax)

SHORT TERM MISSION TRIP APPLICATION

CHECK APPLICATION TYPE: PARTICIPANT _____ LEADERSHIP: _____

PERSONAL INFORMATION

NAME: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # HOME: _____ WORK _____

CELL _____ AGE _____ (minimum age subject to trip requirements)

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ CITIZENSHIP _____

DO YOU HAVE A PASSPORT? _____ EXPIRATION DATE _____

IF YES- PASSPORT # _____ IF YES, PLEASE PROVIDE A COPY WITH THIS APPLICATION.

NAME AS IT APPEARS ON PASSPORT _____

MARITAL STATUS: () SINGLE () MARRIED () ENGAGED () WIDOWED () OTHER _____

IF MARRIED – SPOUSE'S NAME: _____

NAMES AND AGES OF CHILDREN: _____

EMERGENCY CONTACT INFORMATION: IN CASE OF EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: HOME: _____ WORK _____

CELL: _____

E-MAIL ADDRESS: _____

IF UNDER 18, WRITTEN 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) NAME: _____

MINISTRY INVOLVEMENT

DO YOU ATTEND HARVEST COMMUNITY CHURCH REGULARLY? () YES () NO

DO YOU ATTEND ANOTHER CHURCH REGULARLY? () YES () NO

IF YES – NAME OF CHURCH: _____

WHAT MINISTRIES ARE YOU PRESENTLY INVOLVED IN :

DO YOU SERVE IN A LEADERSHIP POSITION IN ANY OF THESE MINISTRIES? () YES () NO

IF YES—IN WHICH AREAS: _____

HAVE YOU EVER TAKEN A SPIRITUAL GIFT TEST: () YES () NO IF YES WHAT ARE YOUR TOP 3 GIFTS?

HAVE YOU HAD TRAINING IN PERSONAL EVANGELISM? () YES () NO PLEASE EXPLAIN: _____

HAVE YOU EVER PARTICIPATED IN SHORT TERM MISSIONS? () YES () NO IF YES PLEASE GIVE DETAILS:

MINISTRY INFORMATION

PLEASE INDICATE THE ACTIVITIES THAT YOU ARE ABLE TO DO:

- | <u>Media</u> | <u>Teaching</u> | <u>Tech Skills</u> | <u>Group Activities</u> | <u>Music & Drama</u> |
|--|--|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Journalism | <input type="checkbox"/> VBS | <input type="checkbox"/> Cook | <input type="checkbox"/> Group Games | <input type="checkbox"/> Lead Singing |
| <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Sunday School | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Puppets | <input type="checkbox"/> Sing |
| <input type="checkbox"/> Powerpoint | <input type="checkbox"/> Group Devotions | <input type="checkbox"/> Electrical | <input type="checkbox"/> Drama | <input type="checkbox"/> Clowning |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Preach | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Skits |
| | | <input type="checkbox"/> Paint | <input type="checkbox"/> Lead Small Groups | <input type="checkbox"/> Mime |
| | | <input type="checkbox"/> Electronics | | |
| | | <input type="checkbox"/> Automotive | | |

Other Gifted Ability: _____

I play the following Instrument(s): _____

PARTICIPANT BACKGROUND and REFERENCE INFORMATION

CONFIDENTIAL

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION)? () YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

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.) () NO () YES () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

DO YOU DRINK ALCOHOLIC BEVERAGES? () YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

HAVE YOU PARTICIPATED IN ILLEGAL DRUG USAGE? : () YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

ARE YOU WILLING TO REFRAIN FROM ALL FORMS OF TOBACCO USAGE WHILE ON THE SHORT TERM TRIP? () NO () YES () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

MEDICAL INFORMATION

TO BE COMPLETED BY PARTICIPANT OR PARENT / GUARDIAN

Leader is required to take copy of this page on the trip to have available at all times.

NAME OF PARTICIPANT: _____

DOCTOR NAME: _____ PHONE NUMBER: _____

BRIEFLY DESCRIBE ANY OF THE FOLLOWING THAT APPLIES:

PLEASE NOTE THAT A DOCTOR'S RELEASE MAY BE REQUIRED TO PARTICPATE IN THE TRIP

PHYSICAL DISABILITIES: _____

MEDICATIONS? LIST MEDICATIONS AND DOSAGE: _____

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

IS PARTICIPANT UNDER THE CARE OF A PHYSICIAN? () YES () NO IF YES PLEASE EXPLAIN: _____

PHYSICAL CHALLENGES OR LIMITATIONS YOU MAY HAVE: _____

IS TRIP SPONSOR AUTHORIZED TO APPROVE MEDICAL TREATMENT? () YES () NO

DATE OF LAST TETANUS SHOT: _____ (A current Tetanus is required. It must be within the last 10 years.)

Additional vaccinations may be required as recommended by the CDC based on the trip location(s).

