

Short - Term Mission Experience Application

Destination: _____ Travel Dates: _____

Full Name (as it appears on passport or birth certificate): _____

Street Address: _____ Nickname: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Email Address: _____ Occupation: _____
(if retired, previous occupation. If student, list grade)

Date of Birth: _____ Height: _____ Weight: _____
(mm/dd/yyyy)

Passport Number*: _____ Expiration Date: _____
*international trips only, attach copy of pages containing photo and signature (mm/dd/yyyy)

Have you been convicted of a crime? Yes No If yes, attach letter of explanation. Male Female

Marital Status: _____ Name of Spouse if Married: _____

Name and Address of Your Church (if any): _____

Your Pastor's Name and Phone Number: _____

Person to Notify in Case of Emergency (name, telephone # and relationship) _____

In what Christian ministries have you been involved? _____

What sparked your interest in this trip? _____

What skills or expertise do you have? _____

Type of team: Construction Medical Children's Ministry Relational Ministry Human Trafficking
 Other: _____

Have you ever been on a trip with Sidney First? Yes No If yes, where & when: _____

List any foreign languages you speak: _____

Date received:	Receiver's Name:	Internal Use Only: Deposit Paid How:	Notes:
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Medical Information

Your Physician: _____ Telephone Number: _____

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

Currently under physician's care: No Yes If yes, explain: _____

Insurance Provider: _____ Provider Phone Number: _____

Insurance Policy Number: _____

List medical conditions you have been treated for in the last 5 years: _____

Allergies: No Yes If yes, explain: _____

Physical/Emotional Restrictions: No Yes If yes, explain: _____

Current Medications (*include drug strength and frequency*): _____

Date of last tetanus shot: _____ (Must be within last 10 years)

Note: Other immunizations may be required based on destination

Special dietary requirements: _____

Additional information, special needs or explanations (*please include any emotional/spiritual needs that a trip mentor would want to be aware of*): _____

Human Trafficking Awareness Trip Applicants Only

In light of the sensitive and sometimes graphic nature of these trips, we need to dive a bit deeper into each applicant. Please, use the reverse side of this form to answer the following questions. These are not necessarily limiters to your participation, but things that we need to be in conversation about and be aware of beforehand. Please sign and date below as well. Applications are incomplete without this additional step.

1. Please give us the name and contact information of your pastor and/or small group leader as a reference to your spiritual journey.
2. If you have a history with pornography and/or other forms of adult entertainment, you may encounter a particular deep struggle coming face-to-face with the effect of this industry. Please feel free to be in conversation about said issues before your participation.
3. Put to words your desire and passion for applying for this trip.

Signature

Date

Adult Signature (if applicant is under 18)

Team Member Agreement, General Release, Consent and Waiver

I have read and understand this specific trip's deposit and fee schedule and have included the required deposit with this completed application. If for some reason I cancel my trip **more than 2 weeks** from the departure date, I am responsible for any airfare/travel payment that Sidney First UMC has made on my behalf by the departure date. If I cancel **less than 2 weeks** from the departure date, I am responsible to pay the whole trip fare by the departure date.

To insure that my mission trip is a good experience for the team and those we serve, I agree that the clothing I wear will always be modest, honoring to God and appropriate for the specific trip's expectations. I give Sidney First UMC's leadership permission to help me determine what is culturally acceptable and honoring once at the location.

I agree not to bring any electronic audio-visual games and not to possess or use alcoholic beverages, controlled substances or drugs, other than those prescribed by my doctor, while on a missions team.

In consideration of participating in a short-term mission trip with Sidney First UMC, I agree to participate as a team member and to accept leadership from those designated, and to be flexible as conditions change. I agree that I may be subject to discipline for failure to comply with my obligation herein, including but not limited to, being sent home. I represent to Sidney First UMC that I have no physical, mental, or emotional conditions that would put either others or myself at risk, and I agree to authorize the release of any medical, psychological or other information to Sidney First UMC if it so requests. I understand, that as a volunteer, Worker's Compensation or any other employer type of insurance does not cover me.

I understand that as a team member, I may be traveling to and from, and living and working in areas that are dangerous, both in the United States and foreign countries. Particularly, and without limiting the above acknowledgement, I understand that if I travel outside the United States: 1.) Medical and dental service may be inadequate or totally lacking; 2.) I may be exposed to illnesses and diseases; 3.) Law enforcement may be inadequate or totally lacking; 4.) Motor vehicle travel may be dangerous and motor vehicle laws may not be observed nor enforced; 5.) Food and water may be unsanitary, unsafe, and dangerous; 6.) There may be social unrest, terrorism, insurrection, revolution or war. I further understand that the above listing of dangers is meant to be illustrative only, that many other dangers exist, and that I may be exposed to them in one form or another. With full knowledge of the above, I have decided to expressly assume the risk and volunteer with Sidney First UMC.

In consideration of volunteering with Sidney First UMC on a short-term mission trip, and with the intention on binding myself, my heirs, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE Sidney First UMC, its officers, directors, employees, volunteers, agents, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my service as a team member with Sidney First UMC, whether or not due to the negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss or any other damage, loss or cost. This document shall be construed according to the laws of the State of Ohio.

I consent to the medical and dental treatment by Sidney First UMC, or such others that it may designate, if I am in need of such treatment and I am unable to consent to it because of physical, mental, or other incapacity. If third parties other than Sidney First UMC provide treatment, and there is a charge therefore, I agree to pay the charges and hold Sidney First UMC harmless therefrom.

I acknowledge that I have carefully read this Application and Team Member Agreement, General Release, Consent and Waiver, I know and understand that the contents thereof, that this document was freely and voluntarily executed, and that I was given the opportunity to seek independent legal counsel on any and all matters herein before signing it.

Signature

Date

Parent or Guardian's Signature
(if under 18 years old)

Date

Printed name of child

Mail completed application and deposit to:
Sidney First UMC, Missions Trip Applications
230 East Poplar
Sidney, OH 45365