

SHORT-TERM MISSION TRIP
Mariners Community Church
Mission Department
100 Stone Pine Rd
Half Moon Bay, CA 94019
650.726.5959

Application

If you are interested in participating in a short-term mission trip with Mariners Community Church, please read the following:

- ❖ You must submit this completed application AND a non-refundable \$100 deposit before your application will be processed and reviewed. Your check will be held until your application is accepted. In the event your application is not accepted, your check will be returned to you. Once you are a part of the team, the checks will be deposited immediately becoming non-refundable.
- ❖ By submitting this application to be a part of a Mariners short-term team, you acknowledge that you are personally responsible to pay for, or arrange funding for, your portions of the trip costs.
- ❖ No one will be considered or accepted as a team member until a completed application is received.
- ❖ Your application will be reviewed by the team leader/s and a personal interview may be required. Within three weeks the team leader will notify you if you are approved as a team member.
- ❖ 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.
- ❖ All trip costs are the team member's responsibility. Your Team Leader will provide information on raising 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.
- ❖ If you are unable to participate in your trip, the Team Leader must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- ❖ 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.

SIGNATURES ARE REQUIRED ON PAGES 7, 8 (and 9 if applicable)

OFFICE USE ONLY:

Date App & Dep Rec'd: _____

Sent to TL: _____

Accepted Date: _____

Trip: _____

ENCLOSE deposit of \$ 100.00

(non-transferable and non-refundable)

TRIP NAME: _____

The information on this form will be kept confidential and is for use by the Mariners Community Church

Confidential Information

This application should be filled out and returned to Mariners.

Personal Data (Please type or print clearly)

Last Name: _____ First Name: _____

Name as it appears on passport for placing on airline ticket _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail: _____ Fax: () _____

Date of Birth: _____ Age: _____

Passport #: _____ Expiration Date: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

T-shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Ages of children (if applicable): _____

If under 18 years of age ☐ Name(s) of parent(s) or guardian(s): _____

Mariners Involvement

Do you attend Mariners Church? ☐ Yes ☐ No How long _____

Are you a partner (member) of Mariners? ☐ Yes ☐ No How long _____

Have you served in a ministry at Mariners? ☐ Yes ☐ No

Which ministries? _____

How long? _____

Are you a part of a LifeGroup? ☐ Yes ☐ No

If so, which one _____

Where do you serve in the church? _____

If you attend a church other than Mariners:

Home Church: _____ Denomination: _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor _____ Phone: _____ E-mail: _____

Occupation

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

Language Fluency (Other than English-Conversation: Fluent, Fair, Poor)

LANGUAGE	NUMBER OF YEARS	CONVERSATIONAL FLUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills and Talent

Please write the appropriate code next to the skills/talents you possess.

CODES: 1-Average 2-Better than average 3-Professional. Please note that all of these areas may not be offered on all trips.

Construction

_____ Carpentry
_____ Painting
_____ Masonry/Carpentry
_____ Roofing
_____ Electrical
_____ Plumbing
_____ Other (pls. specify)

Business

_____ Computers
_____ Accounting
_____ Other (pls. specify)

Web

_____ Design/Graphics
_____ Writing

Ministry Experience

_____ Teaching class age____
_____ Children's ministries
_____ Other (pls. specify)

Photography or Journalism

Medical

_____ Nursing
_____ Physician
_____ Dental
_____ EMT
_____ CPR
_____ Therapy (PT; OT; other)
_____ Other (pls. specify)

Music

_____ Instrument (pls. list)
_____ Vocal
_____ Other (pls. specify)

Other Performance

_____ Juggling
_____ Clowning
_____ Puppetry
_____ Drama

OTHER abilities: _____

Personality Profile

Describe how OTHERS view your personality_____

Describe your STRENGTHS_____

Describe your WEAKNESSES_____

Mission Experience

Outline the mission trips you have taken..

Trip Name:_____

Dates/Year:_____ Impact:_____

Trip Name:_____

Dates/Year:_____ Impact:_____

Personal Spiritual Information

☐ I am not a believer, but I am open to learning and understanding more.

Right now I consider myself

☐ A skeptic (doubting)

☐ A spectator (observing)

☐ A seeker (searching)

☐ Unsure (lacking confidence)

☐ I am a believer. I have accepted Jesus Christ as my Savior and Lord

☐ New believer (recently trusted Christ)

☐ Maturing believer (developing as a fully devoted Christ's follower)

Describe your present spiritual journey _____

Why do you feel God is calling you to serve this way?_____

What expectations do you have for this trip?_____

What cross-cultural experiences have you had other than mission trips?
(ministry/business/background/educational)_____

Medical Release

Full Name: _____

Blood Type: _____

Social Security Number: _____

Name of your Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: () _____ Home: () _____

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths, and dosage.

List medical problems for which you have received medical care in the past 12 months: _____

List any history of major illness or surgery: _____

Date of most recent tetanus immunization _____

List any known allergies (including food allergies) or chronic life-threatening conditions: _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: _____

Describe your present physical fitness (e.g., walking, manual labor, heavy lifting, carrying luggage)

Emergency Authorization

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

In Case of Emergency Contact:

Name: _____

Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: () _____ Cell Phone: () _____

Participant Signature: _____ Date: _____

If form is for minor, please have all legal parents or guardians sign:

Signature: _____ Date: _____

Signature: _____ Date: _____

Information & Release

I _____ am participating in the mission trip to _____ on _____ 2019 through _____ 2019 and I, hereby, release and discharge Mariners Community Church and its constituent organizations, agents and employees, as well as our local host ministry/organization from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trip, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals mentioned above.

I, hereby, warrant and represent that I am physically fit and capable of taking part in this mission trip.

I agree to abide by the rules and regulations governing a mission trip and to obey any instructions given by the team leader.

I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of this event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation that I otherwise might have to limit or control such.

Participant Signature: _____ Date: _____

If form is for minor, please have all legal parents or guardians sign:

Signature: _____ Date: _____

Signature: _____ Date: _____

LETTER OF CONSENT FOR TRAVEL OF A MINOR CHILD (Must Be Notarized)

To Whom It May Concern:

I/We, _____
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: _____

Date of Birth: _____ Place of Birth: _____

U.S. Passport Number: _____ Expiration: _____

Date and Place of Issuance of U.S. Passport: _____

_____, has my/our consent to travel with:
(Child's Full Name)

Full name of accompanying person: _____

U.S. or foreign passport number: _____ Expiration: _____

Date and Place of issuance of this passport: _____

to visit _____ during the period of _____.
(Name of Foreign Country) (Dates of Travel: Departure and Return)

During that period, _____ will be residing
(Child's Name)

at the following address: _____

City, State/Province _____

Country: _____

Telephone: _____

Signature: _____ Date: _____
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: _____

Signature: _____ Date: _____
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: _____

Signed before me, _____,
(Full Name of Witness)

this _____ at _____.
(Date) (Name of Location)

Signature: _____