

**INSTRUCTIONS**

**MISSIONS TRIP APPLICATION PACKET**

All items on this sheet must be complete in order for your application to be processed.

Please check your packet for each of the following and obtain any that are missing.

1. Mission Trip Application – two-page application form. All items must be completed.
2. Consent for Medical Treatment Form. Read, sign and date at bottom.
3. Medical Information Form
4. Team Liability Waiver. Read, sign and date respective form at bottom.
5. Two Confidential Personal Reference Form.   
   Must be completed by someone who knows you well. They are to complete the form   
   and return it sealed in the enclosed envelope.
6. Team Travel Policies. ***Detach and retain this form*.**   
   Your signature at the bottom of the Mission Trip Application says that you have read, understood and agree to abide by these policies.

***In addition to the above, the following must be returned with your application unless you have been on Missions team within last two years.***

* + photocopy of birth certificate
  + photocopy of current driver’s license
  + photocopy of passport (picture and facing page) ***when received***

MISSION TRIP APPLICATION

Team Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name on Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: (mm/dd/yy) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ ( ) Male ( ) Female

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

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

Daytime (where you can receive calls): (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Passport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Sec. No.: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #2: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #2: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CROSS CULTURAL EXPERIENCE:**

Countries Visited: Year: Purpose/Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOREIGN LANGUAGES SPOKEN (circle one)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent Good Fair A little

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent Good Fair A little

**PERSONAL HISTORY:**

Have you accepted Jesus as Lord of your life? YES NO When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been baptized in water? (circle one) YES NO When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you currently attend church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Pastor’s/Missions Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you desire to be a part of this mission?

Do you consider yourself flexible? How do you respond to “last minute change”?

What specifically do you feel capable of or gifted with that would contribute to the team’s purpose?   
(Job history, education, interests, hobbies, skills, etc.)

Do you consider yourself a team player?

**MEDICAL INFORMATION FORM**

**Patient’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL HEALTH:** (circle answers)

How do you appraise your present physical condition and health? VERY GOOD GOOD FAIR

Do you have any medical conditions we should be aware of that could be challenging on our outreach? YES NO

If yes, please specify what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a condition that requires a special diet? YES NO

If yes, please specify what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking prescription medication? YES NO

Please list here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be taking this medicine on your trip? YES NO

Allergic to any medications? YES NO

If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arise Ministry TEAM TRAVEL POLICIES**

1. Every team member will be responsible for their own travel, room and board expenses. Important payment schedules will be given each accepted Applicant with deadlines that must be kept.

1. Team members are expected to attend all pre-trip meetings. These meetings are held for the purpose of planning, briefing, team building and prayer for each other and the upcoming trip.
2. Alcohol and tobacco are not to be used at any time by anybody on an Arise Ministry Mission Trip whether you are of legal drinking age or under legal drinking age; illegal drugs may not be taken or used by any team member at any time. Violation of either of these policies may lead to a team member being sent home early. This policy is important due to each culture having different standards. We do not want to make our brothers and sisters stumble or undermine the work of other missionaries.
3. Team members agree to abide by the behavior and dress codes set by the team leadership for each trip and to respect the judgment and position of the team leader in these matters at all times. This includes purchase of souvenirs, use of jewelry, clothing style, hairstyle and make-up, which shall be appropriate to the cultural setting. Team members must see themselves as guests of the culture who are there to serve, not to be served. (NOTE—some foreign Christian cultures may seem “legalistic” to U.S. Christians but it is not our purpose to change their perspective, rather to honor it.)
4. Each team member will be responsible for their own belongings at all times and must account for checked baggage at all checkpoints and/or transfers. In addition, members may be given team items to check and transport. These items become the responsibility of members just as their own belongings.
5. Each team member is responsible for being at the departure gate AT LEAST 30 minutes prior to boarding time. Failure to do so may result in being left behind, at which point it is the team member’s responsibility to pay for any extra charges acquired in changing flights.
6. All team members must function as a team at all times. Accountability to the team leader is mandatory at all times. Team schedules must be followed for all of, but not limited to, the following: lights out and quiet time, wake up, team devotions, meetings, work schedules, and all meals. At all times, including free time, the team leader must know where each member is. This is the responsibility of the individual member. At no time is a team member, even an adult team member, to “go out alone.”
7. There will be no vehicle driving in a foreign country except by the team leader or by their designee.
8. All personal expenses such as phone calls, faxes, excess baggage charges, room service, extra meals, and non-team activities or purchases are the responsibility of the individual and will be paid at the time incurred.
9. It is understood and agreed to by all mission team participants that the code of conduct described in this document, and other requirements set forth by the leadership, including any team leader, are required behavior. Arise Ministry and its team leadership reserve the right at all times to deny participation or terminate participation in any trip or event when this agreement is not honored. At the discretion of the team leader, at any time, any participant may be required to terminate their participation with the team and can be sent home at their own expense.

