

Short Term Missions Program – Participant Application

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First Presbyterian Church

682 Mulberry Street; Macon, GA 31201

478-746-3223 | fax 478-745-2768

www.fpcmacon.org

Current Date *

Trip Location *

City, Country

Trip Start Date *

Start Date

General Information

First Name *

Middle Name *

Last Name *

Street Address *

Address (Line #2)

City *

State *

Zip *

Gender *

Marital Status

Spouse's Name

Names of Children

Home Phone Number

Work Phone Number

Cell Phone Number *

Preferred number

Home Phone Work Phone Mobile Phone

Place of Employment

Job Title

Email Address *

T-Shirt Size *

Date of Birth *

Over 18 years of age? *

Yes No

Social Security Number *

Citizenship

Country of Birth (if other than USA)

Passport Number *

Date of Issue *

Date of Expiration *

If you do not have a passport or need to renew a passport, please visit <http://travel.state.gov> for instructions. It is vital that you complete the application process as soon as possible as passport processing can take several weeks.

Frequent Flyer Program and Number

Parent/Guardian Information

Please complete the following if the participant is under the age of 18

Participant's Grade in School

Name(s) of Parent(s)/Guardian(s)

Street Address (if different from above)

Address (Line #2)

City

State

Zip

Primary Phone Number

Name of Pastor/Church Leader who knows you best

Emergency Contact Information

Emergency Contact #1

First Name *

Last Name *

Relationship *

Email Address *

Primary Phone Number

Street Address

Address (Line #2)

City

State

Zip

Emergency Contact #2

First Name *

Last Name *

Relationship *

Email Address *

Primary Phone Number

Street Address

Address (Line #2)

City

State

Zip

Emergency Health Information

Information provided on this form will be kept in confidence and only accessed in case of emergency

Do you have any particular health problems, diseases, or physical limitations? * Yes No

If yes, please describe

Have you had any serious illnesses in the last five years or been under the ongoing care of a doctor in the last year?

Yes No

If yes, please describe

Do you have any chronic allergies? Yes No

If yes, please list any allergies and how you typically treat them:

Are you allergic to any medications? Yes No

If yes, please list any medication allergies:

Do you have health insurance? Yes No

Please verify that your insurance policy includes overseas coverage. If this is not the case, you will need to obtain supplemental short-term coverage for this mission trip. Please visit our church website for resources on how to pursue this avenue.

Name of Company

Policy Number

Missions Experience

Have you ever participated in a short term mission trip before? Yes No

If so, was this an FPC sanctioned trip? Yes No

Please list location(s) and date(s) of any mission trips you have participated in: *If it was not an FPC sanctioned trip, please list sponsoring church/organization*

Church Involvement

Church Membership:

Length of Membership:

Please list the ministries with which you have been involved at your church, including time of involvement with any leadership positions held:

Community Involvement

Please list any ministries or organizations with which you have been involved outside of your church and include any leadership positions held:

References

Reference #1

First Name

Last Name

Relationship

Email Address

Primary Phone Number

Street Address

Address (Line #2)

City

State

Zip

Reference #2

First Name

Last Name

Relationship

Email Address

Primary Phone Number

Street Address

Address (Line #2)

City

State

Zip

Missions Testimony

Please explain, briefly why you feel led to be involved with the Short Term Missions Program of First Presbyterian Church and what you hope to see the Lord do in and through you.

Salvation Testimony

In in the space provided, please share a brief testimony of how you came to know Christ. Include how long you have been a believer, in what ways Christ has influenced your life, and the most significant area of growth in your life at present.

Self Analysis & Spiritual Gift Assesment

God has uniquely made you and each member of this mission team for His glory. How might you be used on a mission team? *Please check all that apply.*

Spiritual Gifting:

- | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Discernment | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Exhortation |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Leadership | <input type="checkbox"/> Mercy |
| <input type="checkbox"/> Prophecy | <input type="checkbox"/> Service | <input type="checkbox"/> Teaching | |

Other Gifts:

Interests

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Construction | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Education | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> College Ministry | <input type="checkbox"/> Medical Ministry | <input type="checkbox"/> Deaf Ministry | <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Cultural Exchange | <input type="checkbox"/> ESL/EFL/English | <input type="checkbox"/> Literature Distribution | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Human Needs
Ministry | <input type="checkbox"/> Community
Development | <input type="checkbox"/> Church/Leadership
Development | <input type="checkbox"/> Communications/Media
Ministry |
| <input type="checkbox"/> Ethnographic
Research | <input type="checkbox"/> IT/Computer Support | <input type="checkbox"/> Prayer-walking | <input type="checkbox"/> Vision/Discovery |

Other Interests:

Please list any special training/courses you have taken in a foreign language:

What do you consider your weaknesses?

