

APPLICATION FOR MISSIONS TRIPS

Hanoverdale Church

VISION STATEMENT

“Believing a growing church is a mission church, we will accomplish this task by sharing Jesus while building relationships and meeting needs.”

MISSION STATEMENT

“To encourage the congregation of Hanoverdale Church to be actively involved in quarterly local, church, and community service projects, as well as completing yearly at least two national and international mission projects.”

APPROVED BY MISSION COMMITTEE & WITNESS COMMISSION

Approval date November 22, 2011

HANOVERDALE MISSION TRIP GUIDELINES

Mission trips sponsored by the Hanoverdale Church have as their main purpose to fulfill the Great Commission of Jesus Christ. A mission trip is an act of faith both on the part of the team members and the church. To accomplish this, the church encourages its members to participate in local, national and international mission endeavors that are consistent with the adopted focus and mission emphasis of the church. The Hanoverdale Missions Committee has established the following mission trip guidelines. Any mission trip must support our Vision and Mission Statements.

VISION STATEMENT

“Believing a growing church is a mission church, we will accomplish this task by sharing Jesus while building relationships and meeting needs.”

MISSION STATEMENT

“To encourage the congregation of Hanoverdale Church to be actively involved in quarterly local, church, and community service projects, as well as completing yearly at least two national and international mission projects.”

To assist church members who wish to go on mission trips but are hindered by limited financial resources; the church body has a limited annual budget for mission support. Before requesting support from this fund one should prayerfully consider how much money one can personally provide, and how much can be obtained from other sources. The Missions Committee will prayerfully consider all requests and make resource allocation decisions consistent with available funding. Not all requests, regardless of their validity, need, or importance will be funded. Priority will be given to those requesting assistance for the first time, and trips that are aligned with the overall Mission Committee.

Funding requests must meet the following conditions:

1. Complete applications should be delivered to the Missions Committee Chairperson at least six months in advance of the time that money must be funded.
2. The Church will not fund more than 50% of the total cost of the trip.
3. Generally an individual cannot draw from this fund more often than one time per year.
4. The mission trip must be directly related to Christian activities and conform to the Mission Statement.
5. The Church will not fund any additional personal travel or sightseeing that one may wish to engage.
6. The travel and lodging expenses must be as economical as reasonably practical.
7. A trip coordinator must be an active member of Hanoverdale.
8. The cost proposal must contain:
 - a. the goal of the mission trip
 - b. a detailed itinerary
 - c. the estimate of total cost
 - d. a concise breakdown of costs
 - e. The estimate of total cost needs to include 5% extra to cover unexpected expenses.
9. All checks must be made payable to Hanoverdale Church with the trip name entered on the memo line.
10. Any unused monies are to be returned to the Hanoverdale Missions Fund.
11. You will be expected to submit a written report to be kept on file and possibly a verbal report to the congregation within thirty days upon your return.

The Missions Committee will respond to all applications for trips within thirty days from date submitted.

Application for _____
(Please print your name)

APPLICATION FOR MISSION TRIPS

*(Please complete the application in full, leaving no unanswered questions
and return to Missions Committee Chairperson,)*

NAME OF COORDINATOR: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (OFFICE) _____

(CELL) _____

EMAIL: _____ FAX: _____

EMERGENCY CONTACT INFORMATION: NAME: _____

RELATIONSHIP & PHONE NUMBERS: _____

MISSION TRIP LOCATION: _____

TIME FRAME FOR TRIP: _____

IS THIS YOUR FIRST MISSION TRIP? IF NO, WHEN & WHERE HAVE YOU BEEN? _____

MISSION AGENCY OR SPONSOR & CONTACT INFORMATION: _____

WHY DID YOU SELECT THIS PARTICULAR TRIP AND THIS SPONSOR? _____

WHAT IS YOUR GOAL FOR GOING ON THE MISSION TRIP? IF YOU HAVE A TEAM, WHAT IS THE GOAL?

