

# OASIS CHURCH

## MISSIONS TRIP APPLICATION

NOTE: The initial deposit is non refundable and due with the application. This deposit typically covers airfare and enables us to not jeopardize our group rate if you decide to back out.

-- See separate deposit sheet for a trip specific breakdown of amounts and deadlines.

Please submit the following:

- Personal Information** pg. 2
- Medical History** pg. 5
- Legal Disclaimer** pg. 7
- Code of Conduct** pg. 8
- Deposit (non refundable)**
- Copy of the first page of your passport**

Attached: **Sample Support Letter** pg. 9

*DO NOT HAVE A PASSPORT?*

*- It can take up to 3 months to receive. Please order your passport ASAP and give us a copy of the first page once it arrives.*

# PERSONAL INFORMATION

## **Contact Information:**

*Do you want your name listed on our website for online donations? Yes [ ] No [ ]*

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  F  M Martial Status:  S  M  W  D

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ **Shirt size** \_\_\_\_\_

## **Emergency Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Person to notify of team arrival \_\_\_\_\_ Phone \_\_\_\_\_

## **Medical History**

How would you describe your health?  Excellent  Good  Fair  Poor

List any physical limitations \_\_\_\_\_

Have you ever used illegal drugs?  Yes  No If yes, date of last use \_\_\_\_\_

## **Health/Life Insurance:**

Health Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Beneficiary for Life insurance: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Education/Occupation**

Occupation \_\_\_\_\_

Student? \_\_\_\_\_ If yes, graduation date \_\_\_\_\_ Major \_\_\_\_\_

What language do you speak besides English? \_\_\_\_\_

Level of fluency(1-10, 10 = fluent) \_\_\_\_\_

**Spiritual Growth**

How and when did you receive Christ as Savior?

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What made you want to go on this trip? What do you hope to get from it?

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**Skills**

What are some skills/ministry experience you feel God has gifted you with?

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Trades

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Musical Abilities

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Athletic Abilities

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Other Skills

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**Travel Information**

Have you traveled outside the USA?  Yes  No

If so where? \_\_\_\_\_ When?

\_\_\_\_\_

Do you have a valid passport?  Yes  No If so, when does it expire?

\_\_\_\_\_

**Legal Information**

Have you ever been arrested, charged or convicted of a civil or criminal offense, misdemeanor, or felony (excluding minor traffic violations?)  Yes  No

Please provide incident details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MEDICAL HISTORY

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Medical History (include information related to chronic conditions-ex. Diabetes, Asthma)

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Surgical History: (include information related to chronic conditions-Pacemaker, Prosthesis, etc.)

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Food/Medical Allergies:

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Please check yes or no:

- Yes  No Can participant swim?
- Yes  No Does participant have physical limitations or hardships or illnesses that would prevent him/her from participating in rigorous activities?
- Yes  No Has participant ever suffered from or received treatment for emotional or mental illness?
- Yes  No Does participant sleepwalk?
- Yes  No Does participant require a special diet?  
If yes, please explain:
- Yes  No Does participant have any allergies NOT including

medications and food?  
If yes, please explain:

Yes  No Does participant currently take any medications?  
If yes, please list name, dose and frequency of each  
Drug:

(Please note that all drugs brought on mission trips MUST be in original bottles, including over the counter medication. NO PILL BOXES)

Please list all physicians from which you have received treatment or medical care in the past 12 months:

Doctor's Name	Address	Phone/Fax	Type of Doctor	Reason for Care

I certify that (my child/I) \_\_\_\_\_ (is/am) physically fit and adequately trained to participate on an Oasis Church trip, I have contacted either our public health department or gavel clinic, and our local physician regarding vaccinations, immunizations and other precautions for the prevention of disease. I also certify that, to the best of my knowledge, I have given complete and accurate information. I future authorize Oasis Church or its agents to contact the physicians listed above to obtain additional information associated to my health in order to obtain medical authorization/clearance for this trip.

\_\_\_\_\_  
Parent's or Guardian's Signature  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
(if applicant is over 18 years of age)

\_\_\_\_\_  
Date

# OASIS CHURCH LEGAL DISCLAIMER

(Those under the age of 18): I/we \_\_\_\_\_ am/are the adult natural parent(s) of \_\_\_\_\_ (hereinafter referred to as "Participant") a minor of \_\_\_\_\_ years (note age is calculated based on year of travel)

OR

(Those 18 and older): I \_\_\_\_\_ (hereinafter referred to as "Participant")

Agree to the following:

## 1. Participation Disclosures and Waivers

Participants and Oasis Church understand and agree that there are a number of various programs undertaken in affiliation with Oasis Church involving activities and individuals that are often not under direct control or supervision of Oasis Church, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees with such activity, and that there is always the risk of physical injury, illness and loss, and possible cost or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and in these premises, Participant does for himself/herself and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of responsibility or sort or loss or injury of or to person or property of any description in the regard, and as an inducement to Oasis Church and its agents to allow the undersigned Participant to participate in such activity, does hereby agree to held harmless Oasis Church and its agents from all these things in even any such claim should arise. Oasis Church does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

## 2. Disclosure of Special Medical or Other Requirements

The under signed further represents that the Participant suffers from no disability or disease, and has no special requirement for care, supervision or medication, other than those listed on the Medical History Form.

