

## SHORT-TERM MISSIONS TRIP APPLICATION

*This form is CONFIDENTIAL and will be used only for the purposes of this missions trip.*

*Please submit a recent picture of you with this application and 3 recommendations (relatives do not qualify).*

Today's Date: \_\_\_\_\_

Trip Location: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

**Personal Data** (Please print or type)

**Please print your name as it appears on your passport.**

Legal Name:

\_\_\_\_\_  
(Last), (First) (Middle)

Commonly used name (if different than above):

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you have a current passport? \_\_\_\_\_ Passport #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Do you have a criminal record? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

Are you a member of a church? Yes \_\_\_ No \_\_\_

If yes, what is the name and location of the church? \_\_\_\_\_

Have you served in a ministry before? Yes \_\_\_ No \_\_\_

If yes, what type of ministry and to what capacity?

\_\_\_\_\_

**SKILLS AND TALENTS**

Your current occupation: \_\_\_\_\_

Please write the appropriate CODE next to your skills/talents.

CODES: **AVG**=average    **GOOD**=better than average    **PROF**=professional

**I. CONSTRUCTION**

- \_\_\_\_ Carpentry
- \_\_\_\_ Painting
- \_\_\_\_ Masonry
- \_\_\_\_ Roofing
- \_\_\_\_ Electrical
- \_\_\_\_ Plumbing
- \_\_\_\_ Other \_\_\_\_\_

**VI. MEDICAL**

- \_\_\_\_ Nursing
- \_\_\_\_ Physician
- \_\_\_\_ Dental
- \_\_\_\_ E.M.T.
- \_\_\_\_ C.P.R.
- \_\_\_\_ Therapy (P.T.; O.T.; other)
- \_\_\_\_ Other \_\_\_\_\_

**II. BUSINESS**

- \_\_\_\_ Computers
- \_\_\_\_ Accounting
- \_\_\_\_ Other \_\_\_\_\_

**VII. MUSIC**

- \_\_\_\_ Instrument (please list) \_\_\_\_\_
- \_\_\_\_ Vocal
- \_\_\_\_ Other \_\_\_\_\_

**III. SPORTS**

- \_\_\_\_ Basketball
- \_\_\_\_ Baseball
- \_\_\_\_ Soccer
- \_\_\_\_ Tennis
- \_\_\_\_ Volleyball
- \_\_\_\_ Other \_\_\_\_\_

**VIII. OTHER PERFORMANCE**

- \_\_\_\_ Dancing
- \_\_\_\_ Clowning
- \_\_\_\_ Puppetry
- \_\_\_\_ Drama
- \_\_\_\_ Juggling
- \_\_\_\_ Other \_\_\_\_\_

Coaching Experience? \_\_\_\_\_

**IV. MINISTRY EXPERIENCE**

\_\_\_\_ Teaching    What Ages: \_\_\_\_\_

\_\_\_\_ Biblical/Theology Degree? Yes \_\_\_\_ No \_\_\_\_

If Yes, Name of College/University and Degree: \_\_\_\_\_

**V. MISCELLANEOUS**

- \_\_\_\_ Crafts
- \_\_\_\_ Arts
- \_\_\_\_ Photography
- \_\_\_\_ Videography
- \_\_\_\_ Hair Dresser
- \_\_\_\_ Fashion Stylist

**Personality Profile**

How would you describe yourself?

\_\_\_\_ introvert    \_\_\_\_ extrovert    \_\_\_\_ intuitive    \_\_\_\_ perceptive

\_\_\_\_ fact-oriented    \_\_\_\_ feeling    \_\_\_\_ thinking    \_\_\_\_ decisive

Are you comfortable sharing your faith with others? Yes \_\_\_ No \_\_\_

What particular areas would you like to participate in during your missions trip?

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## MEDICAL INFORMATION AND RELEASE FORM

This form must be filled out in order for you to participate in a short-term trip. Please submit the form with the rest of the application information.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone: (\_\_\_\_) \_\_\_\_\_

### Medical Insurance

Provider: \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Will your medical insurance cover you out of the country? Yes \_\_\_ No \_\_\_

**Name of primary physician:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Local Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Please check if you suffer from any of the following medical conditions:**

Hypertension  Hypoglycemia  Bleeding Disorders  Heart Disease  Migraines  
 Seizures  Insect Allergies  Chronic Asthma  Chronic Anxiety  Arthritis

\_\_ Depression \_\_ Glaucoma \_\_ Diabetes \_\_ Nervous Disorder \_\_ Epilepsy  
\_\_ Other \_\_\_\_\_

**Physical limitations** – Please list: \_\_\_\_\_

List any **medications** (prescription or OTC) taken on a regular basis:  
\_\_\_\_\_

List **Medical** and **Food Allergies**: \_\_\_\_\_

**Blood Type**: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Have you had any surgery in the past three years? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due date? \_\_\_\_\_

**This history is correct, to the best of my knowledge.**

In the event that that the named individuals cannot be reached, I hereby give my permission to the physician or dentist selected by Changing a Generation and their international host team, to secure proper treatment if I develop a serious medical condition during my trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only if participant is under 18 years of age)

Relationship to Participant: \_\_\_\_\_

## RELEASE AND INDEMNIFICATION AGREEMENT

### YOUTH and ADULT

If **YOUTH**: I give permission for my son/daughter (Name of child) \_\_\_\_\_ to participate in the upcoming short-term trip to \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

In permitting my child to participate I agree to the following:

If **ADULT**: I desire to participate in a short-term trip with *Changing a Generation*. Regarding that participation, I agree to the following:

I for myself, and on behalf of my estate, heirs, executors, and administrators do hereby release from responsibility and forever waive any right I have for any action or any claim of any sort, including but not limited to: any personal injury, property damage, or wrongful death, whether known or unknown, against *Changing a Generation* or any of its board members, full and part-time workers, agents, missionary partners, or volunteers (collectively referred to as "Releasees") that might occur during participation in this project.

I further indemnify and hold harmless the Releasees from any claim or litigation for compensatory or punitive damages, included but not limited to: judgments, assessments, and/or attorneys' fees arising out of participation in the trip.

I understand this Agreement is continuing in nature. I agree to it knowingly and voluntarily, and without duress or undue influence.

I give *Changing a Generation* and any person acting under its authority permission to publish, distribute, broadcast, license, copyright, promote, and sell any form of visual, print, or audio recording of my participation, including application of any visual or auditory special effects. I release any claims of copyright or ownership, and agree that these materials may be duplicated or distributed with or without compensation or liability, in perpetuity.

I understand that *Changing a Generation* is obtaining this release and assignment of copyright in order to conform to U.S. copyright laws and international copyright treaties and conventions.

**For Youth Only:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said non-profit organization, its directors, board members, full and part-time employees, and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional, acts of said participant, including expense incurred attendant thereto.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by *Changing a Generation*.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

Date: \_\_\_\_\_

Participant's Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

**For Youth only** – Parent or Legal Guardian Printed Name:

\_\_\_\_\_

Signature: \_\_\_\_\_