

## SHORT TERM MISSIONS TRIP APPLICATION

The Summit Church | 6600 Crystal Hill Road | North Little Rock, AR 72118 | 501-758-4822

**Instructions:** Complete and return pages 1-5. Remove and keep pages 6-7 for your own record. If completing form by hand, feel free to continue responses on the back of the page. **Confidentiality:** This information will be kept confidential and is for use by the Summit Church Missions Department only.

|               |  |                  |  |    |  |
|---------------|--|------------------|--|----|--|
| Trip Location |  | Trip Dates: From |  | To |  |
|---------------|--|------------------|--|----|--|

**Personal Data** (Please print or type, entering your name exactly as it does, or will appear on your passport)

|                              |                                |                                 |  |
|------------------------------|--------------------------------|---------------------------------|--|
| First Name                   |                                | Middle Name                     |  |
| Last Name                    |                                |                                 |  |
| Name you prefer to be called |                                |                                 |  |
| Birth Date                   |                                |                                 |  |
| I am                         | <input type="checkbox"/> Male  | <input type="checkbox"/> Female | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Name of Spouse               |                                |                                 |  |
| Children's Name(s)/Ages      |                                |                                 |  |
| Street Address               |                                |                                 | City   |
| State                        | Zip                            |                                 |  |
| Email Address                |                                |                                 |  |
| Home Phone                   |                                |                                 | Work Phone   |
| Cell Phone                   |                                |                                 |  |
| T-shirt Size                 | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large  |

**Travel Information**

|                                    |                             |                                       |  |
|------------------------------------|-----------------------------|---------------------------------------|--|
| Passport #                         |                             | Expiration Date                       |  |
| Have you traveled internationally? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (where?) |  |

**Occupation, Skills, & Talents**

|   |
|---|
| Briefly describe your present employment status, role and experience:                               |
|   |
| Please describe skills, hobbies, talents or language fluency that might be applicable to this trip: |
|   |

**Church Involvement**

|   |                              |                             |           |
|---|------------------------------|-----------------------------|-----------|
| Do you attend Summit Worship Services?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How long? |
| If not, do you attend worship services elsewhere? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Where?    |
| Please list any ministry capacity you serve in:   |                              |                             |           |
| Are you involved in a Summit small group?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |           |

**References** ( One needs to be a church pastor, ministry leader, or small group /Bible study leader)

|              |  |                     |  |
|--------------|--|---------------------|--|
| Name         |  |                     |  |
| Phone        |  |                     |  |
| Email        |  | Known for how long? |  |
| Relationship |  |                     |  |

|              |  |                     |  |
|--------------|--|---------------------|--|
| Name         |  |                     |  |
| Phone        |  |                     |  |
| Email        |  | Known for how long? |  |
| Relationship |  |                     |  |

**Mission Experience & Goals**

Have you taken any previous short-term mission trips?  Yes  No

If you responded 'Yes', please briefly share about the last two.

| Trip Destination | Length of Trip | What you did |
|------------------|----------------|--------------|
|                  |                |              |
|                  |                |              |

Why would you like to participate in this upcoming trip?

What would make this upcoming mission trip a success for you?

**Christian Walk**

When did you invite Jesus Christ to become your personal savior?

During this trip, there may be opportunity for personal evangelism. Are you comfortable sharing your faith with others? Have you ever shared your testimony in front of a group?

How is God currently working in your life?

Please describe any events or experiences you consider to be milestones in your spiritual growth or relationship with Christ.

**Finances**

Primary means by which you plan to finance this trip:

- Personal Funds
- Raise support from friends outside The Summit Church (TSC)
- Raise support from friends at TSC
- I would like more information on how to raise support

**Voluntary Missionary Travel Insurance**

**Voluntary Missionary Travel Insurance Beneficiary**

|  |     |            |  |
|--|-----|------------|--|
| <input type="checkbox"/> Same as emergency contact |     |            |  |
| Name   |     |            |  |
| Relationship to you                                |     |            |  |
| Street Address                                     |     | City       |  |
| State  | Zip |            |  |
| Home Phone   |     | Cell Phone |  |
| Work Phone   |     |            |  |

**I understand and agree to the following requirements:**

- I have included my \$75 deposit that is due with this application and I understand that the deposit and all contributions are not refundable.
- I have included two photocopies of the front page of my passport.
  - I do not yet have my passport, but commit to provide this as soon as it arrives.
- If I cancel after airline tickets have been purchased, I am responsible for any penalties incurred, up to the full payment of the ticket costs if the airline deems them non-refundable.
- I have included a photocopy of both sides of my medical insurance card.

