



Short Term Trip Application

Complete the application, medical release, and release and indemnification agreement (pages 3-11) and return them, along with your \$100 contribution to the trip leader for processing.

Keep pages 1-2 for your records.

Mosaic Christian Church

P.O. Box 104

Hanover, MD

21076

Consider the Cost of Short-Term Missions

Policies & Procedures

If you are interested in participating in a short-term mission trip with Mosaic Christian Church during 2009, please read the following:

- You must submit this completed application AND a non-refundable \$100 contribution before your application will be processed and reviewed. The \$100 check will be deposited in the bank immediately. In the event your application is not accepted, or the trip is cancelled for any reason the \$100 will be transferred to the church's general fund.
- Participants must adhere to rules outlined in the team contract (page 3). Please read it before applying.
- No one will be considered or accepted as a team member until a completed application and initial contribution are received.
- Your application will be reviewed and a personal interview may be required. You will be notified by Erin Wells if you are approved as a team member no later than two weeks after the application deadline.
- Short-term mission trips can be rewarding and life-changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team meetings. Each team member must attend a mandatory retreat prior to departure. Please verify that you are available for the retreat before applying for the trip.
- All trip costs are the team member's responsibility and due two weeks prior to departure. Once you have been accepted, you will be provided with ways to raise financial support; however, if full support is not raised, the balance is your responsibility. You may not begin to raise funds until you are notified of acceptance to the team and informed of proper fund-raising procedures.
- If you are unable to participate in the trip for any reason, Erin Wells must receive a cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards missions trips are contributions. By completing this application you acknowledge that the church has full authority to apply your contribution, designated for this trip to other purposes in the even the trip is cancelled for any reason or you withdraw from the trip.
- If you have physical limitations, please only apply if you are able to participate. Please make the Missions staff and your team leader aware of any physical limitations you may have.

- Team members will be given information regarding passports and vaccination recommendations from the Department of Health. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member. Team members assume the responsibility and liability for their personal health decisions.

Fund-raising is an integral part of your short-term mission experience. Don't let money keep you from applying for a short-term trip... God could be waiting for an opportunity to show you how big He is! Detailed fund-raising guidelines and materials will be provided at trip meetings. Here are some inevitable costs that are your personal responsibility and separate from the cost of the mission trip.

DEPOSIT AND BALANCE (COST OF TRIP)

- The \$100 contribution that is submitted with your application is your responsibility. In addition, if your fund-raising efforts are not entirely successful, the balance of the trip cost is also yours to pay 2 weeks before you leave.



Personal Data (Please print or type)

Please print name as it appears on your passport.

Legal name: _____

(last)

(first)

(middle)

Passport #: _____ Exp Date: _____ Issue Date: _____

Nickname: _____

Address: _____

(street)

(city)

(state)

(zip)

Email Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Place of Birth: _____ Date of Birth: _____
Age: _____

_____ Male _____ Female Marital Status: _____ S _____ M _____ D _____ W

Do you have a criminal record? _____ Y _____ N If yes, please explain: _____

T-shirt size _____ Small _____ Medium _____ Large _____ X-Large _____ X-Large

Mosaic Involvement

Do you attend Mosaic Worship services? _____ Yes _____ No How Long?

Have you contributed by serving Mosaic? _____ Yes _____ No

Which ministries? _____ How long? _____

Do you connect in a Mosaic Growth Group? ____ Yes _____ No

If so, which class/
group? _____

What ministries/organizations outside of Mosaic are you involved in?

Occupation

Please state and describe your present employment and any pertinent information regarding work experience related to missions.

Personality Profile

1. List your spiritual gifts (if you know them).

2. Describe how OTHERS view your personality:

3. Describe your personal STRENGTHS:

4. Describe your personal WEAKNESSES:

5. Are you comfortable sharing your faith with others? Yes No

6. How would you describe yourself:

introvert extrovert
 intuitive fact oriented
 feeling thinking
 perceptive decisive

Mission Experience

Outline the mission trips you have taken, if applicable. Include how long you were on each trip, where you went, and what impact each trip had on your life.

Trip
Name: _____

Trip Dates/
Year: _____

Lessons
Learned: _____

Trip
Name: _____

Trip Dates/
Year: _____

Lessons

Learned: _____

My Story

1. When did you become a Christian? _____

2. Describe your personal relationship with Jesus Christ.

3. Why would you like to participate in this trip?

4. What would make this mission trip a success for you?

5. Have you spoken with your family (parents/spouse/children) regarding this trip?

_____ Yes _____ No

6. How was their response to your decision to go on this trip?

_____enthusiastic _____skeptical _____negative _____supportive

7. Do you have any questions or concerns regarding this short-term mission trip?

Character References

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Please include friends, co-workers, etc. No relatives please.

Short-term Missions Medical Information & Release

This form must be filled out in order for you to participate in
a short-term missions trip with Mosaic Christian Church.

Name: _____ Birth
Date: _____

Address: _____

City: _____ State: _____
Zip: _____

Home Phone: _____ Work
Phone: _____

Medical Insurance
Provider: _____

ID # _____ Group

*Will your medical insurance cover you out of country? _Yes___No

Name of Primary
Physician: _____

Address: _____

City: _____ State: _____
Zip: _____

Phone: _____

Emergency Local Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____
Zip: _____

Home Phone: _____ Work
Phone: _____

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

Hypertension ___ Hypoglycemia___ Bleeding Disorders___ Heart Disease___
Seizures___ Insect Allergies___ Asthma___ Chronic Anxiety___ Arthritis___
Diabetes___ Depression___ Glaucoma___ Migraines___

Physical Limitations- Please

List: _____

List any medications (prescription or OTC) taken on a regular basis: _____

List Medical & Food

Allergies: _____

Blood Type: _____ Have you had any surgery on the past three years: __Yes __No

If so, please explain: _____

*Medical insurance is required for all short term mission trips. Temporary policies are available.

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____
Date: _____

Parent/Guardian Signature: _____
Date: _____

(only if participant is under 18 years of age)

Relationship to Participant: _____

Adult Release and Indemnification Agreement

In consideration of the undersigned's application for participation in a mission trip sponsored by Mosaic Christian Church of Hanover, MD and as an inducement to organizing the mission trip and permitting the undersigned's participation agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, now or unknown, or otherwise against the Church or any of its trustees, elders, officers, employees, agents and volunteers (collectively referred to herein as the "Releasees") by reason of, arising out of or relating to the undersigned's participation in a church mission trip.

The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits, proceedings, demands, judgments, assessments, and liabilities, including reasonable attorney's fees incurred in litigation or otherwise, assessed, incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in a church mission trip.

The undersigned further agrees that this Release and Indemnification Agreement (the "Agreement") is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assign a and legal representatives of the Releases; and that this Agreement is to be governed by the law of the Commonwealth of Maryland.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act; the undersigned does not intend to participate in the mission trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the mission trip and receive all information from the leader or Church Mission Department which bear on the undersigned's decision to participate ; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the Church to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the mission trip and to do so without notice or compensation to the undersigned. The undersigned acknowledges that the Church has made available applications for travel insurance and aggress that it is the undersigned's responsibility to purchase travel insurance. The undersigned assumes responsibility for full payment of the published and announced cost of the mission trip; aggress to pay any outstanding balance upon request by the Church; and aggress that any and all cost incurred by the undersigned during the mission trip, including, without limitation, coasts due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that he information provided in the undersigned's application for participation in the Church mission trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the Church; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

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

Date: _____

Signature: _____

Printed Name: _____

