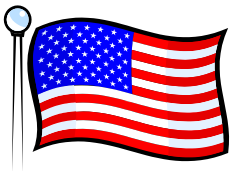

MST Ministries 2020 Stateside AIM Application

Everyone, adults included, must complete an application

Complete ALL pages and mail with the application fee payable to MST Ministries:

MST Ministries PO Box 8490 Lacey WA 98509 (360) 456-5624

email: info@mstgo.com www.mstgo.com

Application fee $20. Late app fee $35.
First page and fee must be received by May 31st
After May 31st, late app fee of $35. will be due.

DO NOT USE for foreign trips, only trips inside the U.S.

PLEASE PRINT CLEARLY!

Location:	Date of trip:	M / F	Birth Date / /

AGE Requirements: Participants must be junior high or older unless accompanied by a parent on the trip.

First Name (legal name)	First Name preferred	M.I.	Last Name

Mailing Address	City	State	Zip

Email address	Phone Number (including area code)

Shirt Sizes (Men's Unisex Sizes) Please circle size T shirt S / M / L / XL / XXL	Father's First and Last Name (or legal guardian) (spouse if married)	Phone (including area code)
	Mother's first and Last Name (not necessary for adults)	Phone (including area code)
	Church Name	Youth Pastor or Senior Pastor's Name

Church Address	City	State	Zip	Church Phone number

Personal References (Name and phone number) 1.	Phone including area code
Personal References (Name and phone number) 2.	Phone including area code
Personal References (Name and phone number) 3.	Phone including area code

Office use only: Date received: ____/_____	$20/$35. Fee enclosed Y / N	Date references checked: ____/_____	Date follow-up materials sent ____/_____	Application Complete: Y / N

Permission /release slip returned

____/_____

MST Ministries 2020 Stateside Permission Release Pages
For use on trips that take place HERE IN THE UNITED STATES ONLY

MST Ministries PO Box 8490 Lacey WA 98509 (360) 456-5624
Email: info@mstgo.com www.mstgo.com

Are you an adult? 18 years old or older?
Please complete Adult Form and Medical Health/Testimony page

Are you under 18?
Please complete Minor Form and Medical Health/Testimony page

For Minor Form:
Please Note: This is SO IMPORTANT

On the following pages are permission slips that require the notarized signature of one legal guardians and/or parent. These need to be notarized signatures. Your personal bank will usually do this at a nominal or no charge to you.

Medical Health/Testimony Page

Eating conditions vary from area to area. Every effort is made to provide healthy balanced diets on the trips. Should you have special dietary needs please make note of these on your Medical Form. If those special dietary needs do not allow you to eat what is set before you, you will be responsible for bringing your own food supplements.

Application deadlines:

First page must be in by May 31st for the $20. fee, the remaining two pages (notarized page and medical/info page) need to be in before the beginning of your trip. Since we are on the road with multiple trips, we may need you to email us the form(s) and bring the original(s) and trip fee.

After May 31st, please send in a $35. application fee for each person. Again, the remainder of the application and trip fee need to be in before the trip.

Name_____ Trip Location_____USA

Release and Disciplinary Agreement Forms (MINOR FORM)

(Use this form if you are under 18 years old)

Liability Release and Consent to Travel

I/we, _____, being the parent(s)/legal guardian(s) of _____, a minor of _____ years of age, consent and agree that said child may travel with any or all of the following organizations: MST Ministries, Engage, Northwest District Council of the Assemblies of God, as well as any training dates for the said 2020 trip _____ (selected trip) I/we do hereby release the previously listed organizations,, their agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which my be sustained by my/our child during said trip and its training events.

Medical Release Form

I/we _____,being the parent (s)/legal guardians (s) of _____ a minor of ____ years of age, do further give my/our consent for the director or properly appointed staff of the above organizations to secure the administration of medical treatment or medication for the above named child, and I/we do further agree to the performance and payment of such treatment, anesthetics, medications, and operations as in the opinion of the attending physician is deemed necessary.

Disciplinary Agreement and Policies

I/we understand that while _____ (our child) participates in any regularly sponsored portion of the said trip or its training activities, they are responsible to abide by the rules set forth by the sponsoring organizations, its leaders and supervisory personnel. Any serious infraction of rules or illegal activity by myself/child can result in the dismissal from the program. In the event I/he/she am/is dismissed from the program, I/we the undersigned, agree to assume the cost of returning to my/our home. I/we also agree to forfeit any possible refund.

NO NEWS IS GOOD NEWS. Mission trips are one of the most exciting adventures that life offers. In order to keep them focused and functional we have adopted a NO NEWS IS GOOD NEWS policy. That simply states that we have communication channels that are available to us for emergency purposes but are not used on a daily basis.