MEDICAL INSURANCE DETAILS:

(Medical insurance is required for trip by all participants and leaders)

NAME OF POLICYHOLDER: _____

RELATIONSHIP TO PARTICIPANT _____ POLICY NUMBER _____

NAME OF INSURANCE COMPANY : _____

Liability Waiver and Release

(Notarization of this form is required)

In consideration of being allowed to participate in the trip sponsored by Harvest Community Church, and in consideration of the benefits to be derived therefrom, I hereby release Harvest Community Church, and its partners and/or agents and their present and former Elders, staff, officers, directors, members, employees, agents and their administrators, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a mutually acceptable arbitration process such as The Christian Conciliation Service (www.internet.net/christianconciliation).

PARTICIPANT RELEASE (only sign in the presence of the notary):

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 (required if participant under 18): _____

Relationship to Participant: _____

Date: _____

NOTARY:

Please notarize all copies separately. This application will not be processed unless notarized.

State of: _____

County of: _____

Sworn to and subscribe to me this _____ Day of _____

Signature _____ My commission expires _____

AGREEMENT TO PARTICIPATE IN HARVEST SPONSORED MISSION TRIP

**ACTIVITY INFORMATION
(TO BE COMPLETED BY HARVEST COMMUNITY CHURCH)**

NAME OF SPONSORING ORGANIZATION: HARVEST COMMUNITY CHURCH **TELEPHONE:** 724-548-5643

ADDRESS: 143 REED ROAD – KITTANNING, PA 16201

DESCRIPTION OF ACTIVITY: _____

DATES AND LOCATION OF TRIP _____

PARTICIPANT'S AGREEMENT

By signing below, the participant or the authorized guardian of the participant acknowledges, fully understands and agrees to the following:

- That participation on this short term mission trip is on a volunteer basis
- That I am receiving no financial compensation of any type for participating
- I accept the risk of possible personal injury or illness that may be associated with participation on this mission trip.
- I accept full financial responsibility for any injury or illness sustained during this mission trip.
- That all expenses associated with my participation in this trip are my responsibility,
- I understand certain expenses such as the cost of airline tickets are not refundable if I should cancel this application after those expenses have been incurred.
- I understand that all costs for this trip are to be submitted in accordance with the required schedule of due dates established for this trip.
- That all the questions on this application have been answered truthfully and information provided is accurate.

Signature of Participant

Date

If participant is less than 18 years of age, a parent or guardian must complete and sign below.

I _____ give my consent for _____
Print Name of Parent or Guardian *Print Name of Participant*

to participate on this trip with Harvest Community Church.

Signature of parent or guardian: _____ Date: _____

Relationship to Participant: _____

----- **MISSION TEAM APPROVAL of PARTICIPANT APPLICATION (Office Use Only)** -----

PLEASE PRINT NAME

DATE

SIGNATURE

APPROVED ____ DENIED ____

Leader Addendum
(This next sections are to be completed only by those leading the trip)

LEADERSHIP EXPERIENCE

DO YOU HAVE EXPERIENCE MANAGING OR LEADING PEOPLE? () YES () NO PLEASE GIVE SPECIFIC DETAILS:

LEADER SHORT TERM MISSIONS EXPERIENCE

HAVE YOU LED A PRIOR SHORT TERM MISSIONS TRIP () YES () NO IF YES PLEASE GIVE DETAILS:

WHY DO YOU FEEL CALLED TO LEAD A SHORT TERM TRIP?

LEADER BACKGROUND and REFERENCE INFORMATION

CONFIDENTIAL

PLEASE GIVE THREE(3) CLOSE REFERENCES NOT RELATED TO YOU:

NAME : _____

PHONE: _____ RELATIONSHIP: _____

NAME : _____

PHONE: _____ RELATIONSHIP: _____

NAME : _____

PHONE: _____ RELATIONSHIP: _____

DO YOU HAVE A COMPLETED STATE POLICE BACKGROUND CHECK ON FILE AT HARVEST COMMUNITY CHURCH?
() YES () NO? IF YES, WHAT DATE WAS IT COMPLETED? _____

IF NO, ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK IF NECESSARY () YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

Commitment:

SHOULD MY APPLICATION FOR LEADERSHIP BE ACCEPTED, I AGREE TO BE BOUND BY THIS CHURCH'S BYLAWS AND POLICIES FOR SHORT TERM MISSIONS WORK. I ALSO AGREE TO REFRAIN FROM ANY UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF THE CHURCH. ADDITIONALLY, BY SIGNING THIS DOCUMENT YOU ARE CERTIFYING THAT ALL THE QUESTIONS ON THIS APPLICATION HAVE BEEN ANSWERED TRUTHFULLY AND INFORMATION PROVIDED IS ACCURATE.

-

SIGNATURE

DATE

-

PLEASE PRINT NAME

----- PASTOR OR ELDER APPROVAL of LEADER APPLICATION (Office Use Only) -----

SIGNATURE

DATE

PLEASE PRINT NAME

APPROVED ____ DENIED ____