


Christmas 2025 Mission Trip Application



TRIP DATES	Wednesday, December 3 - Saturday, December 6 (ALL TEAMS)
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MISSION FEE	\$125 Mission Trip Fee (Teams: ALL TEAMS)	
	Mission fees can be paid via PayPal or by check.	
	Checks can be made payable to "Hope for Appalachia Virginia Inc" For PayPal, you can scan the QR Code with your phone or the link on our website on the "Traveling Missionaries" page.	

Application, Background Check and Mission Fee Due: Wednesday, October 29th
Applications can be filled out, signed, scanned and emailed to hopeforappalachia.virginia@gmail.com or Paper copies and checks can be mailed to: Jessica Meredith, 6309 White Oak Lane, Jeffersonton VA 22724.

Personal Information			
Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Mailing Address			
Physical Address (if different from mailing)			
Cell Phone Number	Home Phone Number	Do you have Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Do you have FB Messenger? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have GMAIL, please check your "Promotions" folder frequently! For some reason, our emails end up in that folder.

Mission Team / Travel Information
Team / Team Leader Request (leave blank if you don't know)

Each Missionary will receive ONE Hope for Appalachia t-shirt with your mission fee. Please select the size you want.	
Adult Sizes: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL	
Youth Sizes: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL	

If we do not receive your application by **October 29th, we cannot guarantee you will receive an HFA t-shirt.**
You may order additional t-shirts, hoodies, hats, etc from our vendor by visiting hfavateam.com.

Parent / Guardian Information (for applicants under the age of 18)	
Parent / Guardian Name	Cell Phone
Email Address	Home Phone
Add Parent to the Email Distribution List <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Add Parent to the Facebook Messenger <input type="checkbox"/> Yes <input type="checkbox"/> No	Name on Facebook:
Team Group Chat	

Emergency Contact Information

Name		Relationship	
Cell Phone	Home Phone		

Medical Information

Do you have any allergies? (other than seasonal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If YES, please explain:</i>
Do you have any medical or emotional conditions that might hinder you as a team member?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES, please explain:</i>			

Church Information

Are you a member of a church?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a Christian?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I attend church:		<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	<input type="checkbox"/> I don't have a home church		
Name of the church you attend							
How many years have you attended?				Pastors Name			
Church Address							
What ministries are you involved in at your church?							
Do you volunteer or serve in any ministries outside your church?							
Have you served on any short term mission trips?							
<p>Our mission trip offers many opportunities to share the Lord with others. Please write a brief testimony of your christian life and how you became a christian. Include a description of your past and present relationship with the Lord and how you see your future with God. <u>Use a separate sheet of paper if necessary. For returning missionaries, please consider typing out your testimony and attaching a copy to the application! We do NOT keep copies of past applications for quick reference.</u></p>							
Have you been trained in personal evangelism?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Education / Gifts Information

Special Skills / Talents? (photography, teacher, public speaking, construction, truck driver, tech savvy, play musical instrument, singing, cook, etc, ...)

Professional Experiences

Do you own a truck that can pull a trailer? ☐ Yes ☐ No

Do you have experience pulling a trailer? ☐ Yes ☐ No

If yes, # years experience pulling trailer: _____

Do you own or have access to a trailer? ☐ Yes ☐ No

Length of trailers previously pulled: _____

Acknowledgements / Signature

I agree to fulfill my financial obligation by paying the Mission Fee, understanding refunds are not guaranteed.

Initials _____

I agree to NOT contact any of the schools we are visiting to include staff members (not applicable to team leaders).

Initials _____

I agree to NOT contact any of the lodging locations.

Initials _____

I agree to NOT hand out any pamphlets, website addresses, blogs, podcasts, etc. to any students or staff, that are not approved, in advance, by Pastor Mike.

Initials _____

I agree to attend ALL mission trip meetings, or watch a recording of the meetings prior to traveling to Kentucky.

Initials _____

I agree to prepare and send support letters (prayer and financial) to friends and family.

Initials _____

By submitting my application, I verify the information provided in the application is accurate and complete to the best of my knowledge.

Signature

Date

Waiver & Release / Assumption of Liability Form

I, _____ (print your legal name), am participating in a mission trip sponsored by HOPE FOR APPALACHIA VA TEAM, INC; I understand this journey will involve the following:

Hope for Appalachia – Personal Evangelism and Delivery of Hope Boxes

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks:

My signature on this form is my certification that I am physically capable of engaging in the activity of event described above. Further, I acknowledge that I have had the risks of my participating in this activity or event sufficiently explained to me, and I understand the risks posed in this activity or event (or I have declined such explanation because I already understand the risks involved in this activity or event). In exchange for the privilege of participating in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my

Signature

Date

Printed Name

Consent to Treatment

My signature on this form constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to me at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity.

I waive any claims or causes of action, including attorney's fees that I might have against Hope for Appalachia Va. Team, Inc. for my participation.

Signature

Date

Printed Name

Mission Journey Covenant

I am willing to be a part of a team, to place myself under the direction and leadership of the team leader, and to accept his/her guidance during the planning phase and while on this mission journey. I understand that team members must be flexible while serving on the field. Even though the mission team will be prepared for the trip, there are many times when unexpected events will arise.

I commit to see obstacles as opportunities to see God overcome barriers and understand that by remaining flexible, the team will be able to work through these events successfully. I fully understand that I will be representing Jesus Christ, Hope for Appalachia, and my home church. Our object is to serve through our mission partnerships in a Christ-honoring way.

As a team member, I agree to the following Code of Conduct while serving on the field:

- Abstain from alcohol use
- Dress in an appropriate and modest manner
- Respect our partner church(es)/missionary • Be culturally sensitive at all times

In the event that I do NOT follow the Code of Conduct, the following may occur:

- My activity on the field may be reduced
- I may be sent home, and will be responsible for all additional costs incurred
- I may not be able to serve on future mission trip

Signature

Date

Printed Name

Prayer Partners

Prayer support is a key ingredient for each Mission Journey. We would like for you to enlist 10 Prayer Partners who will commit to pray for you and our team as we prepare and go on our journey. While on mission, please invite them to follow us on our Facebook page for journey updates:

Please return this Prayer Partners List to Pastor Mike before you leave on the Mission Trip.

Your Name

My List of Prayer Partners

1. Name of Prayer Partner

2. Name of Prayer Partner

3. Name of Prayer Partner

4. Name of Prayer Partner

5. Name of Prayer Partner

6. Name of Prayer Partner

7. Name of Prayer Partner

8. Name of Prayer Partner

9. Name of Prayer Partner

10. Name of Prayer Partner