



Short-Term Mission Team Application
Adults, College and High School Students

Mission Trip Requested Trip Date (if options are offered)

Why do you want to go?

Would you be available on another date?

Will any minor children be traveling with you? yes no Not applicable

Would you be willing to help with driving a van? yes no

Participant's Personal Information

Participant's Legal Name M / F

Preferred Name

Date of Birth Age Country of Birth

Address

City State Zip

E-Mail (print)

Home Phone Work Cell Text? Yes / No

Marital Status Single Engaged Married Separated Divorced Widowed

Spouse's Name

Frequent Flyer Miles, Airline & #:

Please list any special skills you may possess (fluency in another language, construction skills, medical/dental licensing, etc.)

While your preferences cannot be guaranteed, they will be considered. Please indicate in what role or in which project you are most interested in participating:

International Trips Only

Passport: Do you have a current passport with an expiration date that is more than six months beyond the trip dates? Yes No

If you have a current passport, please attach a copy of the first page for emergency purposes. Also, please provide the following information:

Passport Number Expiration Date

Name as it Appears on Passport

ChristWay will purchase traveler's insurance on your behalf. Please list your beneficiary for this purpose:

Name: _____

Relationship: _____ **Participant's Name:** _____

In Case of an Emergency, please notify:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____

Health Information

Present State of Health: ___Excellent ___Good ___Average ___Poor

Are you presently under the care of a physician? If yes, please explain. _____

Are you under any medical restrictions? If yes, please explain. _____

List all medications prescribed for you that you are taking. _____

List any allergies that you may have. _____

Insurance Company: _____

Policy or Group #: _____ (attach copy of insurance card)

Address (City, State, ZIP): _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____

Subscriber Occupation: _____ Work Phone: _____

Medical Consent. In the event of a medical emergency, I hereby give my consent for the team leader or other ChristWay Community Church representative to take the steps they deem necessary to procure proper treatment, surgery, medications, and/or anesthetic for me in the event I am unable to grant such permission or my emergency contact person cannot be reached in a timely manner. I further agree to be financially responsible to any such health care provider, and I authorize the release of any medical or insurance related information pertinent to the circumstances. I hereby certify to ChristWay Community Church that I have obtained and will maintain in full force and effect during the mission trip adequate primary medical insurance for myself or minor participant.

Signature: _____ Date: _____

(must be signed by a parent or guardian if under 18 years of age)

Participant's Name _____

Church Information - Adults (non-student)

How long have you been a partner at ChristWay? _____

If not a partner, how long and with what frequency do you attend? _____

Do you regularly attend life group? ___yes ___no

List your present ministry involvement: _____

How long have you served in this area? _____

Has ChristWay ever conducted a background check on you? ___yes ___no (Permission is required)

Church Information - High School and College Students

Where is your church membership? _____

Do you attend your home church regularly ___yes ___no If not, where are you attending regularly?

If other than ChristWay Church, please give the name and phone number of a pastor of the church you are attending _____

Is your church prayerfully supporting you in this trip? _____

List your present ministry involvement: _____

How long have you served in this area? _____

Has ChristWay ever conducted a background check on you? ___yes ___no (Permission is required)

Christian Witness – All Applicants

Are you currently undergoing church discipline? ___yes ___no

Have you ever undergone church discipline? ___yes ___no

Is your language abusive or profane? ___yes ___no

Are you presently experiencing any psychological struggles? ___yes ___no

Are you under the care of a mental health professional? ___yes ___no

Are you under any kind of significant financial obligation? ___yes ___no

Do you have a police record? ___yes ___no

Have you ever been convicted in criminal court? ___yes ___no

Are you engaging in the use of illegal drugs? ___yes ___no

Are you engaging in immoral sexual relations? ___yes ___no

Are you involved in homosexual activity? ___yes ___no

If you answered yes to any of the above, please explain on a separate sheet of paper.

For Your Spouse (if married): Either in the space provided below or on a separate sheet of paper, please express any fears, concerns, or reservations you may have about your spouse participating in this trip, about ChristWay Community Church, or about the sponsoring organization on this trip. If you have none of these, please express this also. (*Please note that spouse should sign on page 5 of this document as well.*)

Participant's Name: _____

Authorization

Notice: This waiver is a document with legal consequences. Read it carefully before signing! Parents must initial with minors and sign for minors at the end of the document.

I desire to participate in the short-term mission trip identified below, and agree to the following provisions as a condition of my participation:

Early Return. If, at any time, my behavior constitutes a problem on the trip, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action (including air fare) will be at my expense. Additionally, should I of my own volition decide to return home early or should changes occur in team travel arrangements that are beyond my control, I agree to bear the financial responsibility for all expenses incurred in my return.

