

MISSIONS TEAM APPLICATION

SHORT TERM MISSION

Mission Team: _____

Dates: Start: _____

End: _____

Please provide your full legal name as it appears on your passport or government-issued ID.

Print Name _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

e-mail address: _____ Date of Birth: _____

Passport Number: _____ Expiration Date: _____

City and State in which passport was issued: _____

Gender: _____ Male _____ Female

Marital Status: _____ Single _____ Married _____ Engaged _____ Separated _____ Widowed _____ Divorced

Spouse's Name: _____

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you are under 18 years old or are presently living under parental supervision:

Do you have Parental Permission and support for this mission? _____yes _____no

If no, please explain _____

Parent's Name _____ Telephone Number _____

Parent's Name _____ Telephone Number _____

MISSION TEAM APPLICATION

CHURCH MEMBERSHIP

Name _____

Mission Team Name _____

Are you currently a member of the Trace Crossing faith family? ___ Yes ___ No

Have you previously served on a short-term mission team? ___ Yes ___ No

If so, please describe _____

Are you currently an active participant of a Trace Crossing Life Group? ___ Yes ___ No

If yes, please give the name of the Life Group Leader _____

Have you had training in personal evangelism? Please explain. _____

List other service opportunities in which you have recently participated. _____

What are your spiritual gifts? _____

How do you anticipate using your spiritual gifts on this trip? _____

How do you regularly use your spiritual gifts within the Trace Crossing family? _____

Please list other abilities and talents that you have: _____

SHORT TERM MISSION

RELEASE OF PERSONAL RIGHTS

Name: _____

Mission Team Name: _____

We live in a world that is full of rights. Our particular culture is one where we take pride in our rights. The rights of individuals are constitutional; however it seems that as we see the demand of individual rights increase, we see more of the moral fiber of our society decrease. Our Lord Jesus Christ laid down His rights to the heavens and all His glory to become a man and to serve, not to be served (Philippians 2:5-11, Mark 10:45)

Consider laying down your rights on this mission trip. Not to lay them down for better or worse, but to entrust them to the Lord and transfer the responsibility of them to a place of safekeeping. These rights may seem reasonable but could still cause dissension on a short-term mission trip. Take time to search your heart and willingly surrender your rights to the Lord.

Romans 12:1

I give up my right to:

A comfortable bed
Three meals a day
Familiar food
Dressing fashionably
Seeing results
Control of myself and others
Pleasant circumstances
Making decisions
Taking up offenses
Being successful
Being understood
Being heard
Being right

I trust God for:

My strength and endurance
My health
My likes and dislikes of food
My security
My purposes and fruit in His timing
My need for His spiritual control
My circumstances
His purpose in making me Christ-like
The privilege of suffering for His sake
His sovereign hand on my life
My security in His love
My reputation
My need

I yield to God my life that He may do anything He wishes to me, with me, in me, or through me that would glorify Him.

Signature: _____

Print Name: _____

Date: _____

SHORT TERM MISSION

ADULT MEDICAL RELEASE

Print Name: _____ Team Name: _____

Home Phone _____ Cell Phone _____

Insurance Co. _____ Policy Number _____

Physician _____ Phone Number _____

EMERGENCY CONTACT NAME: _____

Cell Phone _____ Work _____ Home _____

Relationship: _____

Special Instructions or Information: _____

List Allergies: _____

List Medications being taken and frequency: _____

Do you currently have, or ever had:

- Suffered a serious injury? YES NO
- Any know allergies? YES NO
- Any dietary restrictions? YES NO
- Any food allergies? YES NO
- Any convictions regarding types of food? YES NO
- Using any medications? YES NO
- Using any non-prescription drugs, dietary supplements, herbs, etc.? YES NO
- Under medical treatment or observation for anything? YES NO
- Treatment for emotional difficulties? YES NO
- Eating disorders, depression, anxiety, phobias, etc.? YES NO
- Any significant health limitations? YES NO
- Any condition your physician might warn against? YES NO
- Any chest, back or joint pain? YES NO

If "Yes" to any of the above, please explain on another sheet.

