

# MISSIONS TRIP APPLICATION

(Please note: Filling out the application does not guarantee you a spot on the trip. You must also meet the financial deadlines set and the leadership team reserves the right to reject any application or move you to a different trip that they feel you would be best suited for.)

## Personal information:

FULL NAME: (as it appears on passport) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

(If you do not currently have your passport, leave the number blank, however please note that we will not be able to purchase airline tickets until we have your passport number. You must submit a copy of the photo page of your passport to the youth leadership team by \_\_\_\_\_ or you will not be able to attend the trip. You will want to apply for your passport as soon as possible considering the process can be quite lengthy.)

Social Security Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/guardian information:

Full name of parent/guardian if under 18: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Missions experience:

What trips have you been on in the past: \_\_\_\_\_

What did you accomplish on the trip: \_\_\_\_\_

## About you:

List specific skills you have that would be valuable on this trip: \_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish on this trip: \_\_\_\_\_

\_\_\_\_\_

Describe the circumstances of your salvation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some things you are currently doing to grow in Christ: \_\_\_\_\_



12. No purchase or consumption of alcohol, drugs or tobacco

13. No profanity

14. No secular music

15. No fighting

16. In general obey the leaders and the missionaries that we are serving.

Note: Failure to comply with the code of conduct above may result in the team member being sent home at their expense.

Participation agreement:

By signing below I promise to attend any and all functions pertaining to the missions trip and I will take care of all costs of the trip related to my attendance. I agree to do all that is required of me. I also understand that all money raised other than the initial deposit is non-refundable until February 2<sup>nd</sup>. After February 2<sup>nd</sup> all money is non-refundable. (If for some reason you are not able to attend, any monies bookmarked for you will be dispersed for the trip at the discretion of the leaders.)

\_\_\_\_\_

(Printed name of applicant)

\_\_\_\_\_

(Signed name of applicant)

(Date) \_\_\_\_\_

The following contractual area needs to be completed if the minor is traveling without parental supervision.

Parental Participation agreement:

I have read through the information and understand that my son/daughter will be attending a missions trip, if able. I am aware of the type of activities that will take place during the week of the missions trip. I understand what is required of my son/daughter in relation to attending any functions that pertain to the trip. I give permission for my son/daughter to be considered for the trip. I furthermore understand that all money raised other than the initial deposit is non-refundable until February 2<sup>nd</sup>. After February 2<sup>nd</sup> all money is non-refundable. (If for some reason your son/daughter are not able to attend, any monies bookmarked for them will be dispersed for the trip at the discretion of the leaders.)

\_\_\_\_\_

(Printed name of parent)

\_\_\_\_\_

(Signed name of parent)

(Date) \_\_\_\_\_

RELEASE OF LIABILITY

ACTIVITY : \_\_\_\_\_ DATES: \_\_\_\_\_

This form must be completed by each participant, or participant’s parent or guardian (if under 18 years of age), and brought to their Ministry Leader before the applicant may attend or participate in the above activity. This form may be release to a third party in order that the applicant receives medical care in the event of illness or injury. This form must be completed in full and the consent form must be signed.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN /SPOUSE NAME: \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE PHONE NUMBER \_\_ ( ) \_\_\_\_\_ / \_\_ ( ) \_\_\_\_\_

FAMILY PHYSICIAN/Medical INSURANCE

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Card ID#: \_\_\_\_\_

- 1. Date of last Tetanus Immunization or booster shot \_\_\_\_\_
2. Name of any medical condition for which participant is being treated at present time \_\_\_\_\_
3. List of medications he or she is currently taking \_\_\_\_\_
4. List all medications participant is currently taking: \_\_\_\_\_
5. List any restrictions of physical activity that apply to participant \_\_\_\_\_
6. Please detail any other medical info. That you feel is important for the safety of participant \_\_\_\_\_

In consideration of Eden Worship Center allowing me to participate in the above activity:

- 1. Medical Treatment Consent: I, the undersigned participant, parent or guardian, do hereby grant permission for myself or my son or daughter to receive the necessary medical treatment in the event of any injury or illness while attending the above activity and I hereby hold Eden Worship Center, and their representatives, the sponsoring program, the Ministry Leaders and Youth Leaders, all EWC personnel or representatives harmless in the exercise of this authority.
2. For an injury, illness, property damage or loss of any other nature suffered or sustained by me which is anyway associated with or related to my participant in, travel to and from, or activities associated with the above noted program or event, I do hereby for myself, my heirs, my administrators and my executors, forever waive, release and discharge any and all rights and claims for any expenses, damages or other losses that I may have, or that may hereinafter accrue against Eden Worship Center and/or any of their respective representatives, officers, directors, employees, agents, successors, assigns and administrators. I further agree to hold them harmless as the result of any claim or damages arising from my participation in activities and events organized and sponsored by Eden Worship Center and ministries.
3. I hereby in perpetuity grant full permission to Eden Worship Center, as described above to use any photographs, videotapes, motion pictures, recordings or any other record of activities of the above named program or event for any legitimate purpose. All photographs, resumes or other submissions taken or given to Eden Worship Center shall be property of Eden Worship Center.

I further agree not to institute any suit or cause of action at law or in equity, or in any form whatsoever, based on personal injuries or illness of my child or to other persons, damage or loss of property, losses or injuries or unknown, arising out of participation in activities and events or sponsored by Eden Worship Center and ministries.

PARTICIPANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

PLEASE RETURN COMPLETED FORMS TO TEAM LEADERS ; YOU WILL NEED THEM TO PARTICIPATE.

EDEN WORSHIP CENTER – 4095 S. 900 W. Topeka, IN 46571 Phone: (260) 593-2979

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