## 3. Medical Authorization

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consents is hereby given for Oasis Church through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees that he or she has or will provide insurance coverage or payment of such things, at Participant's own expense.

## 4. Discipline

Participant for himself/herself hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by Oasis Church or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participant in the said activity may then be immediately terminated, without liability on Oasis Church or its agents.

## 5. Parent Travel Consent Form

I hereby have given my child permission to travel to the countries listed on the Travel Consent Form, during the months specified, with provided supervision by Oasis Church through its adults serving as its agents. If my last name differs from my child's last name, I will provide a copy of my child's Birth Certificate or legal guardianship documents following the notarized Travel Consent Form.

## 6. Volunteer Status

I am a volunteer and acknowledge that I am not an employee of Oasis Church.

## 7. Waiver

I waive any and all claims for damages, which I, or my heirs or successors, may have against Oasis Church.

\_\_\_\_\_  
Parent's or Guardian's Signature (if applicant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# CODE OF CONDUCT

We at Oasis Church believe mission trips are an opportunity for people to grow in their faith and to view the character of God from a fresh perspective, regardless of where they are in their relationship with Christ.

We believe mission trips are a privilege for all who attend, and there is an expectation that trip members will conduct themselves with integrity and conduct that will portray honesty, love, respect and cooperation.

## The character traits we expect to see are:

- Being open and honest with the trip leader about any personal, emotional, medical, criminal or financial struggle that may jeopardize your ability to serve on a mission trip, or may place yourself or other trip members in danger.
- Having a flexible attitude and willingness to work as a team member, placing your personal needs aside to function as a servant and team player with the mission team and the people you will be serving on the mission field.
- Treating others with love and respect. Having a willingness to work through conflict, disputes and problem solve with a kind and loving attitude and an openness to asking for/and giving forgiveness when resolving conflict.
- Being willing to ask for help when needed, and to offer help to others when they are in need.
- Attending and participating in mission trip planning meetings and activities.
- I understand we are taking the better safe than sorry approach. Due to the sensitive and conservative nature of different cultures and the fact that this is a ministry trip, I agree to refrain from the use of alcohol while on this trip. I will also abstain from any illegal substance. I will let my team leader know if there are any other habits that might be an issue culturally while on the trip. I will follow whatever dress code the missionary or my team leader sets forth, erring on the side of caution.

I have read and understand the Oasis Church Mission Trip Code of Conduct and I agree to conduct myself in a like manner. I understand that by not following this code of conduct I may be denied the opportunity to serve on a mission trip at the discretion of the Trip Leader, Missionary and Oasis Church Leadership.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signed

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Legal Guardian  
Signed (if under 18)

\_\_\_\_\_

Date

## **SAMPLE SUPPORT LETTER**

**Editable version available on website**

Dear Friends & Family

I have been given an opportunity to go with my church on a missions trip.

### **Section 1 (Let them know about the details of the trip)**

- Refer to trip info sheet

### **Section 2 (Why you feel you would like to go on the trip)**

- Share what you hope to get out of it.
- Why do you feel God wants you to go

### **Section 3 (The ask)**

I am writing to ask for your help in 2 areas.

First and foremost I ask you to **pray** for me while on this trip. I know God wants to do great things in my life and the lives of the people we are going to minister to. Please pray for protection and that I come home closer to God.

Next, I am asking you to consider helping support me financially. I truly believe the Lord IS directing me to be part of this trip and your money will not be wasted. The total cost of this trip includes travel costs, housing and ministry expenses.

All giving is tax deductible. Checks should be made out to **OASIS CHURCH** with my name and the name of the trip designated in the memo: **(ie. For John Smith – Dominican Republic Trip)**.

**CHURCH ADDRESS: Oasis Church  
6109 55<sup>th</sup> Avenue Circle E  
Bradenton, FL 34203**

Or give online at our website [www.oasischurch.ag](http://www.oasischurch.ag)

### **IMP: If you give online, you must do the following or I will not receive credit for your gift**

1. Find my name under the drop down menu
2. If my name is not yet listed, give with the PayPal link and designate my name in the sellers notes

*Note: There is a 3% service fee for all online giving that will be deducted from my gift.*

**(FUNDRAISING TIP: You can also share the online giving link on social media or through email)**

Thanks for taking time to read this and thanks in advance for your support.

**(Add any future contact information on yourself here)**

God Bless