Team members are not guaranteed or encouraged communication with home. The team will have the means to do that if a need arises. Past experiences have shown that incomplete information has been very destructive when it has been passed on to homes of the participants.

When teams arrive in their country as soon as possible (electrical outages and phone line difficulties can delay this) contact will be made with the contact numbers at the MST offices. You may check their web site MSTGO.com or office phone at 360-456-5624. You can also contact this number to pass important information on to participants realizing that field conditions may delay this information for several days.

I also give MST Ministries the right to use my picture, voice and/or testimony in any type of promotional or advertising materials.

Only affix your seal to this document if the signing parties are in full agreement with all portions.

DATED _____ Signed _____ Youth Date _____
STATE OF _____ Signed _____ Parent/Guardian Date _____
COUNTY OF _____ Signed _____ Parent/Guardian Date _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared to me _____ & _____ & _____ to be known to be the persons who executed the three foregoing instruments and acknowledged before me that they executed the same as a free and voluntary act.
Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20 _____, AD.

My commission expires:

_____ Notary Public

Name_____ Trip Location _____USA

Release and Disciplinary Agreement Forms (ADULT FORM)

(Use this form if you are 18 years of age or older)

Note: Background checks may be utilized for adults.

Liability Release and Consent to Travel

I,_____, being an adult of _____ years of age, consent to travel with any or all of the following organizations: MST Ministries, Engage, Northwest District Council of the Assemblies of God, as well as any training dates for the said 2020 trip _____ (selected trip) I do hereby release the previously listed organizations,, their agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which my be sustained by myself during said trip and its training events.

Medical Release Form

I _____, being an adult of ____ years of age, do further give my consent for the director or properly appointed staff of the above organizations to secure the administration of medical treatment or medication for myself, and I do further agree to the performance and payment of such treatment, anesthetics, medications, and operations as in the opinion of the attending physician is deemed necessary.

Disciplinary Agreement and Policies

I understand that while I participate in any regularly sponsored portion of the said trip or its training activities, I am responsible to abide by the rules set forth by the sponsoring organizations, its leaders and supervisory personnel. Any serious infraction of rules or illegal activity by myself can result in the dismissal from the program. In the event I am dismissed from the program, I the undersigned, agree to assume the cost of returning to my home. I also agree to forfeit any possible refund.

NO NEWS IS GOOD NEWS. Mission trips are one of the most exciting adventures that life offers. In order to keep them focused and functional we have adopted a NO NEWS IS GOOD NEWS policy. That simply states that we have communication channels that are available to us for emergency purposes but are not used on a daily basis.

Team members are not guaranteed or encouraged communication with home. The team will have the means to do that if a need arises. Past experiences have shown that incomplete information has been very destructive when it has been passed on to homes of the participants.

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I also give MST Ministries the right to use my picture, voice and/or testimony in any type of promotional or advertising materials.

Only affix your seal if the signing parties are in full agreement with the entire document.

DATED _____
STATE OF _____
COUNTY OF _____ Signed _____ Adult Participant
Date _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared to me _____ to be known to be the persons who executed the three foregoing instruments and acknowledged before me that they executed the same as a free and voluntary act.
Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20 _____, AD.

My commission expires:

_____ Notary Public

Medical Health Reference Form Name_____
(Please complete everything)

Medical Insurance Information:
Contacts in case of emergency medical treatment:
List any medication use or potential use that we should be aware of:
Special Dietary issues we should be aware of: *(Please note that special dietary needs are the responsibility of the applicant)*

Has the applicant ever been treated for the following: please check the columns and explain all "yes" answers on another piece of paper.

Description	**Yes**	**No**	**Description**	**Yes**	**No**	**Description**	**Yes**	**No**
Appendicitis			Convulsions			Current Tetanus Shot		
Asthma			Glasses/Contacts			Stress Restrictions		
Hernia			Penicillin Allergy			STD's		
Rheumatic Fever			Other Allergies: _____			Operations:		
Polio								
Heart Trouble			Hemophilia			Diabetes		
Sinus Problems			Scarlet Fever			Daily Medications		
Fainting Spells			Broken Bones			Other:		
Ear Problems			Nervous Behavior					

Your Testimony

How did the Gospel get introduced to you?_____

_____

When and why did you believe the Gospel?_____

_____

What are you doing for God (Please describe the last five years of your involvement in ministry)

_____

_____

_____

Description	**Avoid It**	**Try It**	**Yes!**	**Description**	**Avoid It**	**Try It**	**Yes!**
Consistent Devotions				Guitar/Keyboard Ministry			
Long Vehicle Traveling				Drama			
Airplane Travel				Puppets			
Working with Hostile People				Singing in Public Ministry			
Try New Unusual Foods				Sharing your Testimony			
Sleeping on Floors				Preaching			
Clowns				Photo Journalism			
Sound Technician				Balloon Art			