IMMUNIZATION RECORDS: please give dates of most recent if known.

_____ Poliomyelitis _____ Diphtheria _____ Hepatitis A & B _____ Malaria

_____ Measles/Mumps/Rubella _____ Tetanus _____ Typhoid

In case of emergency you are authorized to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well being of myself. I release The Church at Trace Crossing, its staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above named is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency and treatment.

Signature _____ Date: _____

Print Name

SHORT TERM MISSION

ADULT RELEASE

Mission Team Going to: _____

This Release and Waiver (the "Release"), is made and entered into on the date listed below by the undersigned signatory, on his or her own behalf and on behalf of his or her personal representatives, children, assigns, heirs, and next of kin (collectively the "Participant"), in favor of **THE CHURCH AT TRACE CROSSING of Tupelo, Mississippi**, its members, agents, employees, volunteer personnel and/or independent contractors, assigns, and successors (collectively the "Church").

Participant understands that participation in Church-sponsored mission trips, and associated travel and activities, within the United States and overseas (the "Activities") is inherently dangerous (2 Corinthians 11:23-28) and involves hazards and risks to Participant's person and property, including, but not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services, and supplies, criminal activity, kidnapping and random acts of violence. Participant represents that he or she is aware of the risks associated with participating in the Activities and expressly agrees to voluntarily assume full responsibility for and risk of bodily injury, illness, infection, disease, death or property damage while participating in the Activities. Participant further represents that Participant is not subject to any medical restrictions or conditions that would prevent or hinder Participant's participation in the Activities. Participant further understands that, if Participant desires insurance coverage with respect to his or her participation in the Activities, Participant is responsible for obtaining and paying for such insurance.

In consideration of being permitted to participate in the Activities, Participant releases, discharges, indemnifies, defends, holds harmless, waives, and discharges the Church from any and all liability to the Participant for any and all losses, claims, damages, actions or right of action of any kind or nature, either in law or in equity, on account of or arising from any bodily injury, known or unknown, illness, infection, disease or death of Participant and/or any injury to the property of the Participant, which may occur as a result of participation in the Activities, including without limitation, reasonable attorneys' fees, litigation expenses and court costs, unless caused by the gross negligence or wanton misconduct of Church while the Participant is participating in the Activities.

Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi, and that if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Participant further releases the Church from any claim on account of first aid, medical treatment or service rendered to him or her while during participation in, or in connection with, the Activities.

Participant further states that he or she has carefully read the above Release and knows the contents of the Release, understands that he or she has the opportunity to consult with an attorney before signing this Release, and signs this Release as his or her own free act.

This Release contains the entire agreement between the parties hereof and the terms of this Release are contractual and not a mere recital.

Signature: _____ *Print Name:* _____

SHORT TERM MISSION

MINOR RELEASE

Mission Team Going to: _____

This Release and Waiver (the "Release"), is made and entered into on the date listed below by the undersigned signatory, on his or her own behalf and on behalf of his or her personal representatives, children, assigns, heirs, and next of kin (collectively the "Participant"), in favor of **THE CHURCH AT TRACE CROSSING of Tupelo, Mississippi**, its members, agents, employees, volunteer personnel and/or independent contractors, assigns, and successors (collectively the "Church").

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This Release contains the entire agreement between the parties hereof and the terms of this Release are contractual and not a mere recital.

MINOR PARTICIPANT (UNDER 18)

BY SIGNING BELOW, THE PARTICIPANT'S PARENT/LEGAL CONSENTS TO PARTICIPATION BY THE LISTED MINOR IN THE ACTIVITIES AND AGREES TO THIS RELEASE.

Signed on behalf of _____ [Print name of minor], by: _____

Print Name of Parent/Legal Guardian: _____

SAMPLE LETTER #1.