How would you describe your temperament?

Anything else you would like to share about how God has shaped you?

Team Expectations

As part of a short term missions team, you agree to the following statements which represent attitudes and behaviors that will contribute to a successful, God-honoring mission trip:

Please carefully review the following expectations of a Short Term Missions Team Member. Check the box next to each responsibility as indication that you have read and agree to execute each of them.

- 1. To be prayerful, in the Word and dependent on the leadership of the Holy Spirit.
- 2. To attend all preparation and training meetings prior to the trip.
- 3. To submit to the authority of First Presbyterian Church staff, team leaders, missionaries and national pastors/workers during the field experience.
- 4. To be positive in all conversations and actions with other on the team and be willing to work well together. To seek to be inclusive in all relationships, without communicating a romantic interest while on the trip.
- 5. To be conscientious to serve with excellence and have a positive attitude. To, furthermore, be humble and have a servant's heart toward nationals, missionaries, and teammates; and to be thankful for the privilege of serving and respectful of the culture in which I serve.
- 6. To abstain from the use of alcohol, tobacco or any other behavior that may be considered disruptive to the purpose of the trip. To understand that these behaviors should not be participated in at any time and that participation of such activities are grounds for dismissal from any volunteer project, with return travel at the expense of the participant.
- 7. To be proactive in completing all scheduled requirements, including but not limited to: submitting a passport application as soon as possible, distributing support letters on time, organizing a personal prayer team, completing all necessary documentation required by the missions office in a timely manner, and executing proper follow up procedures at the conclusion of the trip (i.e. forms and thank you notes for support).
- 8. I understand and agree that First Presbyterian Church is acting on my behalf purely in an administrative capacity for purposes of depositing and disbursing the funds required for the trip, and is in no way responsible for raising said funds and/or advancing any required deposits/expenses beyond what I, as a participant, have raised at any point in time during the short term trip process. I further understand that First Presbyterian Church will not be responsible for any resulting fees, damages or any liability whatsoever in connection with my financial commitments for the trip, and my failure to do so will result in the penalties and forfeitures described herein below.
- 9. To cover the total cost of the trip, including any balance not covered by collected support funds, and to do so within the deadlines for all monies due, as laid forth by the FPC Missions Office. Penalty for non-compliance with this policy will result in personal disqualification from participating in the trip and/or potential cancellation of the trip as a whole, with collected contributions retained for future trips. Such penalty will be determined at the discretion of the FPC Missions Committee.

Participant Signature

Name: _____ Date: _____
Please Print

Signature: _____

Parent Commitment

If the participant is a minor (under the age of 18 by the departure date of the trip), parents are required to complete this section. As a parent of a team member who is a minor, you agree to the following:

Please carefully review the following expectations of a Short Term Missions Team Member. Check the box next to each responsibility as indication that you have read and agree to execute each of them.

- 1. To encourage my child to fulfill all the requirements of the trip, as set forth in the "Team Expectations."
- 2. If my child fails to comply with the requirements of discipline on the trip, I agree to purchase airfare and cover the costs of the child being sent home, if necessary.
- 3. If, by the deadline(s) for support to be raised, my child has not raised the entire required amount for the trip, I agree to pay immediately upon demand any and all remaining balance(s) required to fully fund said trip. If I am unable or unwilling to pay for said deficiency(s), I understand and agree that my child will not participate in said trip and that I will be responsible for any and all resulting fees/penalties levied by First Presbyterian Church as a result of my child's non-compliance.

Parent Signature

Parent Signature #1

Name: _____ Date: _____
Please Print

Signature: _____

Parent Signature #2

Name: _____ Date: _____
Please Print

Signature: _____

Travel Agreement and Release

The undersigned, hereinafter referred to as Participant, enters into this Travel Agreement and Release with First Presbyterian Church in consideration of the Church's undertaking the sponsorship and/or supervision of the above indicated trip (the "Trip") as part of the Church's Short Term Missions Program, in which the undersigned, or the undersigned's child, named below is the Participant. As an inducement for the church to undertake the sponsorship and/or supervision of the said trip, the Participant agrees as follows:

Please carefully review the following stipulations of the Travel Agreement and Release. Check the box next to each responsibility as indication that you have read and agree to execute each of them.

