

Please complete the application, sign and mail with your mission fee.

Hope for Appalachia Missionary Application

If one check is paying for multiple people, i.e. church, please attach a list of names.

Mission Trip I am applying for: Spring Fall
Year: 2019 2020 2021 2022

Team / Team Leader request: _____ leave blank if you don't know

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please only submit email address if checked daily!

Date of Birth: _____ Female Male Marital Status: Married Single

Each missionary receives one T-shirt with registration:

Adult Sizes: Small Medium Large XL 2XL 3XL 4XL 5XL

Youth Sizes: Small Medium Large XL

Parent / Guardian Information for applicants under 18 years of age

P/G Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please only submit email address if checked daily!

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Do you have medical conditions? Yes No (if yes, please explain)

Do you have any allergies (including medications)? Yes No (if yes, please explain)

Are you a member of a church: Yes No If yes, what church are you a member?

Church Name: _____

Church Address: _____

List any previous short-term mission journey or volunteer experiences:

Is there anything else you would like us to know about you?

Education:

Professional Experiences:

I agree to fulfill my financial obligation by paying the Mission Fee.

Please initial here to indicate agreement: _____

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

Please initial here to indicate agreement: _____

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 participation in this activity or
event.

Dated this _____ day of _____, 20____
Date Month Year

Signature

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

Dated this _____ day of _____, 20_____

Signature

Printed Name