LIST NAMES OF TEAM MEMBERS: _____

Application for _____

(Please print your name)

WHAT ONGOING SUPPORT WILL BE LEFT TO CONTINUE THE WORK AFTER THE TEAM HAS LEFT? _____

WHO ARE YOUR PRAYER PARTNERS? _____

WHAT IS THE ITINERARY FOR THE TRIP? _____

WHAT IS THE LATEST DATE THAT YOU NEED A DECISION ON FUNDING SUPPORT? _____

TOTAL COST OF THE TRIP? (Plus estimated 5% increase) _____

AMOUNT PERSONALLY WILL PAY? _____

AMOUNT TO BE RAISED THROUGH OTHER SOURCES? _____

PROVIDE DETAIL BUDGET BREAKDOWN OF THE COST OF THE TRIP:

EXPENSE ITEM:

AMOUNT:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL COST: \$ _____

DATE: _____

Signature of Coordinator

Application for _____
(Please print your name)

LIABILITY WAIVER AND RELEASE

In consideration of being allowed to participate in the trip sponsored by Hanoverdale Church and in consideration of the benefits to be derived there from, I hereby release Hanoverdale Church, and its partners and/or agents and their present and former Board, staff, officers, directors, members, employees, administrators, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel or property, and I enter into participation in this trip.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

PARTICIPANT RELEASE

I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed and additionally agree to all conditions stated in the LIABILITY WAIVER & RELEASE.

Date: _____ Signature of Participant: _____

Signature of Parent or Guardian (required if Participant under 18): _____

Relationship to Participant: _____

COORDINATOR BACKGROUND & REFERENCE INFORMATION -- CONFIDENTIAL

NAME: _____

PLEASE GIVE THREE (3) CLOSE REFERENCES NOT RELATED TO YOU:

1. NAME: _____
PHONE #: _____ RELATIONSHIP: _____
2. NAME: _____
PHONE #: _____ RELATIONSHIP: _____
3. NAME: _____
PHONE #: _____ RELATIONSHIP: _____

DO YOU HAVE A COMPLETED STATE POLICE BACKGROUND CHECK ON FILE AT HANOVERDALE CHURCH?

() YES () NO IF YES, WHAT DATE WAS IT COMPLETED? _____

IF NO, ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK IF NECESSARY?

() YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION)?

() YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

ARE YOU WILLING TO REFRAIN FROM ALL FORMS OF TOBACCO, ALCOHOL, ILLEGAL DRUG USAGE, AND PORNOGRAPHY WHILE ON THE MISSIONS TRIP?

() YES () NO () WOULD PREFER TO DISCUSS. PLEASE PROVIDE A DETAILED EXPLANATION:

COORDINATOR BACKGROUND & REFERENCE INFORMATION – CONFIDENTIAL - continued

COMMITMENT:

SHOULD MY APPLICATION FOR LEADERSHIP BE ACCEPTED, I AGREE TO BE BOUND BY THIS CHURCH'S BYLAWS AND POLICIES FOR MISSIONS WORK. I ALSO AGREE TO REFRAIN FROM ANY UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF THE CHURCH. ADDITIONALLY, BY SIGNING THIS DOCUMENT YOU ARE CERTIFYING THAT ALL THE QUESTIONS ON THIS APPLICATION HAVE BEEN ANSWERED TRUTHFULLY AND INFORMATION PROVIDED IS ACCURATE.

DATE: _____

SIGNATURE

PLEASE PRINT NAME

(MISSIONS COMMITTEE USE)

APPROVED _____ **DENIED** _____

DATE: _____

SIGNATURE OF MISSIONS COMMITTEE

PLEASE PRINT NAME

Application for _____
(Please print your name)

MEDICAL INFORMATION

To be completed by Participant or Parent/Guardian

(Coordinator is required to take copy of this page on the trip to have available at all times)

NAME OF PARTICIPANT: _____

NAME & PHONE # OF DOCTOR: _____

BRIEFLY DESCRIBE ANY OF THE FOLLOWING THAT APPLIES

(PLEASE NOTE THAT A DOCTOR'S RELEASE MAY BE REQUIRED TO PARTICIPATE IN THIS TRIP.)

PHYSICAL DISABILITIES: _____

MEDICATIONS? LIST MEDICATIONS & DOSAGE: _____

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

IS PARTICIPANT UNDER THE CARE OF A PHYSICIAN?

() YES () NO IF YES, PLEASE EXPLAIN.

PHYSICAL CHALLENGES OR LIMITATIONS YOU MAY HAVE:

IS TRIP COORDINATOR AUTHORIZED TO APPROVE MEDICAL TREATMENT? () YES () NO

DATE OF LAST TETANUS SHOT: _____ A current tetanus shot is required. It must be within the last 10 years.) Additional vaccinations may be required as recommended by the CDC based on the trip location.

MEDICAL INSURANCE DETAILS

(Medical insurance is required for trip by all participants & leaders.

Please provide a copy of your medical insurance card.)

NAME OF POLICYHOLDER: _____

RELATIONSHIP TO PARTICIPANT: _____ POLICY #: _____

NAME OF INSURANCE COMPANY: _____

Application for _____

(Please print your name)