- 1. Participant understands that the Church does not guarantee the safety of the Participant on the Trip and that the church has made no representations or warranties concerning the safety of the Trip or the activities in which the Participant will partake while on the Trip.
- 2. Participant hereby releases and discharges the church from any and all liabilities, claims and damages for any and all injuries and/or losses to Participant's person or property during the Trip, which injuries or losses are caused by or in any way connected with acts or omissions, including negligence, of the Church. This release also extends to any injury, damage, or loss to Participant's person or property which is caused by the act or omission of any third party such as a common carrier, travel agency, hotel, or any other firm or individual.
- 3. Participant hereby grants to the church full authority to take whatever actions it may reasonably consider to be warranted under the circumstances during the Trip regarding Participant's health and safety and fully releases Church from any liability in connection therewith. Participant authorizes the church in its discretion to place participant, at Participant's expense and without further consent, in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available, to place Participant in the hands of a local medical doctor for treatment. If deemed necessary or desirable by the Church, Participant authorizes the Church to transport Participant back to Macon, Georgia, USA, by commercial airline or otherwise at Participant's expense for medical treatment.
- 4. Member agrees that the Church shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate Participant's involvement in the Trip for failure to maintain these standards or for any actions or conduct which the church reasonably considers to be incompatible with the Church's policies, rules, or instructions or which interferes with the best interests, harmony, comfort or welfare of other participants. If Participant's involvement in the Trip is terminated, Participant consents to be sent home at Participant's expense with no refund of fees. Participant releases the Church from any claim arising from Participant's failure to comply with the church's policies, rules, or instructions.
- 5. The Church in its sole discretion reserves the right to cancel programs or otherwise to make alterations in programs, travel plans, and itineraries with respect to the Trip.
- 6. Except as expressly assumed by the church in writing, participant shall be fully responsible and liable for all fees and charges for the Trip, as well as for all expenses incurred by Participant and for any damages or liability caused by Participant.

Agreement continued on the following page

- 7. Participant represents that he or she has no health problems or physical or mental condition which would limit his or her partaking in any activity of the Trip except those indicated in the Health Information section of this form (above).
- 8. Participant understands that no medical or other type of insurance is being offered or included with the Trip and that Participant is responsible to provide all insurance if any kind.
- 9. I understand and agree that cellular phone access and adequate medical care may not exist for the venue of the Trip and that First Presbyterian Church will not be responsible for any resulting difficulties/complications that may arise as a result of the same. Parents are encouraged to consider renting satellite phones and procuring third party evacuation coverage should they have concerns in either or both of these areas.
- 10. All references in this Agreement to Church shall include the Church and all of its pastors, officers, employees, staff members, chaperones, supervisors, group leaders, agents and assigns. All references herein to the Participant shall include the legal guardian(s) and any other adult(s) responsible for custody or supervision of the Participant. Participant joins in this Agreement and Release to the extent of his or her legal authority to do so.

Participant Signature

Name: _____ Date: _____
Please Print

Signature: _____

Parent Commitment

If the participant is a minor (under the age of 18 by the departure date of the trip), parents are required to complete this section. As a parent of a team member who is a minor, you agree to the above guidelines on behalf of and in partnership with your child:

Parent Signature #1

Name: _____ Date: _____
Please Print

Signature: _____

Parent Signature #2

Name: _____ Date: _____
Please Print

Signature: _____

Background Check Authorization

Due to the fallen nature of the world in which we live, and our responsibility as the sponsoring Church of this short term mission trip, we require evaluation and screening of all participants in order to uphold the safety and well-being of all minors involved in the program to the best of our ability.

Please list all previous church work involving minors: *(Include church name, location, type of work performed, and dates of work)*

Please list all non-church work involving minors: *(Include organization name, location, and phone numbers)*

****PLEASE COMPLETE THE ATTACHED "BACKGROUND CHECK AUTHORIZATION FORM" AND SUBMIT WITH THIS APPLICATION**

Applicant Statement

I affirm that the information contained in this application is correct to the best of my knowledge. Should by application be accepted, I agree to be bound by the policies of this church and refrain from unscriptural conduct in the performances of my services on behalf of the church. I hereby authotize any references or churches listed to give you any information, including opinions they have regarding my character and fitness for mission trip participation. I authorize First Presbyterian Church and/or its representatives to make necessary background checks including criminal or police records, drivers license records and any other record check needed.

Applicant's Signature

Signature: _____ Date: _____