

Outreach Ministry Short-Term Missions
Adult Application and Forms

Please complete and return your completed forms to outreach@gracechapel.org,
the church office, or mail to,

Grace Chapel
Attn: Outreach
8505 S Valley Hwy
Englewood, CO 80112

Forms included:

Adult Application
Trip Risk Acknowledgement and Release Form
Confidential Health Questionnaire
Team Commitment Letter

**Thanks for being responsive to those nudges from God about this mission,
and thanks for your application. It will be reviewed by your Team Leader
and the Outreach Team. Your team leader will contact you about the next
steps in your team's preparation.**

Outreach Ministry Short-Term Missions Adult Application

Please complete and e-mail your completed application to Outreach@GraceChapel.org
or mail a printed copy to the church office, Attn: Outreach.

Trip to: _____ **Dates:** _____

Name: _____
Last First Middle Initial Birth Date (MM/DD/YY)

Address: _____
Street

City State Zip

Day Phone Evening Phone

E-mail Fax

Passport Information

Passport Number Country of Issue Nationality

Issue Date Expiration Date Sex

Personal Background

1. What previous mission or humanitarian projects or experiences have you participated in?
2. What contact have you had with ethnic or cultural groups other than your own?
3. Have you traveled outside the U.S., and if so, where?

4. **Please list any skills or talents** (e.g. first aid, computers, arts, music, teaching, construction, languages) **that you could share with your team.**

5. **Please list three of your strengths and three weaknesses.**

6. **Please describe your relationship with or thoughts about Jesus Christ.**

7. **If someone were interested in becoming a follower of Jesus Christ what would you tell him or her?**

8. **Is there a passage of Scripture or theological concept that has challenged you recently? What about it challenged you?**

9. **Is there anything we should be aware of that may affect your involvement on this short-term mission?**

10. **What have you been praying about lately?**

11. **If you are not currently attending Grace Chapel, how did you get connected to this trip?**

12. **If you are attending Grace Chapel, in what ways have you been involved there recently?**

13. **Please share why you want to participate in this short-term mission.**

14. **What are your expectations for this short-term mission?**

15. **How are you hoping to be transformed by this trip?**

16. **Please describe how you plan to use your experiences when you return.**

Emergency Contact

Name	Relationship to you	
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Street		
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City	State	Zip
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Day Phone	Evening Phone
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E-mail	Fax
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Payment Schedule

After the \$250 deposit has been received, the following payment plan will apply:

- 50% of the balance due 60 days before the trip leaves.
- 100% of the balance due 30 days before the trip leaves.

Return

Return this form electronically to outreach@gracechapel.org. You can also drop-off or mail in a printed version to the church office, Attn: Outreach.

Thank you for being responsive to those nudges from God about this mission, and for your application. Your Team Leader and the Outreach Team will review this application. Your team leader will contact you soon about the next steps in your team's preparation.

Outreach Ministry Short-Term Missions Trip Risk Acknowledgement and Release Form

Please read before signing, as this constitutes the agreement as a volunteer or participant and the understanding of your relationship as a volunteer or participant in a Grace Chapel sponsored Short-term Outreach trip.

Trip Information

Sponsoring organization (Trip Sponsor): _____

Location of mission trip : _____ Dates: _____

Nature of mission trip: _____

Name of trip sponsor's coordinator: _____ Telephone: _____

E-mail: _____

Participant Information *(To be completed by participant or an authorized guardian)*

Name of participant: _____

Address: _____ Telephone: _____

Email: _____

Name of emergency contact: _____

Daytime telephone: _____ Evening telephone: _____

List any current allergies, illnesses, physical conditions, or medications: _____

Is sponsor authorized to approve medical treatment? Yes or No

Is participant covered by personal/family medical insurance? Yes or No

If yes, name of insurer: _____

Policy or group number: _____

Participant Agreement *(To be completed by participant or by parents or guardians if Participant is a minor)*

I, _____, acknowledge and state the following:
Participant's Name

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip.

The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

I have chosen to participate in a Grace Chapel sponsored Short-term Outreach trip and to be involved in ministry to others by seeking to meet their physical and spiritual needs.

I understand that this Short-term Outreach trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor, and exposure to potentially dangerous areas of the world. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this Grace Chapel sponsored Short-term Outreach trip at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project, and related medical costs and expenses.

In the event that Grace Chapel arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Grace Chapel, together with their officers, board members, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signature: _____ Date: _____
Participant or parent/guardian if participant is a minor

Outreach Ministry Short-Term Missions Confidential Health Questionnaire

Parent or Legal Guardian should complete if participant is under the age of 18.

Name of Team Member: _____ Team Name: _____

Family Doctor's Name: _____ Phone: _____

Address: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is a doctor currently treating you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have any condition requiring special medical consideration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Psychological or emotional disorders or limitations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you sustained any injury that may limit physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you on a special diet that has been prescribed by a doctor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you had major surgery in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have any allergies? <i>(If so, please list on page 2)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have any physical condition(s) that may inhibit participation in physical activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered 'Yes' to any of the above, please explain. Continue on another page if necessary.