**I have read the following policies:**

- I have read and accept the "Consider the costs of Short-term Missions", "Policies and Procedures", and the "Team Covenant". I will adhere to them if accepted to the Short-Term Mission Team. (These are found on pages 6-7, remove and keep).
- I commit to attending and participating in the meetings for the trip that I've applied for.

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|

|                  |  |      |  |
|------------------|--|------|--|
| Leader Signature |  | Date |  |
| Interview Date   |  |      |  |

|                  |  |      |  |
|------------------|--|------|--|
| Leader Signature |  | Date |  |
| Interview Date   |  |      |  |

**Release From Liability**

- I acknowledge that, by engaging in this mission trip or activity, \_\_\_\_\_ (name of participant) may be subjected to certain risks, including but not limited to, health hazards, potential injury from mission work or travel, and other potential dangers.
- I agree to assume, as a condition of \_\_\_\_\_'s (name of participant) participation, any and all risks associated with the above-described mission trip or activity.
- I hereby release, forever discharge, and agree to hold harmless The Summit Church, its agents, and its employees, from any and all liability, claims, or demands which I or my heirs, executors, administrators, or assigns may have for injuries to property, sickness, death, or unanticipated expenses of any nature, which may be incurred by \_\_\_\_\_ (name of participant) arising out of the above-described mission trip or activity.
- I intend to be legally bound by this statement of release.

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|

|   |  |      |  |
|---|--|------|--|
| If under 18, Signature of Parent/Guardian |  | Date |  |
|---|--|------|--|

**Medical Information: The Summit Church Short-Term Mission Trip**

Note: This form must be filled out in order for you to participate in a Short-Term Mission Trip with the Summit Church. The information on this form will be used to help advise potential participants of the suitability of a trip for them and/or to seek medical attention while on the trip if the need should arise. This information may be seen by members of the Missions Staff, the individual trip leader(s) and qualified medical personnel. Every effort will be made to keep this information confidential.

|  |     |                 |  |  |  |
|--|-----|-----------------|--|--|--|
| Your Name  |     |                 | Birth Date   |  |  |
| Street Address   |     |                 | City   |  |  |
| State  | Zip | Home Phone      |  |  |  |
| Work Phone   |     |                 | Cell Phone   |  |  |
| Medical Insurance Provider   |     |                 |  |  |  |
| ID#  |     |                 | Group #  |  |  |
| Will your medical insurance cover you out of this country?   |     |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Name your Primary Physician  |     |                 |  |  |  |
| Physician Address  |     |                 | City   |  |  |
| State  | Zip | Physician Phone |  |  |  |
| What year did you last have a complete physical exam?  |     |                 |  |  |  |
| Emergency Local Contact  |     |                 | Relationship   |  |  |
| Street Address   |     |                 | City   |  |  |
| State  | Zip | Home Phone      |  |  |  |
| Work Phone   |     |                 | Cell Phone   |  |  |
| Have you ever been treated for a major physical ailment?   |     |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If 'Yes', please specify on the next line :              |
|  |     |                 |  |  |  |
| Do you have chronic or recurring health problems (i.e. heart or respiratory problems, diabetes, etc.)? If 'yes', please specify the condition and whether or not it is well controlled on the next line:                           |     |                 |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |     |                 |  |  |  |
| Do you have any conditions that require a special diet?  |     |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If 'yes', please explain on the next line:               |
|  |     |                 |  |  |  |
| Do you have any physical limitations? Please explain on the next line:   |     |                 |  |  |  |
|  |     |                 |  |  |  |
| List any medications (prescription or OTC) taken on a regular basis below. (Note: Please make sure to plan ahead and have an adequate supply for a week longer than the duration of the trip in case of unexpected travel delays): |     |                 |  |  |  |
|  |     |                 |  |  |  |
| List medical & food allergies  |     |                 |  |  |  |
|  |     |                 |  |  |  |
| Blood Type (if known)  |     |                 | Have you had surgery in the past three years?            |  |  |
|  |     |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| If you answered 'yes' to having surgery in the past three years, please explain below:   |     |                 |  |  |  |
|  |     |                 |  |  |  |

**Consent To Treatment**

I give my consent to the designated leader(s) \_\_\_\_\_ (name of leader(s)) of the \_\_\_\_\_ (name of trip) mission trip, and to the medical professionals and/or hospital selected by them, to render medical treatment, as in their judgment reasonably necessary, to \_\_\_\_\_ (name of participant). I also agree to bear the cost of such treatment. Such treatment may include, but is not limited to, hospitalization, medication, anesthesia, surgery, etc.