Dear _____:

(Insert Personal 1st Paragraph with Greeting)

God has opened the door for me to go on a short-term mission trip to (insert destination) with a team from The Church at Trace Crossing on (insert dates). During the week the team will (insert details about what your team will be doing.)

Your help is needed! This is a team project, and you are needed on the team. First we need your prayers for the spiritual battles ahead. Second, your help is needed to cover part of the cost for this trip.

The total cost is (insert dollar amount.) Please consider investing \$_____ or \$_____ in this project. Much of this amount is due by _____.

If you would like to help, please place a check in the enclosed envelope and return it to me. By IRS regulation, your gift to this mission trip may be tax deductible. In order to receive contribution credit for your gift, include a separate note designating the gift for the mission trip and include my name. Again, your check should be made payable to "Trace Crossing" and the **check memo should be left blank**. Any notation in the check memo will result in no contribution credit for the gift. All gifts are non-refundable.

You are very important to me and I appreciate you prayerfully considering being a part of this team.

Sincerely,

[Your Name]

SAMPLE LETTER #2.

Dear Friends and Family,

I am writing to share with you the fantastic opportunity that the Lord has provided for me.

I have been chosen to serve on a short-term mission team to (insert destination) with other Trace Crossing members!

When:

Where:

Cost: _____. This covers airfare, food, hotel and materials. Each team member is responsible for raising 100% of their financial and prayer support.

Purpose: The first and foremost reason for going is to share the Good News of Jesus Christ with the people. During the week the team will _____.

Prayer Needs: 1) God will open the hearts of the people.

2) Team Unity.

3) I will be open to what God wants to teach me.

I am so excited about this trip! Will you please consider sharing this opportunity with me as the Lord leads you to pray and/or give? Financial support is essential to my going on the trip, but of equal or greater importance is your commitment to pray!

If you would like to be involved financially, please make your check payable to The Church at Trace Crossing. To be eligible for tax credit, please do not write anything in the memo line. Please mail your check to me in the enclosed envelope. Remember that all gifts are non-refundable.

In Christ,

P.S. 50% of my support is due by _____.

SAMPLE LETTER #3.

Dear Friends and Family,

Please take the following multiple choice test to learn what is happening with me this summer:

1) This summer I will:

- a) Quit my job and sell suntan lotion in Hawaii.
- b) Go to (insert destination) on a mission trip in (insert month)
- c) Get married!
- d) Do nothing.

Answer: b

2) While there, I will:

- a) Leap tall buildings in a single bound.
- b) Pick bananas.
- c) Work with other Trace Crossing members for the purpose of relationship evangelism.

Answer: c

3) The cost of my trip is:

- a) Nothing.
- b) _____
- c) \$4,500.00
- d) \$25.00

Answer: b

4) Would you consider:

- a) Helping me iron my clothes before I go.
- b) Joining me as a prayer partner.
- c) Joining me as a financial partner.
- d) All of the above.

Answer: d

5) To make a financial contribution:

- a) Make check payable to The Church at Trace Crossing (*leave memo line blank for tax credit*)
- b) In a separate note, designate that your funds go to support me.
- c) Mail to me in the enclosed envelope.
- d) All of the above. (Note: Most of my money is due by _____ and all gifts are non-refundable.)

Answer: d.

God Bless,
(Your Name)

Funds Which Are Requested

Total Anticipated Cost of Mission Trip: _____

Amount You Are Providing from Your Personal Finances _____

Amount You Anticipate Securing Through Personal Contacts _____

Amount You Anticipate Securing Through Team Fundraising _____

Amount Requesting from Trace Crossing _____

Date Funds are needed _____

SIGNED: _____ **DATE:** _____

TC MISSIONS TEAM USE

Original Received by: _____ Date: _____

_____ Mission Application Packet Received

_____ Copy of Passport

Team Action: _____

Date: _____

Financial Team Action: _____

Disbursement Date: _____ Amount: _____