



## SHORT-TERM MISSIONS APPLICATION

### GENERAL INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Please print your name clearly EXACTLY AS IT APPEARS ON YOUR PASSPORT

Present address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Gender: M F Grade \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(if applicable)

Country Issuing Passport \_\_\_\_\_

#### Emergency Contact Information (please provide two contacts)

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address 1 \_\_\_\_\_

Email 1 \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address 2 \_\_\_\_\_

Email 2 \_\_\_\_\_ Phone \_\_\_\_\_

#### Employment/Education (highest year completed)

Employer \_\_\_\_\_ Vocation \_\_\_\_\_

Institution \_\_\_\_\_ Degree/Major \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_



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### MEDICAL INFORMATION

Present Health?                      Excellent                      Average                      Poor  
Please explain:

Medication/Allergies?              Yes                      No  
Please explain:

Physical limitations/Disabilities?                      Yes                      No  
Please explain:

Chronic/Mental Illness?              Yes                      No  
Please explain:

Specific Dietary needs?              Yes                      No  
Please explain:

Medical Insurance?                      Yes                      No

Name \_\_\_\_\_ Policy Number \_\_\_\_\_



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### REFERENCES

Please provide two references. One must be a pastor or leader who knows you well and whom you believe could give an honest and accurate evaluation.

#### Reference #1

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Is this reference a Christian? \_\_\_\_\_

#### Reference #2

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Is this reference a Christian? \_\_\_\_\_



## SHORT-TERM MISSIONS APPLICATION

### MINISTRY EXPERIENCE

Do you attend Christ Journey Church?    Yes    No    How long? \_\_\_\_\_    Member? \_\_\_\_\_

Describe your previous experiences abroad:

Describe your previous roles in ministry:

Describe your gifts, abilities and passions in ministry:

How are you interested in serving in missions? (Evangelism, VBS/teaching, translation, medical mission, discipleship, manual work, music ministry, etc.)

Is your family supportive of your service with Christ Journey Church Short Term Missions?

Please explain:



**HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION**

I, \_\_\_\_\_ [Applicant name] am applying for a Short-Term Missions trip on \_\_\_\_\_ [dates] (hereinafter referred to as the "Program"). I, \_\_\_\_\_ [participant name] of \_\_\_\_\_ [address], am in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

- 1. I fully understand that I may be traveling or staying in areas of the world which may have unstable political, economic and security situations where acts of war, potential danger from lack of control over local population, terrorism or violence could occur at any time.
- 2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests and poor sanitation and other health related situations. Medical or emergency medical treatment may be inadequate or not available and special accommodation for physical disabilities or limitations may not be available.
- 3. I accept and assume all responsibility for my person, actions and any and all risks of property damage or personal injury which occur during or result from my participation, including potential injury while working.
- 4. With the above in mind, I fully understand and agree that the \_\_\_\_\_ {Name of Entity Sponsoring Trip (if applicable)}, all of its entities, their staff, members, successors, assigns, officers, agents, representatives, ministry divisions, and entities (hereinafter referred to as the "Sponsor") or Christ Journey Church, all of its entities, their staff, members, successors, assigns, officers, agents, representatives, ministry divisions, and entities shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with the Program or any portion of the Program even if said injury or action is due to the alleged negligence of the Sponsor and/or Christ Journey Church. Further, I do hereby agree to indemnify and hold the Sponsor and/or Christ Journey Church harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make the agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the Sponsor and/or Christ Journey Church related to the Program, even if any such claim or right of action is caused by the Sponsor's and/or Christ Journey Church alleged negligence.
- 5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Program I need emergency care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release the Sponsor and/or Christ Journey Church, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of the Sponsor's and/or Christ Journey Church's alleged negligence.
- 6. This document does not release the Sponsor and/or Christ Journey Church from gross negligence.
- 7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

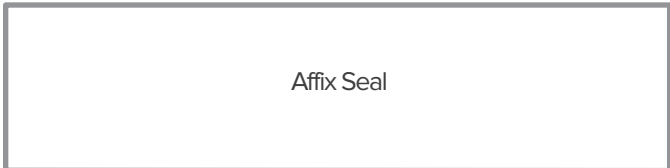
Signature \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Signature of Parent/Guardian is also required if participant is under 18 yrs of age

**----- ALL SIGNATURES MUST BE NOTARIZED -----**

In \_\_\_\_\_ County, in the State of \_\_\_\_\_ on this \_\_\_\_\_ day in the month of \_\_\_\_\_, 20\_\_\_\_, the above listed person(s) appeared before me and executed the above signature(s) in my presence.

Notary Signature / Title

Date





**AUTHORIZATION TO LEAVE THE COUNTRY (FOR MINORS)**

PARENTS: THIS FORM MUST BE NOTARIZED

Also attach medical release form and an official copy of a birth certificate

To the Required Authorities: I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

\_\_\_\_\_  
Minor's Name Birth Date

Have given permission to \_\_\_\_\_(team leader) and other adults  
accompanying the team leader to take my/our minor child out of the United States and into  
\_\_\_\_\_ (country) during the dates of \_\_\_\_\_ to \_\_\_\_\_.

The above minor is a member of the tour group from Christ Journey Church of Miami, Florida. Furthermore, while in the above listed country, we authorize the team leader and the other adults on the tour to seek the necessary medical care should our minor child experience any illness or accident. In addition, we assume full responsibility for any expenses on behalf of the above listed minor including but not limited to those expenses related to the tour, medical treatment, and repatriation.

\_\_\_\_\_  
Signature 1st Parent/Guardian

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Print Name / Relationship to Minor

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature 2nd Parent/Guardian

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Print Name / Relationship to Minor

Cell Phone: \_\_\_\_\_

----- ALL SIGNATURES MUST BE NOTARIZED -----

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Notary Signature / Title

Date