I have read Arise Ministry’s Team policies and agree to abide by them for the duration of the trip. I understand that if my presence on the team becomes disruptive to the team or hosts, at the leadership’s discretion, I may be dismissed and send home early and I would be responsible for any extra expenses.

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

**AGREEMENT:**

I understand that completion of this application does not guarantee acceptance to participate on a mission team.  
 I have received a copy of the TEAM TRAVEL POLICIES and understand them and agree to abide by them for the duration of the trip. Finally, I understand that if my presence on the team becomes disruptive to the team or hosts, at the leadership’s discretion, I may be dismissed and send home early and I would be responsible for any extra expenses.

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

**FINANCES:** (circle answers)

Do you have the finances available to pay for your entire trip? YES NO

Will you have to raise part of your trip cost? YES NO

Are you able to make all payments according to the payment schedule? YES NO

Fundraising

I understand that all funds paid are non-refundable and will be receipted to the giver as a donation and any support received in excess of my trip costs will be applied to the general Arise Ministry Missions Fund.

***Please note that all checks should be made to Arise Ministry with***   
***“Missions – (Your Name)” on the memo line.***

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

Immunizations

We strongly encourage everybody to make an appointment with your doctor to receive all necessary immunizations.

**Standard Immunizations:**

*Tetanus:* within last 8 years

*Hepatitis A & B series:* good for life time

*Typhoid:* within last 2 years for shot/5 years for pills

*Adult Polio* if older than 45 years

I understand that I am responsible for my own immunizations

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

**DISCLOSURE OF RISK:**

**AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS**

There is always inherent risk associated with both domestic and international travel. In the case of international travel, Arise Ministry recommends that you utilize the U.S. State Department’s website (<http://www.travel.state.gov>) to keep informed of health and safety conditions in the country in which you intend to serve. Arise Ministry similarly recommends that you research and investigate any domestic destination where you intend to serve to become informed of potential risks in the area. By signing this waiver, you acknowledge that you have been made aware of the U.S. State Department’s informational resource, acknowledge that you have been advised to research out the areas you intend to serve in prior to travel, and further acknowledge the following:

1. I understand that any travel, trip-related work, volunteer service, or other activities that could include but are not limited to manual labor, construction, use of tools, public speaking, and/or athletic activities I undertake in connection with Arise Ministry , any partnering agencies, organizations, or individuals (hereafter, collectively referred to as Arise Ministry ) involves inherent risk on my property, health, and life and I further understand the nature of such risks.
2. I have been and am informed by this document that any travel, trip-related work, volunteer service, or other activities I undertake in connection with Arise Ministry presents inherent risk, including, but not limited to, loss of property, disease, illness, injury, exposure, physical and mental harm, and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence (passive, primary, or secondary), and political conflict including civil war, war, and acts of terrorism.
3. No principle, officer, agent, employee, or other person associated with or acting on behalf of Arise Ministry has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.
4. The undersigned, being of lawful age, for sole consideration of being allowed to be a member of a Arise Ministry mission team and the associated benefits, hereby and for my heirs, executors, administrators, successors and assigns, freely and knowingly waives all rights, demands and claims whatsoever and releases, acquits, and forever discharges Arise Ministry , the International Church of the Foursquare , their officers, agents, employees, servants and successors for anything in any way arising from or connected with, either directly or indirectly, any activities of the undersigned Volunteer or of Arise Ministry . The undersigned realizes that activities which he/she intends to pursue may entail risks to property, health, and life and desires to personally assume such risks.
5. This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Montana and this agreement is to be governed by the laws of the State of Montana. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
6. I enter into this agreement freely and voluntarily and I understand that this agreement is contractual and binding upon me.
7. In the event of illness or injury, I authorize the mission team leader or their delegate to secure emergency medical treatment for me. I also understand that I am responsible for any charges incurred for medical treatment rendered to me.