I have read and understand the above. (initial here) _____

Assumption and Release. I agree that situations may arise during this mission trip which may be beyond the control of the leaders or participants. I voluntarily assume all risks related to my own conduct, the conduct of the person, entity, or agents leading the trip, including but not limited to ordinary negligence, lack of supervision, and any product or service defect. I release, forever discharge, and agree not to sue ChristWay Community Church, its employees, agents and other participants, and I hereby waive all claims which I may have against the above organization, entities, or persons arising out of or in any connection with my participation in the trip.

I have read and understand the above. (initial here) _____

Travel Advisory. I understand that ChristWay Community Church will not sponsor a mission trip to an area for which the United States State Department or similar governmental agency has issued a travel advisory. I understand that ChristWay Community Church may accordingly cancel my trip before its departure or call my trip home after it has begun, but before its scheduled conclusion. In either event, I understand that I will likely not receive the full benefit of all of the money I have paid or raised for my trip, and that ChristWay Community Church will be unable to refund such moneys. I further agree that if my trip is cancelled by ChristWay Community Church after it has commenced as result of the issuance of an adverse travel advisory, that I will return to the States or such safer area as requested by ChristWay Community Church. I further understand that if I do not leave the restricted travel area when requested to do so, that I will have knowingly assumed the risk of hazardous travel, including without limitation kidnapping, terrorist activity, grave bodily harm (including death), and the risks associated with riots and civil disturbances. I acknowledge that in no event will ChristWay Community Church pay a ransom for my return if I am kidnapped or hijacked.

I have read and understand the above. (initial here) _____

Willingness to Shepherd a Minor. (Adults only) I am willing, if needed, to assume oversight and responsibility for a student of my same gender who would like to participate in the mission trip but whose parent cannot accompany them or provide direct oversight at all times.

- For domestic travel, I would be responsible for supervision during times when genders are separated.
- For international travel, I understand that I would be responsible for helping the student navigate through the airports, get through customs, make sure the student is where he/she is supposed to be when he/she is supposed to be and on task at all times throughout the trip, and to provide care and even decision-making should the student become ill or have other needs.
- I understand the student's legal parents will grant written, temporary permission for me to provide this care.

I am willing to assume this OPTIONAL responsibility. (This is optional! initial here) _____

Participant's Name: _____

Photograph & Video Release. I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area. This release applies to all photographic, audio or video recordings collected and may be used for all purposes deemed necessary. Further, I understand that others, with or without the consent of ChristWay Community Church may use and/or reproduce such photographs and recordings.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a public setting. I hereby release ChristWay Community Church, and any of its associated or affiliated ministries, their elders, directors, officers, agents, employees and members, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. By signing this form I acknowledge that I have completely read and fully understand the above release is irrevocable and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material. (initial here) _____

Acceptance of Guidelines. I affirm my desire to participate in this short-term mission trip. The information provided by me in this form is truthful. I have read the ChristWay Community Church "Mission Team Guidelines" and agree to abide by them. I have read and understand the above. (initial here) _____

I have carefully read this form and fully understand its contents. I am aware that this is an assumption of liability, a release of liability, and a waiver of claims. I sign this document of my own free will. I have read and understand the above. (initial here) _____

Furthermore, in submitting this application:

- I am expressing my agreement with ChristWay Community Church's vision, mission, goal, values and strategy.
- I am willing to work under the direction of the team leader and to perform any and all assignments with a God-honoring attitude.
- I am willing to conform to the standards of the national Christians, even if those standards are stricter than my own.
- I am responsible for obtaining all necessary vaccines and medications and consulting with my health care provider about medical concerns.
- I am confirming that I have the time and energy to devote to the pre-trip responsibilities.
- I agree to participate in training, preparation meetings and complete all requirements for the trip.
- I agree to abide by the cell phone usage policy as set forth by the team leader/s while participating in this trip.
- I understand that this application will be reviewed by a leadership team and subject to approval.

(initial here) _____

MARRIED PARTICIPANTS:

I am supportive of my spouse's participation in this trip and agree to the conditions stipulated above.

Signature of Spouse _____ Date _____

Participant's Name: _____

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HIGH SCHOOL AND COLLEGE PARTICIPANTS

Legal Guardian's Contact Information

Father phone: _____ e-mail: _____

Mother phone: _____ e-mail: _____

MINOR PARTICIPANTS:

Legal Guardian's Permission

1. I/We give permission for our _____ (print minor's name) to participate in this short-term mission trip, consent to medical treatment as outlined above, and release, discharge, and agree not to sue ChristWay Community Church, its employees, agents, or other participants for personal or property damage occurring on or arising out of the mission trip, except for damages caused by gross negligence or intentional misconduct.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

2. I/We give permission for _____ (print minor's name) to be supervised by another consenting adult of the same gender during my absence including seeking medical care as necessary.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

ADULT PARTICIPANTS

Print Participant Name: _____

Signature: _____ Date _____

Names of Children Traveling with Parent (attach "purple" form for each child elementary – middle school)

NOTARY

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (___/___/___).

_____ Notary Public

My commission expires ___/___/___.