

INSTRUCTIONS

MISSIONS TRIP APPLICATION PACKET

All items on this sheet must be complete in order for your application to be processed.
Please check your packet for each of the following and obtain any that are missing.

1. Mission Trip Application – two-page application form. All items must be completed.
2. Consent for Medical Treatment Form. Read, sign and date at bottom.
3. Team Liability Waiver. Read, sign and date respective form at bottom.
4. Two Confidential Personal Reference Form.
Must be completed by someone who knows you well. They are to complete the form and return it sealed in the enclosed envelope.
5. Team Travel Policies. ***Detach and retain this form.***
Your signature at the bottom of the Mission Trip Application says that you have read, understood and agree to abide by these policies.

In addition to the above, the following must be returned with your application.

- photocopy of birth certificate
- photocopy of current driver's license
- photocopy of passport (picture and facing page) ***when received***

Complete and return to the Faith Chapel Reception Desk or mail to:

Faith Chapel Foursquare Church
c/o Billings & Beyond
P.O. Box 20674
Billings, MT 59104

MISSION TRIP APPLICATION

Team Destination: Ethiopia_____ Brazil_____ Philippines_____

Full Legal Name on Passport: _____

Birthdate: (mm/dd/yy) _____/_____/_____ () Male () Female

Address: _____

City: _____ State: _____ Zip: _____

Daytime (where you can receive calls): (____)_____

Email Address: _____

Passport No.: _____ Social Sec. No.: _____/_____/_____

Frequent Flyer No.: _____ Airline: _____

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EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Phone #1: (____)_____ Phone #2: (____)_____

Name: _____ Relationship: _____

Phone #1: (____)_____ Phone #2: (____)_____

CROSS CULTURAL EXPERIENCE:

Countries Visited: _____ Year: _____ Purpose/Organization: _____

PERSONAL HISTORY:

Have you accepted Jesus as Lord of your life? _____ When? _____

Have you been baptized in water? (circle one) YES NO When? _____

How long have you been regularly attending Faith Chapel? _____

Why do you desire to be a part of this mission?

Do you consider yourself flexible? How do you respond to "last minute change"?

What specifically do you feel capable of or gifted with that would contribute to the team's purpose?
(Job history, education, interests, hobbies, skills, etc.)

Do you consider yourself a team player?

PERSONAL HEALTH: (circle answers)

How do you appraise your present physical condition and health? VERY GOOD GOOD FAIR

Do you have an medical conditions we should be aware of that could be challenging on our outreach?

YES NO If yes, please specify what: _____

Do you have a condition that requires a special diet? YES NO

If yes, please specify what: _____

Are you currently taking prescription medication? YES NO

Please list here: _____

Will you be taking this medicine on your trip? YES NO

Allergic to any medications? YES NO

If so, which ones? _____

FINANCES: (circle answers)

Do you have the finances available to pay for your entire trip? YES NO

Will you have to raise part of your trip cost? YES NO

Are you able to make all payments according to the payment schedule? YES NO

NOTE: All funds paid are non-refundable and will be receipted to the giver as a donation.

Please note that all checks should be made to FAITH CHAPEL with

"Missions – (Your Name)" on the memo line.

Any support received in excess of your trip costs will be applied to the general Faith Chapel Missions Fund.

I have received a copy of the TEAM TRAVEL POLICIES and understand them and agree to abide by them for the duration of the trip.

Signed: _____

Date: _____

CONSENT FOR MEDICAL TREATMENT

Whereas, (my child/I) _____, wishes to be a member of _____ (sponsoring church/group) missionary team which will be traveling to and staying in _____ (country), and whereas, certain circumstances and situations may occur resulting in (my child's/myself) need for medical/ dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

1. In consideration of permission for (my child/myself) to participate in said mission, I _____, being of legal age, authorize World Impact Team Outreaches or any agent of Foursquare Missions Outreaches, to act in (my child's/my) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf.
3. Any consent by World Impact Teams or the sponsor church/group shall have the same force and effect as if I had personally given the consent.
4. I understand that insurance in foreign countries, provided by World Impact Team Outreaches, is included in the trip cost. It covers: \$500 for medical expense benefit in case of illness, \$25,000 medical expense benefit in case of an accident, and \$25,000 for accidental death and dismemberment, and \$1,500 for trip interlude.

