Hope For Appalachia Virginia Inc

Spring 2023 Mission Trip Application

Week #1: March 27 - April 1

(Teams: Wes, Terry, Amelia, Aniscia, Orange County, Nawrocki & Woody)

Week #2: April 3 - 8 (Team Madison)

\$155 Mission Trip Fee

Mission fee can be paid via PayPal or by check.

Mission Fee Includes Lodging & Mission Trip T-Shirt



Application, Background Check and Mission Fee Due Wednesday, February 22nd

Applications can be filled out, signed, scanned and emailed to hopeforappalachia.virginia@gmail.com or mailed to: Terry Graham, 28045 Sunnyside Road, Unionville, VA 22567. If paying by check, you can also include your check, made payable to "Hope for Appalachia Virginia Inc".

Personal Information							
ame		Date of Birth		Gender		Marital Status	
				□ Male	□ Female	□ Married	□ Single
Mailing Address							
Dhusiaal Addusaa (if different from mailing)							
Physical Address (if different from mailing)							
Cell Phone Number	Home Pho	ne Number			Do you hav	e Faceboo	k?
					☐ Yes	\square No	
Email Address	•				Do you hav	e FB Mess	enger?
					☐ Yes	□ No	
							_
Mission Team / Travel Information							
Team / Team Leader Request (leave blank i	f you don't	know)					
The Spring Mission Trip has two travel	week						
opportunities. I can travel:	WCCK	☐ Week #	1: March 2	7 - April 1	□ We	ek #2: Apri	13-8
орронашись годинасы							
Each Missionary will receive one Hope for A	Appalachia	t-shirt with	your missi	ion fee. Ple	ase select t	he size you	want.
Adult Sizes: 🗆 Small 🗆 Medium	□ Large	□ XL	□ 2XL	□ 3XL	□ 4XL	□ 5XL	
Youth Sizes: □ Small □ Medium	□ Large	□ XL					
Parent / Guardian Information (for applica	nts under t	he age of 18	3)				
Parent / Guardian Name					Cell Phone		
BA-11: Add							
Mailing Address							
Email Address					Home Pho	ne	
Emergency Contact Information							
Name				Relationsh	ip		
Cell Phone		Home Phoi					
			- -				
5							l

Medical Information								
Do you have any allergies?	□ Yes	□No	If YES, plea	se explain:				
Do you have any medical or emoti	onal condi	itions tha	t might hin	der you as	a team men	mber?	☐ Yes	□No
If YES, please explain:								
Church Information			,					
Are you a member of a church?	□ Yes	□No		Are you a	Christian?		□ Yes	□ No
I attend church: ☐ Regul	arly	□ Осса	sionally	1	Never	□ I don	't have a hom	e church
Name of the church you attend								
How many years have you attended	ed?		Pastors Na	me				
Church Address								
What ministries are you involved i	n at your o	church?						
Do you volunteer or serve in any n	ninistries o	outside yo	our church?					
Have you served on any short tern	n mission t	trips?						
Our mission trip offers many oppo	rtunities t	o share t	he Lord witl	n others Pl	lease write	a hrief te	stimony of vo	ur
christian life and how you became								
and how you see your future with			-	-			•	
Have you been trained in personal	evangelis	m?	☐ Yes	□ No				
Please provide a reference, not far	mily, that l	knows yo	u and your		」 alk.			

Education / Gifts Information	
Special Skills / Talents? (photography, teacher, public speaking, construction, truck driv	or toch cavay, play musical
1.	er,tech savvy, play musical
instrument, singing, cook, etc,)	
Education	
Professional Experiences	
Acknowledgements / Signature	
I agree to fulfill my financial obligation by paying the Mission Fee, understanding	
refunds are not guaranteed.	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 ac	curate and complete to the best
of my knowledge.	
Signature Date	
Waiver & Release / Assumption of Liability Fo	orm
,	
	legal name), am participating in
a mission trip sponsored by HOPE FOR APPALACHIA VA TEAM, INC; I understand this jou	rney 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 Ris	sks:
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	y 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 p	articipating in this church-
sponsored activity or event, I hereby assume all risks of injury or damages of whatever t	ype or form associated with my
participation in this activity or event.	
·	
Signature	Date
Printed Name	
Timeed Hume	

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 attorned Inc. for my participation.	y's fees that I might have against Hope for Appalachia Va. Team,				
Signature	Date				
Printed Name					
Mission Jo	ourney Covenant				
his/her guidance during the planning phase and while or	r the direction and leadership of the team leader, and to accept this mission journey. I understand that team members must be son team will be prepared for the trip, there are many times				
team will be able to work through these events successf	vercome barriers and understand that by remaining flexible, the fully. I fully understand that I will be representing Jesus Christ, s to serve through our mission partnerships in a Christ-honoring				

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

- ■bstain from alcohol use
- Press 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
- Emay be sent home, and will be responsible for all additional costs incurred
- Pmay 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