Do you wear glasses/contacts for vision correction? Yes No
If yes, what is the prescription?

Do you wear braces, bridges, dentures, or any other dental implants? Yes No
If yes, please list?

List all medications you use. Provide information on dosage, frequency, and reason for using all medication:

Medication/Dosage	Frequency/Reason for usage

List any known allergies: medicine (*penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs*); **Foods** (*dairy, wheat, other foods*); **contact with substances** (*plants, soaps, other substances*); **Animals, insect bites/stings**.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? Yes No

Please list any current health problems.

Blood type: _____

Please check below:

Condition	Yes	No
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
HIV (AIDS) Positive	<input type="checkbox"/>	<input type="checkbox"/>
Peptic Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>

Condition	Yes	No
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of the above, please explain in detail:

List previous surgeries:

Procedure	Year	Reason

List serious accidents/injuries:

Injury	Year	Treatment

List other serious illnesses/hospitalizations:

Problem	Year	Treatment

Check immunizations which you have previously received:

Immunization	Year	Year last received
Diphtheria		
Tetanus		
Pertussis		
Measles		
Mumps		
Rubella		
Polio		
Influenza		
Hepatitis B		
Small Pox		
Others		

Signature of Participant

Date (MM/DD/YY)

****Parent or Legal Guardian signature required if participant is under the age of 18.****

Return

Drop-off or mail in a signed copy of this form to the church office, Attn: Outreach.

Outreach Ministry Short-Term Missions Team Commitment Letter

****Please read carefully, signature required.****

Dear Short-Term Mission Team Member,

We are excited about your participation in one of our Short-Term Missions this year. We have seen the Lord work in wonderful ways in the lives of past trip participants, and we are confident that He has a very special plan for you as you prepare for and go on your short-term mission.

We believe that these trips are very serious steps of faith for both yourself and Grace Chapel. We, therefore, feel it is important to put into writing both what you can expect from Grace Chapel and what we can expect from you during the whole process of your preparation for going. Grace Chapel, therefore commits, to:

- Help you, to the best of our ability, to be as prepared as possible for your short-term mission experience. We will do this through our planned times of training and preparation.
- Assist you, to the best of our ability, in your raising of the finances needed to fund the short-term mission.
- Do everything within our ability to plan a short-term mission experience that will provide you with a positive experience of seeing God at work in and through believers in another culture and will allow you to become a part of what God is doing in that culture.
- Coordinate with missionaries in the field and/or designated team leaders to ensure the safest possible travel and accommodations considering the specific location of the short-term mission.
- Commission you and your team before the body of Grace Chapel and send you out with the prayer support of that body.

In return we would ask your commitment to:

- Set aside a time of regular and consistent prayer for yourself, the team, and the people you will be ministering with and to.
- Attend all of the designated training/preparation times so that you might become as equipped as possible to function as a valuable team member.
- Do everything within your ability and be faithful in your attempt to raise the financial support needed for the short-term mission, even if it might mean personal sacrifice on your part. Additionally, we ask that you be willing to meet with your team leader to discuss your progress in fundraising and evaluate the potential for the successful completion of your fundraising efforts.
- Participate faithfully in all team fundraising efforts.

We look forward to traveling this exciting road with you and seeing the specific ways that the Lord will use this experience to change your life! May God bless you on your journey.

Please look over the following payment schedule and disclaimers.

Deposit Information: Please include your non-refundable deposit in the amount of \$250 with this commitment form. *Make check payable to GRACE CHAPEL.*

Payment Schedule: After the \$250 deposit has been received, the following payment plan will apply:
50% of the balance due 60 days before the trip leaves
100% of the balance due 30 days before the trip leaves

Disclaimers *(Please initial by each line)*

_____ The travel agency or Grace Chapel will not be responsible for airline or hotel charges. Should these occur, they will be passed along to the traveler.

_____ Grace Chapel reserves the right to cancel any trip based on the Grace Chapel written policy for cancellation.

_____ I will agree to return home at my own expense if the team leadership determines that my behavior is/has been inappropriate.

_____ If I decide to cancel my participation on a trip after airline tickets have been purchased or other expenses incurred, I agree to reimburse Grace Chapel for those expenses.

Media Release *(Please initial the following that apply)*

I release Grace Chapel to feature me in the following ways and without compensation:

_____ Photos, video tape, and/or quotes in Grace Chapel media publications

_____ Photos and content on Grace Chapel web site

_____ I do not want to be featured

I have read and agree to the commitment I am making as a participant on a Grace Chapel Short-term Mission.

Signature of Participant Printed Name Date (MM/DD/YY)

Signature of Parent/Legal Guardian Printed Name Date (MM/DD/YY)