ADULT TEAM LIABILITY WAIVER

The undersigned, being of lawful age, for sole consideration of being allowed and permitted to be a member of the mission team, does hereby and for my heirs, executors, administrators, successors and assigns, waives all rights, demands and claims whatsoever and releases, acquits and forever discharges Faith Chapel Foursquare Church, the International Church of the Foursquare Gospel and their agents, employees, servants and successors of all compensation whatsoever, which the undersigned may hereafter accrue, on account of or in any way growing out of any or all foreseeable and unforeseeable injuries and damages and expenses arising out of all team activities.

This includes any active, passive, primary or secondary negligence or fault by Faith Chapel Foursquare Church, the International Church of the Foursquare Gospel and its agents, employees, servants and successors of any and all responsibilities, obligations and duties for said injuries, damages and expenses relating to any and all activities of Faith Chapel Foursquare Church Teams.

It is understood that the Waiver and Release is a waiver of any and all rights, demands and claims whatsoever by the undersigned against Faith Chapel Foursquare Church, the International Church of the Foursquare Gospel, their agents employees, servants and successors, during any and all activities involving mission teams, whether in this state of Montana, any other state or territory of the United States, any nation or country, and all international waters.

The undersigned hereby declares and represents that any injuries sustained during any and all activities with Faith Chapel Foursquare Church, from any and all causes whatsoever, may be permanent and progressive, and that recovery there from is uncertain and indefinite and in making this Waiver and Release, it is understood and agreed that the undersigned relies wholly upon the undersigned judgment, and this Waiver and Release is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Waiver and Release contains the entire agreement between the parties hereto, and that the terms of this Waiver and Release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND RELEASE AND FULLY UNDERSTANDS IT.

Signed this _____ day of _____, 20_____.

Team Member (Please Print)

Signature

CONFIDENTIAL PERSONAL REFERENCE FORM
PLEASE PRINT

Name of Applicant: _____

Your name: _____ Phone: (____) _____

Your relation to applicant: _____

I have known this person for _____ years and would consider our relationship:
 very close fairly close an acquaintance minimal

	Very Good	Good	Fair	Poor	No Observation
Personal motivation	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____
Teamwork	_____	_____	_____	_____	_____
Servanthood	_____	_____	_____	_____	_____
Social acceptability	_____	_____	_____	_____	_____
Social responsiveness	_____	_____	_____	_____	_____
Tactfulness	_____	_____	_____	_____	_____
Workmanship	_____	_____	_____	_____	_____
Physical condition	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Stability	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____
Common sense	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____
Teachability	_____	_____	_____	_____	_____
Submission	_____	_____	_____	_____	_____
Personal devotions	_____	_____	_____	_____	_____
Church attendance	_____	_____	_____	_____	_____

Would you enjoy having this person travel and/or work with you? YES NO
 Explain: _____

Would you recommend this person be accepted for a FC missions trip? YES NO
 Explain: _____

Further comments: _____

Your signature: _____ Date: _____

Complete and return to:
 Faith Chapel, c/o Billings & Beyond, P.O. Box 20674, Billings, MT 59102

