

Application for Missions Teams

Mt. Horeb Missions & Outreach

Please complete all sections and return it with a \$250.00 deposit to
Mt Horeb UMC Attn: Missions Dept at 1205 Old Cherokee Rd. Lexington, SC 29072

GENERAL INFORMATION

Today's Date _____

For what trip are you applying? Location _____ Date _____

Full Name (as on passport) _____

Preferred name _____

Date of Birth _____ Age (at time of trip) _____

Address _____
Street City State Zip

Email Address _____

Primary Number: _____ Home/Cell/Work (circle one)

Secondary Number: _____ Home/Cell/Work (circle one)

Profession _____

If you are an MD, PA, NP, RN, LPN, or other type of Medical Personnel, **please attach a copy of your current license.** If you have received any medical training that could be used, please attach a copy of certificate received.

Emergency contact while on trip:

Name _____ Relationship to you _____

Phone (home) _____ (cell) _____ (wk) _____

Do you currently have a passport? Yes/No

Passport Number _____ Expiration Date _____

Please attach one copy.

Are you a member of Mt Horeb? Yes/No

If yes, when did you join (estimate)? _____

If no, are you a member of another church? Yes/No

Name of Church and City/State: _____

If not a member, are you an active attender of Mt Horeb? Yes/No

Are you in a Small Group through Mt Horeb? Yes/No

If yes, please list Small Group Leader's name and contact information.

If no, please list the name and contact information for another Ministry Leader (i.e. pastor, church staff) who knows you well.

Additional references may be requested.

Have you ever served on a mission trip before?

If "yes" please list the trip on which you have previously served including year and team leader.

MEDICAL/HEALTH INFORMATION

Do you have any known medical conditions (physical and/or psychological) which may affect you when going to an area where there may be physical and/or emotional stresses, lack of adequate medical care, and where emergency services may not be readily available? Yes/No

If yes, please describe.

List all medical conditions for which you are under the care of a doctor:

List all medications currently taking:

What are the risks and/or complications if you do not take your medication?

Date of last Tetanus shot: _____

Please list all known allergies: _____

PLEASE NOTE that if you are accepted as a team member, your doctor's approval will be requested. **This information will be kept confidential unless it is needed for medical issues that arise on the trip.**

PERSONAL INFORMATION

How would you describe yourself?

- A person who is interested in Christianity, but has not made a clear commitment to Jesus Christ as the leader of my life.
- I am a new follower of Jesus Christ and am beginning to grow in my knowledge and understanding of His leadership in my life.
- I have been a faithful follower of Jesus Christ for several years.
- I have been a faithful follower of Jesus Christ for many years and have been involved in Christian leadership.

Please respond to the following questions. Feel free to attach additional sheets if necessary.

1. How and when did you come to know Jesus Christ as Lord and Savior?
2. Explain how you are growing in your Christian faith.
3. Explain how a person becomes a follower of Jesus Christ.
4. What is your current involvement at Mt Horeb?
5. Why do you want to be a part of a missions team?
6. What gifts and skills would you bring to the team?
7. How have your experiences prepared you for this trip?
8. Have you traveled outside of North America? Yes/No

If yes, where?

9. Do you speak any foreign languages? Yes/No
If yes, please list.

10. You will be asked to recruit six persons as prayer partners for this project.
Please list at least six potential prayer partners.

11. What other information about you will help us in knowing you and making the correct choice concerning your application to join this missions team?

PERSONAL COMMITMENTS

Yes/No Do you agree to recognize the leadership of the trip and abide by its decisions?
Comment:

Yes/No Will you make it a priority to attend each training session prior to the trip and faithfully complete your assignments?
Comment:

Yes/No Will you make it a priority to get to know other people who will be on your trip prior to the journey together to help form a team environment?
Comment:

Yes/No If you are married, do you have the full support of your spouse to prepare for and participate in this trip?
Comment:

Yes/No If you are a minor, do you have the full support of your parent(s)/guardian?
Comment:

By signing below, I, _____ (team member or legal guardian), certify that all information on this application is accurate and complete. If I were to be approved as a team member, I am also giving consent for video/photos/audio that include my name, likeness, or voice taken by representatives of Mt. Horeb United Methodist Church to be used for promotional purposes within the church, on printed and electronic media, and on electronic platforms, including but not limited to Mt. Horeb's website, official social media accounts, and digital media. In addition, I am agreeing to treatment by medical staff if an emergency arises in-country.

Signature

Date

Parent/Guardian Signature (if under 18 years old)

Date

Physician's Release Form

I, _____ (traveler), plan to participate in a Missions Trip to _____ (country).

The Missions team will spend a significant amount of time outdoors and there will be a fair amount of walking. Participants can expect to spend several hours each day riding in a vehicle. The team will sleep indoors and have access to bottled water.

Healthcare facilities may be inadequate or nonexistent. Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above. I have given advice on the vaccines and medications I believe are appropriate for this trip.

Physical examination performed? _____ Yes _____ No

Signed _____, MD Date _____

Printed Name _____ Phone _____

Address _____ Fax _____

Release and Waiver of Liability

I, the undersigned, will be participating in a short term mission trip to _____
(hereafter the "mission trip") on or about _____, 20__ to _____,
20__.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

I understand and agree that neither **Mt Horeb United Methodist Church** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **Mt Horeb United Methodist Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **Mt Horeb United Methodist Church**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service.

If I am unable to do so, I authorize **Mt Horeb United Methodist Church** through its trustees, officers, directors, employees, agents or representatives to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____

Witness _____