

MISSION TRIP APPLICATION & RELEASE

THIS IS AN ADOBE ACROBAT (PDF) FORM-FILLABLE APPLICATION TO BE COMPLETED ON A COMPUTER.

Applications can be printed and hand-written as well.

If you are 16 years of age or younger, you must have parental consent participate on this mission trip.

GENERAL INFORMATION					
Full Name (EXACTLY as it appear	s on passport):				
Name you prefer to be called:		Gender: Male Fem	ale	U.S. Citizen: Yes	No
assport #: Date Issued:		Expiration Date:			
Include a copy of your	passport with this applicati	ion, or send it separately if	you are (applying for a pas	<mark>sport</mark> .
Birth date:	(month/day/year)	Marital Status: Single		Married	
Permanent Mailing Address:					
Phone: (Home)	(Cell)	(Work)			
E-mail:					
YOUR ABILITIES					
Do you speak Spanish? Yes No	o If "yes": Flu	ently? Conversation	ally?	Just a little?	
List your skills (such as musical ir or experience, which may be hel		truction, sports, dancing	, crafts,	sewing, etc.), tal	ents,
MINISTRY INFORMATION					

Why do you want to go on this missions trip?	
Tell us about your salvation story (when, how, etc)	
What do you think your spiritual gifts are?	
Have you gone on previous mission trips? Yes No	, .
	With what organization? Ministry activities while there? (500 character limit):
111p dates:	willistry activities write there: (300 character little).
2. Where?	With what organization?
	Ministry activities while there? (500 character limit):

REFERENCES

name, relationship to you,	and phone number.			
Reference 1: Church pasto	or or director in a ministry in whic	ch you serve		
Name:	Relationship:		Phone #:	
Reference 2: Someone wh	o knows your abilities as well as	your strengths and w	eaknesses	
Name:	Relationship:		Phone #:	
BACKGROUND				
•	cted of or pleaded guilty to a crin on, or crime involving actual or at			or use of drugs, child
Answering "yes" does r	not necessarily disqualify you from	m the trip. Yes No		
If "yes," please expl	ain on another piece of paper.			
Driver's License numbe	er:	State:	_	
Restrictions:				
Social Security number	:			
The fundraising for this mi at the scheduled times?	ssion trip is critical, ensuring suc Yes No	cess for the entire tea	am. Do you commit t	o faithfully attend
т.	-shirt size for your Impact shi	rt•		

If you have never been on a LifeSource or Impact Missions Trip, please give two references. Include the person's

Photo/Video Release

By signing this application form, I hereby grant permission to Impact and/or LifeSource Church to the rights, without payment or any other consideration, of my image, likeness, and sound of my voice as recorded on audio or video tape. Photographic, audio, or video recordings may be used for the following purposes: informational presentations, promotional materials, newsletters, website, Facebook, and Twitter.

Notice of Understanding

- Completion of this application may not necessarily guarantee a place on the respective mission trip.
- Each application we be reviewed and prayerfully considered.

Financial Notice of Understanding

- It is your responsibility to secure the necessary finances for the mission trip.
- In the event that I raise funds for the mission trip that exceed its cost, the excess funds may be used as a donation to the local ministries.
- Cancellation Policy: <u>Your deposit is non-refundable</u>. After the full fee has been paid (not through donations from a third party), refunds of the remaining portion of the fee will be made dependent upon the date of cancellation:
 - o If cancelled 30 days or more before the trip: 100%
 - o If cancelled 21-29 days before the trip: 75%
 - o If cancelled 14-20 days before the trip: 50%
 - o If cancelled 7-13 days before the trip: 25%
 - If cancelled 0-6 days before the trip: 0%
- Extenuating circumstances (illness, death of a family member, etc.) for trip cancellation will be reviewed on a case-by-case basis.
- I understand that the team leader(s) reserves the right to ask me to return home if my behavior is destructive to the team, the ministry, or the host community. Any additional costs incurred, as a result of this action, will be my responsibility.

Gift-giving Policy

Many of the children and families we work with live on less than \$2 a day. We restrict the size of monetary gifts to avoid creating opportunities for dependence and to avoid fostering jealousy within the community, which could place a child and his or her family at risk.

Our goal is to stop the cycle of poverty that stalks families from one generation to the next, and we do this by equipping children with the skills they need to be successful in their own right.

Please read the following guidelines:

- Gifts brought on mission trips (candy, clothing) should be in sufficient quantity to share with every child. If you need clarification regarding these types of gifts, contact Pastor Uriel or Pastor Andrew.
- No money or other gifts may be given to individuals or families without prior approval.

Authorization

The information on this application form and on any attached forms is correct to the best of my knowledge. Additionally, I have read and agree to the Photo/Video Release, Notice of Understanding, Financial Notice of Understanding, and Giftgiving Policy.

I authorize Impact and/or LifeSource Church to perform a criminal background check.

I authorize any references to release all such information, as it will assist in the evaluation of my participation on the mission trip. I release all references from liability for any damage that may result from furnishing such information. I waive any right that I may have to inspect references or the background check. I hereby give permission to contact my references and appropriate government agencies.

I have read and agree to abide by the policies set forth on the this form.

Date	Printed Name of Participant	Signature of Participant
If the applicant is a	minor (under 18 years old) or is still in high school	:
 Date	Printed name of Parent/Legal Guardian	Signature of Parent/Legal Guardian

Please print, sign, and return all forms, along with the required deposit, to:

Impact Church
118 LakeFront Drive
Cockeysville Md 21093

Mission Trip Medical and Liability Release

PERSONAL DATA			
Name (exactly as shown of	on passport):		Birthdate:
Complete Address:			
Phone: (Home)	(Cell)	(Work)	
			igh school, provide parent/guardian info.)Relationship:
		Work	
MEDICAL INFORMATION State of your present hea			
		-	cial diet or allergies (including allergies to medications), vide that information. (1000 character limit)
		t 10 years):	Blood type (helpful, but not required):
			Phone:
participating in the missice death that may result from As consideration for beas consideration for assist of which is hereby acknown attach the property of Implemployees and agents (converted to the property of Implementation of the property of Implementation of the property of Implementation as the result of the property of Implementation of the Implem	on trip with the knowle om my participation in eing accepted to partic ing in arranging the mis- vledged, I hereby irrevo- pact Church, LifeSource ollectively referred to as- wn, including but not lime nowever caused, of the and the rights of my re- and permission is here t. her hereby agrees to ho of the negligent, willful f this mission trip I or re- crize the Mission Trip to re the bills incurred. his agreement and fully he hand, and Impact Ch	edge of the risks involved. In the mission trip. Ipate in a Impact / LifeSourd in a Impact / LifeSour	as similar and dissimilar risks. I am voluntarily hereby agree to accept any and all risks of injury or ce mission trip during
 Date	Printed Name of	Participant	Signature of Participant
Date			
	Printed name of Pag	rent/Legal Guardian	Signature of Parent/Legal Guardian

Printed name of Parent/Legal Guardian