

Short-Term Mission Trip Application

INSTRUCTIONS:

Answer all questions and print in blue or black ink. Completed applications should be turned in to the Missions Office along with the \$150 Registration Fee made payable to "Foothills Church." This Fee is non-refundable and non-transferable.

GENERAL INFORMATION

Legal Name (as it appears on your passport): _____

Passport Number: _____ Expiration Date: _____
(Write "Pending" if you have applied for but not yet received your passport)

Age: _____ Birthdate: _____ Citizen of: _____ Birthplace: _____
Years Month/Date/Year Country Country

Gender: _____ Occupation: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

E-mail address: _____

Phone numbers: (home) _____ (work) _____ (mobile) _____

Adult T-shirt Size: _____ XS _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Emergency Contact (someone who will not be going on the trip with you):

Name: _____ Relationship to you: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

Mission Trip for which you are applying:

Location: _____ Date of Trip: _____
City and/or Country Month/Date/Year

MINISTRY INFORMATION

Are you a Partner/Member of Foothills Church? ____ Yes ____ No

If no, what church do you attend? _____

How often do you attend church? _____ Two or fewer times per month _____ More than twice per month

In which Bible Studies, Small Groups, other classes do you participate? _____

Briefly describe how you became a Christian: _____

Please describe your current relationship with Jesus: _____

MINISTRY INFORMATION (Continued)

Briefly describe any major life changes/counseling you have gone through in the past year (e.g., job or family changes, illness, injury, death of a relative or close friend, etc.) _____

Explain any difficulties you may have working with Christians who have doctrinal viewpoints different from your own. _____

Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your Team Leader instructs. How would you handle this? _____

With regard to financing this trip,

_____ I plan to pay my own way

_____ I plan to pay part of my way and trust God to provide the balance

_____ I will need God to provide all of the finances

_____ I need help learning how to develop my financial support team

MEDICAL INFORMATION

Volunteer projects can be extremely strenuous and stressful. They may include long rides in the back of a truck or on a bus. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food may not be what you are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting locations may not have air conditioning and may not have adequate heating/cooling. There can be a considerable amount of walking involved in your trip, as well as climbing hills and/or several flights of stairs. During the winter months, walking may be on snow or ice-covered walkways and stairs. Summer months in many parts of the world can be very hot. The air quality is poor in many locations. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel may provide inadequate care. We may request a medical release statement from your doctor.

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions above? (i.e., have you experienced any knee or back problems?)
____ Yes ____ No If yes, please explain: _____

2. Do you have any existing medical condition that may require extended medical treatment or surgery in the future? ____ Yes ____ No If yes, please explain: _____

3. Have you had any surgery or major health problems in the past two years? ____ Yes ____ No If yes, please explain: _____

4. Are you currently taking or do you regularly take any medications? ____ Yes ____ No If yes, please explain and indicate which are prescription and which are non-prescription: _____

5. Are you currently under a doctor's care or have you been in the past year? ____ Yes ____ No If yes, please explain: _____

6. Do you have any special dietary needs? ____ Yes ____ No If yes, please explain: _____

7. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?) _____

MEDICAL INFORMATION (Continued)

EMERGENCY INFORMATION AND LIABILITY WAIVER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

LIABILITY WAIVER

In being accepted and allowed to participate in activities associated with Foothills Church Missional Ministries, I assume responsibility for my actions. I release Foothills Church, it's Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, or damage to my property or myself. Nothing contained herein shall excuse Foothills Church, it's employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Foothills Church, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for injury or illness that I may sustain during this activity. In the event of emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf for medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a license physician, surgeon, or dentist.

In the event of my death, I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in religious work in other countries.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian _____
(if applicant is under 18 years of age)

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT:

In the event the Applicant is less than 18 years of age at the time of the anticipated trip, or is otherwise legally incapacitated or disabled (consult counsel if you are unsure of this), it is absolutely necessary for the parent/guardian to sign this portion of the agreement. If the Applicant is 18 years of age or older, and is legally capable, he/she must sign the consent for medical treatment for himself/herself.

Medical Release for MINOR (17 years of age or younger - or otherwise incapacitated or disabled):

*I hereby give to (name of individual in charge of group) _____
permission to authorize whatever medical treatment may be necessary in the case of (name of participant)
_____, a minor of whom I am the parent or legal guardian, while on a
mission trip with Foothills Church.*

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above named person, or anyone connected with Foothills Church, responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above named person is given my permission to do whatever is necessary.

Signature of Parent/Guardian

Date

Medical Release for ADULT (18 years of age or older):

*I hereby give to (name of individual in charge of group) _____
permission to authorize whatever medical treatment may be necessary for me,
_____, while on a mission trip with Foothills Church.*

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above named person, or anyone connected with Foothills Church, responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in an emergency situation where I am unable to consent to the medical treatment deemed appropriate for my care.

Signature of Applicant/Participant

Date

BACKGROUND CHECK INFORMATION

This authorization and consent for release of personal information acknowledges that Foothills Church may, now or any time I am in a volunteer service, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, credential reference, name verifications, social security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (state, federal, or extended).

I understand that these searches will be used to determine volunteer work assignment for Foothills Church. Therefore, I authorize and consent to full release of records to the authorized representatives of the church. In addition, I release and discharge Foothills Church and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report.

After reading this document, I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the bylaws and policies of Foothills Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Please print any other names you have used (maiden, nicknames, etc.)

Male or female?

Date of birth (for identification purposes only)

Do you have a current driver's license? Yes No

List your driver's license number, state of issue, and exact name on the license

Have you, at any time, ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "Yes," please explain in detail below:

MISSIONS REFERENCE QUESTIONNAIRE

For a Pastor or Christian Leader who knows you well.

Please use additional paper when necessary, and indicate which question number is being answered.

Thank you for returning this confidential reference within seven (7) days.

_____ has applied to take part in a mission trip with Foothills Church. This mission trip will take them to an international location in order to minister to people's needs and share the gospel. The participant will likely confront stressful situations both because of cross-cultural transition and because of team dynamics. For this reason, your honest evaluation will help us accurately assess this applicant.

Please mail this referral within seven (7) days to the address provided. Your reply will be held in strict confidence.

1. Your name and position or profession:

2. Address and phone:

3. How long have you know the applicant? In what type of relationship?

4. How have you seen the applicant grow spiritually?

5. Have you observed the applicant's ability to relate with people? Try to comment on the applicant's relational style, congeniality, cooperation, and potential for conflict.

6. How does the applicant relate with people in leadership over him/her? Is he/she teachable and willing to follow instructions?

MISSIONS REFERENCE QUESTIONNAIRE (Continued)

7. How have you seen the applicant demonstrate positive or negative influence on a group?

8. If this applicant is selected for the team, what training, development and individual care will he/she require?

9. Please rate the applicant from 1 to 5 in the following areas where “1” represents “does not describe the applicant” and “5” represents “describes the applicant perfectly.”

- | | |
|---------------------------------------|---|
| _____ Resourceful | _____ Adapts easily to changing circumstances |
| _____ Self-motivated | _____ Careful |
| _____ Responsible | _____ Attentive to detail |
| _____ Expresses his/her thoughts well | _____ Easily makes friends |
| _____ Expresses his/her feelings well | _____ Knows Scripture |

10. What strengths or gifts will this applicant bring to the team?

11. What special contributions could he/she make to a cross-cultural missions effort?

12. Please give further information about the applicant (family background, education, experiences, etc.) you would want to know if you were leading him/her on a short-term project.

Signature _____ Date _____