**I have read this document and understood and agreed to all of its contents before signing it. I have also had every opportunity necessary to ask questions concerning the risks and hazards I am assuming in each of the countries or areas I will visit or work in. I also have had adequate time to review, analyze and think of this document's contents, before signing the document.**

I certify the above information is correct and I HAVE READ THE DISCLOSURE OF RISK: AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS.

**Print Name:**

**Signature: Date:**

**DISCLOSURE OF RISK:  
WAIVER, RELEASE AND HOLD HARMLESS AGREEEMENT**

**WITH PARENTAL CONSENT**

There is always inherent risk associated with both domestic and international travel. In the case of international travel, Arise Ministry recommends that you utilize the U.S. State Department’s website (<http://www.travel.state.gov>) to keep informed of health and safety conditions in the country in which your minor child intends to serve. Arise Ministry similarly recommends that you research and investigate any domestic destination in which the minor intends to serve to become informed of potential risks in the area. By signing this waiver, you acknowledge that you have been made aware of the U.S. State Department’s informational resource, acknowledge that you have been advised to research the areas in which the minor intends to serve in prior to travel, and further acknowledge the following:

1. I understand that any travel, trip-related work, volunteer service, or other activities that could include but are not limited to manual labor, construction, use of tools, public speaking, and/or athletic activities the minor will undertake in connection with Arise Ministry, any partnering agencies, organizations, or individuals (hereafter, collectively referred to as Arise Ministry ) involves inherent risk on the minor’s property, health, and life and I further understand the nature of such risks. I understand the minor’s experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities.
2. I have been and am informed by this document that any travel, trip-related work, volunteer service, or other activities the minor will undertake in connection with Arise Ministry presents inherent risk, including, but not limited to, loss of property, disease, illness, injury, exposure, physical and mental harm, and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence (passive, primary, or secondary), and political conflict including civil war, war, and acts of terrorism.
3. I consent to the minor’s membership to the Arise Ministry mission team, the minor’s planned domestic or international travel, and the minor’s participation in any activities associated with the mission.
4. No principle, officer, agent, employee, or other person associated with or acting on behalf of Arise Ministry has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.
5. The undersigned, being the custodial and/or non-custodial parent(s) or legal guardian(s) of the minor, for sole consideration of allowing the minor to be a member of the Arise Ministry mission team and the associated benefits, hereby and for my heirs, executors, administrators, successors and assigns, freely and knowingly waives all rights, demands and claims whatsoever and releases, acquits, and forever discharges Arise Ministry, the Foursquare International Church of the Foursquare Gospel, their officers, agents, employees, servants and successors for anything in any way arising from or connected with, either directly or indirectly, any activities of the minor or of Arise Ministry. The undersigned realizes that activities which the minor intends to pursue may entail risks to property, health, and life and desires to personally assume such risks.
6. This agreement is intended to be as broad and inclusive as permitted by the laws of the United States of America and this agreement is to be governed by the laws of the United States of America. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
7. I enter into this agreement freely and voluntarily and I understand that this agreement is contractual and binding upon me.
8. In the event of the minor’s illness or injury, I authorize the mission team leader or their delegate to secure emergency medical treatment for him/her. I also understand that I am responsible for any charges incurred for medical treatment rendered to the minor.

**I have read this document and understood and agreed to all of its contents before signing it. I have also had every opportunity necessary to ask questions concerning the risks and hazards I am assuming in each of the countries or areas the minor will visit or work in. I also have had adequate time to review, analyze and think of this document's contents, before signing the document.**

I certify the above information is correct and I HAVE READ THE DISCLOSURE OF RISK: AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS.

**Printed Name of Minor:**

**Printed Name of Parent or Legally Authorized Representative:**

**Signature of Parent or Legally Authorized Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Only if participant is under the age of 18)