

Church of the Apostles – Application for Guatemala Trip, June 15-22, 2019

Please return completed application to the Church office at: 333 Church at N Hills St, Raleigh, NC 27609, or email a scanned copy to: info@apostles-raleigh.org

Applications are due December 20, 2018

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City ZIP

Phone: (____) _____ - _____ Email: _____

CONTACTS IN CASE OF EMERGENCY

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have a valid US passport? _____ Yes _____ No. If No, are you eligible for one? _____ Yes _____ No

Do you have a criminal record that might restrict travel? ___ no ___ yes (explain): _____

Please describe any health issues or physical limitations that might hinder your activity: _____

What church do you currently attend? ___ Church of the Apostles ___ Other (specify: _____)

TRAINING AND EXPERIENCE

1. In what field of work, if any, have you had formal training? _____

2. To date, what has been your primary occupation? _____

3. What positions or roles have you had in Christian service (present or past)? _____

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4. Do you speak Spanish? ___no ___yes (if yes, how well? _____)

5. Please circle any of the following skills with which you have experience.

prayer ministry	medical	plumbing	music	photography
masonry	painting	film/video	carpentry	counseling

Please list any other skills you have that you believe might contribute to this trip: _____

PLEASE ATTACH NO MORE THAN 2 PAGES (TOTAL) ON WHICH YOU ANSWER QUESTIONS 6-10

6. What would you say is the purpose of this trip, and, given that purpose, why are you interested in participating?

7. Describe when and how you came into a relationship with Jesus Christ as Savior and Lord.

8. How do you expect this mission trip to affect your relationship with Jesus Christ?

9. How do you expect this mission trip to affect the Church of the Apostles?

10. Please describe yourself (your personality traits, special interests, strengths and weaknesses).

QUESTIONS FOR PARENTS

Complete this section only if applicant is under 18 years of age and will not be accompanied by parent.

1. Do you believe that your son/daughter clearly understands the purposes of this trip? ___no ___yes

2. How do you hope this trip will affect your son/daughter? _____

3. Please comment on any concerns you have about your son/daughter's participation in this mission trip. _____

4. As a parent, you will be required to bear the cost of your son/daughter's portion of the trip. Will this be a problem?

___no ___yes (please explain): _____

If, due to unforeseen circumstances, my son/daughter is unable to participate in the trip at any time following the acceptance of this application, I realize the deposit is non-refundable.

Names of parent(s)/guardian(s): _____

PLEASE PRINT

Signature of parent(s)/guardian(s): _____ Date: _____

Parent/guardian phone: _____ email: _____

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COMMITMENTS

If I am accepted for this short-term mission trip, then:

- I commit to willingly follow the directives of group leaders/chaperones.
- I commit to honoring the dress code, code of conduct, and standards of behavior as outlined by the mission trip leadership.
- I commit to complete the orientation, ministry preparation, and pre-trip training as outlined by the mission trip leadership.
- I commit to put Christ first, and to set aside my own desires and personal agendas in order to reach the team goals.

Applicant signature: _____ Date: _____

RELEASE/COMMITMENT FORM

I _____, hereby release Church of the Apostles and her directors, officers, servants, agents and volunteer helpers from all liability and claims by reason of accident, injury, or other loss, howsoever, or wheresoever caused during the duration of such a program and while such person remains in the custody or control of Church of the Apostles and her servants, agents, or other volunteer helpers.

Recognizing the importance and value of the reputation that has been carefully established with ministry leaders in the location of this mission trip, I also agree to abide by the established conduct guidelines. In any situation where uncertainty exists regarding the established guidelines, I will openly and comprehensively discuss the situation with the appropriate team leader.

Signature of applicant: _____

Signature of parent/guardian: _____

If applicant is under 18

MEDICAL CONSENT FORM

In an emergency, I hereby give permission to a licensed physician to hospitalize, secure proper treatment, anesthesia, or surgery for myself. I will obtain my own out-of-country medical insurance if I do not have a group plan. The team will not be purchasing group medical insurance policies. In case of an emergency return to the United States, I will be responsible for covering this added expense if it does not qualify under my out-of-country insurance.

Insurance carrier: _____

Policy holder: _____ Policy #: _____

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

If applicant is under 18