

TRINITY CHURCH Short-Term Mission Application

Mission Trip: _____ Date of Trip: _____

Instructions:

- Please print clearly.
- All Applications need to be **NOTARIZED**.
- Return completed Notarized application to Trinity's Mission Department.
- Include trip deposit with your application.
- Provide a copy of your passport, driver's license and health insurance card (all on one page).

Personal Information:

Print Name exactly as it appears on passport: _____

Citizenship: _____ Passport Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____ Date of Birth: _____

E-mail: _____

Marital Status: _____ Spouse's name: _____

Emergency Contact Information:

Please notify: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: (h) _____ (w) _____ (c) _____

How would you describe your health? (circle one) Excellent Good Average Poor

Height: _____ Weight: _____ Are you on a special diet? _____

List any allergies you have: _____

Are there any health concerns we should be aware of? _____

Name of your primary physician: _____ Phone: _____

Experience Information:

Current Employer: _____ Dates: _____

Job Title / Responsibilities: _____

High School: _____ Year graduated: _____

College: _____ Degree: _____ Year graduated: _____

Other: _____ Degree: _____ Year graduated: _____

Do you speak a language other than English? Yes / No If yes, What language? _____

List any skills, talents, or experiences you may have that will contribute to the success of this mission:
(examples include: construction, photography, teaching, preaching, sports, music, administration, etc.)

List any previous international travel experience: _____

Spiritual Information:

Are you a member of Trinity Church? Yes No If yes, how long? _____

If not a member of Trinity, do you attend another church? Yes No

If yes, where? _____ Pastor's name: _____

Spiritual Journey: Please describe your spiritual journey and why you feel the need to go on this mission trip.

TRINITY CHURCH - LIABILITY WAIVER

THIS FORM MUST BE NOTARIZED

Legal Name of Participant: _____

Full Address: _____

Phone number: (____) _____

It is my understanding that participating in a short-term mission trip of Trinity Evangelical Free Church, Redlands, CA is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, for example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Liability Waiver, I expressly warrant that I am capable of withstanding both the physical and mental demands of volunteer activities. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release Trinity Church and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against Trinity Church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Trinity Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Trinity Church to seek and secure any needed medical attention or treatment for me including hospitalization if in the agent's opinion such need arises. In doing so, I further agree to pay all fees and costs which arise from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree to pay for the medical treatment.

Health Insurance

Insurance Company: _____ Policy Number: _____ Phone Number: _____

Publicity

On occasion, Trinity Church takes photographs or makes audio or videotape recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and recordings may be used in Trinity Church's publications or advertising materials to let others know about the ministry. In addition, local news organizations may hear of activities or events, and Trinity Church may invite or allow them to photograph or record the events for news reporting on special interest features. I consent to the use of any such audio or visual record of me to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission to be interviewed by the media, or for such photographs and other audio or visual records to be used by the media.

Volunteer Agreement

As a volunteer, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature: _____ Date: _____

(Wait to sign this form in the presence of a notary.)

IF THE PARTICIPANT IS A MINOR
(Wait to sign this form until you are in front of a notary.)

STUDENT AGREEMENT:

By signing this form, I am committing to be a Christ-like witness at all times during the trip as well as before and after. I will not do anything that will damage or hinder the ministry of the group as a whole. I will be respectful and courteous to all people. I will be on time to meetings and I will follow all trip guidelines.

Signature of Student _____ Date _____

2ND EMERGENCY CONTACT:

Parent / Guardian: _____ Phone: _____

PARENTAL CONSENT:

I, _____ represent that I am the parent/guardian of _____

who is under 18 years of age. I have read the above Permission/Waiver Form and I am fully familiar with the contents thereof. I give permission for the child named above to participate in the mission activities of Trinity Church including any special events/activities related to the trip. In consideration for allowing the participation of the above child in the activities of Trinity Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

CONSENT TO TRAVEL IN FOREIGN COUNTRY _____ or MEXICO:

I also give the above named child permission to travel by car, van, or bus during their stay in _____ or Mexico during these days _____.

MEDICAL TREATMENT CONSENT:

If my child becomes sick or injured, and I am unable to be reached by phone or any other means, I give permission to the leaders of Trinity Evangelical Free Church to seek appropriate attention for my child.

Signature of Parent/Legal Guardian: _____ Date _____

Signature of Parent/Legal Guardian : _____ Date _____

(Wait to sign this form in the presence of a notary.)