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|

|   |  |      |  |
|---|--|------|--|
| If under 18, Signature of Parent/Guardian |  | Date |  |
|---|--|------|--|

**Before signing and dating your application...**  
***Read and Remove the following two pages for your own record.***

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**A. Consider the cost of Short-Term Missions:**

**Fundraising**

Fundraising can be an integral and faith-building part of your short-term mission experience. Don't let financial concerns keep you from serving. God could be waiting for an opportunity to show you how big He is, and will call others to come alongside you in this exciting and life-changing endeavor! Detailed fundraising guidelines and materials will be provided. You will be invited and encouraged to direct gifts for your trip through the church, allowing tax receipts to be given to your donors.

**Deposit and Balance**

You are responsible for a \$75 non-refundable deposit, to be submitted with your application. In addition, if your fundraising efforts do not raise the total amount for your portion of the trip, you are responsible for paying the balance of the published trip cost 2 weeks before you leave.

**Passport**

A passport is now required for all trips out of the continental U.S. If you do not currently have a passport, or yours is expiring within six months of the trip departure, begin your application for a new or replacement passport immediately. To obtain a passport, visit a major post office, or check the following website for step-by-step passport instructions:

<http://travel.state.gov/passport/>

**Immunizations**

The Summit supports the immunization recommendations of the Centers for Disease Control. We reserve the right to require travelers to get necessary immunizations, depending on the destination of travel. Please visit the CDC website at: <http://www.cdc.gov/travel/>. Check with your personal physician concerning any immunizations that might be necessary for your trip, and to discuss any other healthcare concerns related to serving on a short-term mission team.

**B. Policies and Procedures:**

1. Before consideration to going on a mission trip,
  - a. A completed application and a \$75 deposit must be submitted to the mission's ministry. It will be processed and reviewed. The check will be deposited in the bank immediately. A personal interview will be required
  - b. You may not begin to raise funds until you are notified of acceptance to the team and informed of proper fundraising procedures.
  - c. Once you have been accepted, you will be provided with information that suggests ways to raise financial support; however, if full support is not raised, the balance is your responsibility. All trip costs are the team member's responsibility and *due two weeks* prior to departure.
  - d. Monies donated on your behalf, by those supporting you, are contributions, and the Internal Revenue Service prohibits the refund of tax-receipted contributions.
  - e. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.
2. Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please carefully 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.
3. Team meetings are designed to inform and prepare you for the mission. Once accepted, team members are expected to attend all team meetings. Please discuss any scheduling conflicts with the team leader.
4. If you have physical limitations, please apply for a trip in which you are physically able to participate. Some trips may be prohibitive for certain physical conditions. You will be asked to disclose such conditions on the Medical Information page of this application. Team members assume the responsibility and liability for their personal health decisions.
5. Volunteer Missionary Travel Insurance will be purchased for you while you are overseas and while in route to and from your destination. Details of policy available upon request.

### C. Team Covenant:

Participants must agree to adhere to the team covenant. Please read it and ensure you will commit to the guidelines before applying.

*As a member of this team, I agree to:*

1. Remember that I am representing Jesus Christ first and foremost, as well as The Summit Church. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer, "Where you lead me I will follow; what they feed me I will swallow."
3. Remember that I have come to learn as well as teach. I'll resist the temptation to inform our hosts about "how we do things," unless those ideas are solicited. I'll be open to learning about other people's methods and ideas.
4. Respect the host's views of Christianity recognizing that Christianity has many faces throughout the world and that part of the purpose of this trip is to experience faith lived out in a new setting and different culture.
5. Bring a spirit of **flexibility** to the project, assuming that plans often change.
6. Commit to praying for and encouraging the members of my team and the partnership. I also commit to pray for opportunities to share my Faith.
7. Develop and maintain a humble servant's attitude toward all nationals, my team leader, and my teammates.
8. Submit to the authority of my team leader(s) and respect his or her decisions.
9. Refrain from gossip.
10. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of overcoming such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
11. Attend all team meetings before the trip as well as any follow-up meetings. I will be an active participant in all group activities.
12. Remember not to be exclusive in my relationships. I will make every effort to interact with all the members of the team. I will be sensitive to those of the opposite gender, as a brother or sister in Christ, and refrain from a romantic relationship.
13. Refrain from illegal drugs or consumption of alcoholic beverages on all trips. Cultural values vary from place to place. Respect those cultural values to the extent they do not conflict with Biblical teaching. In some locations, it will be necessary to dress in a manner that is different than in the US. Specific training will be provided concerning the cultural differences that you might encounter on your trip.
14. Observe and practice The Summit Church core values and beliefs.
15. Refrain from the teaching or practice of any belief that would not be endorsed by The Summit Church.
16. I agree to abide by the fundraising procedures endorsed by The Summit Church and will personally thank all financial donors that contribute to my trip.
17. Remember that I can be sent home (at my own expense) if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.