FAITH CHAPEL TEAM TRAVEL POLICIES

1. Every team member will be responsible for their own travel, room and board expenses. Important payment schedules will be given each accepted Applicant with deadlines that must be kept.
2. Team members are expected to attend all pre-trip meetings. These meetings are held for the purpose of planning, briefing, team building and prayer for each other and the upcoming trip.
3. Alcohol and tobacco are not to be used at any time by those under age (21 for alcohol regardless of the legal drinking age of the country visited; 18 for tobacco); illegal drugs may not be taken or used by any team member at any time. Violation of either of these policies may lead to a team member being sent home early. Minimal/discreet use of alcohol or tobacco by those of age will be determined by each team leader, in conjunction with an understanding of the Christian culture in which the team is ministering. Anyone found intoxicated is subject to being sent home early.
4. Team members agree to abide by the behavior and dress codes set by the team leadership for each trip and to respect the judgment and position of the team leader in these matters at all times. This includes purchase of souvenirs, use of jewelry, clothing style, hairstyle and make-up, which shall be appropriate to the cultural setting. Team members must see themselves as guests of the culture who are there to serve, not to be served. (NOTE—some foreign Christian cultures may seem “legalistic” to U.S. Christians but it is not our purpose to change their perspective, rather to honor it.)
5. Each team member will be responsible for their own belongings at all times and must account for checked baggage at all checkpoints and/or transfers. In addition, members may be given team items to check and transport. These items become the responsibility of members just as their own belongings.
6. Each team member is responsible for being at the departure gate AT LEAST 30 minutes prior to boarding time. Failure to do so may result in being left behind, at which point it is the team member’s responsibility to pay for any extra charges acquired in changing flights.
7. All team members must function as a team at all times. Accountability to the team leader is mandatory at all times. Team schedules must be followed for all of, but not limited to, the following: lights out and quiet time, wake up, team devotions and other meetings, work schedules, and all meals. At all times, including free time, the team leader must know where each member is. This is the responsibility of the individual member. At no time is a team member, even an adult team member, to “go out alone.”
8. There will be no vehicle driving in a foreign country except by the team leader or by their designee.
9. All personal expenses such as phone calls, faxes, excess baggage charges, room service, extra meals, and non-team activities or purchases are the responsibility of the individual and will be paid at the time incurred.
10. It is understood and agreed to by all mission team participants that the code of conduct described in this document, and other requirements set forth by the leadership, including any team leader, are required behavior. Faith Chapel Foursquare Church and its team leadership reserve the right at all times to deny participation or terminate participation in any trip or event when this agreement is not honored. At the discretion of the team leader, at any time, any participant may be required to terminate their participation with the team and can be sent home at their own expense.

REMOVE AND RETAIN THIS PAGE

PARENTAL CONSENT FOR UNACCOMPANIED MINOR

I hereby give my son/daughter _____ permission to travel alone to _____ with the Faith Chapel Mission team from _____ through _____.

(If the minor is under the custody of both parents, we need both parents' signatures. Otherwise, we need the signature of the parent or guardian who has custody and they need to fill out the Affidavit of Sole Custody below. Some foreign countries require this.)

Father's signature and date

Mother's signature and date

Subscribed and sworn to before me this _____ day of _____ 20__.

(Notary Signature)

Printed Name: _____

Notary Public for the State of Montana

Residing at: _____

My Commission expires: _____



Affidavit of Sole Custody

I, _____ do hereby swear that I have sole and legal custody of _____.

Parent / Guardian signature and date

Subscribed and sworn to before me this _____ day of _____ 20__.

(Notary Signature)

Printed Name: _____

Notary Public for the State of Montana

Residing at: _____

My Commission expires: _____

FAITH CHAPEL MISSION IMMUNIZATION LIST

STANDARD IMMUNIZATIONS:

- Tetanus:* within last 8 years
- Adult Polio Booster:* once since turning 18
- Hepatitis A & B series:* good for life time
- Typhoid:* within last 2 years for shot/5 years for pills

COUNTRY SPECIFIC – IN ADDITION TO STANDARD:

ETHIOPIA

- Yellow Fever:* within last 10 years
- Meningitis:* within last 3 years
 - Menactra: ages 18-55
 - Menomune: ages over 55
- Malaria:* requires doctor prescription – options following
 - Malarone: begin 2 days prior to team departure
 - more expensive
 - least amount of side effects
 - Doxycycline: begin 2 days prior to team departure
 - less expensive
 - side effects for women: yeast infection/can counteracts any birth control
 - taken with vitamins/supplements will counteract adverse effects
 - Mefloquine: begin 1 weeks prior to team departure/take weekly for 4 weeks
 - less expensive
 - numerous side effects
- Flu Shot:* annually (optional)
- Adult MMR:* recommended but not required