

Outreach Ministry Short-Term Missions **Minor/Student Application and Forms**

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

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

Forms included:

Minor/Student Application
Authorization for Emergency Medical Care for a Minor**
Minor/Student Financial Commitment*
Authorization for Minor to Leave the Country**
Team Commitment Letter*
Confidential Health Questionnaire*
Minor/Student Trip Risk Acknowledgement**

*requires a signature
**requires notarization

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 Minor/Student 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

Parent's Name Phone

Passport Information

Passport Number Country of Issue Nationality

Issue Date Expiration Date Sex

Personal Background

1. What previous service projects or experiences have you participated in?
2. Have you traveled outside the U.S., and if so, where?
3. List three of your strengths and three weaknesses.

- 4. List any skills or talents (e.g. first aid, singing, leading Bible study, construction) that you could share with your team.**

- 5. How are you involved with Grace Chapel (MNF, Wednesday nights, Sunday mornings, retreats, etc)?**

- 6. Describe an experience of helping/serving a friend.**

- 7. How are you currently serving and on a mission in your everyday life?**

- 8. Who is Jesus to you?**

- 9. Describe your relationship with Jesus.**

- 10. What is something you have been learning about God lately?**

- 11. What do you hope to gain from participating in this experience?**

- 12. What do you hope to give?**

- 13. What are your expectations for this trip?**

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

Emergency Contact

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

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.

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 Authorization for Emergency Medical Care for a Minor

I/We the undersigned parent(s) or legal guardian of the minor (under 18 years of age):

Minor's name as it appears on Passport or Birth Certificate

Birth date (MM/DD/YY)

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis, or treatment by any duly licensed physician or dentist and hospital service that may be rendered to said minor under the guardian. Specific or special consent of:

Team Leader

the temporary custodian of the said minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a hospital. I/We authorize the physician or dentist to call in any necessary consultants at his/their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. It is further understood that those persons who have temporary custody of said minor will attempt to talk with the parent(s)/legal guardian via the telephone numbers listed below before treatment is rendered.

Consent for dates: _____

Date trip begins

Date trip ends

One parental or guardian signature is required:

Print Name: _____

Signature: _____

Address: _____

Street

City

State

Zip

Day Phone

Evening Phone

Person(s) to be reached if parent/guardian cannot be contacted:

Name

Phone

Name

Phone

To your knowledge, is your child allergic to any medication? Yes No
If yes, what?

Will your child be taking any medications (prescription or otherwise) while in the care of the above temporary custodian? Yes No
If yes, what medications?

Does your child have diabetes, hypoglycemia, or another medical disorder of which the adult leader should be aware? Yes No
If yes, what?

Medical Insurance Company

Policy #

Please list any possible recurrent health problems (i.e. chest pains, kidney, migraines, etc).

Please list any prescription medications you are bringing:

Name of drug	Dose	Frequency

Blood type: _____

Eyeglass Prescription: _____

****This document requires notarization.****

State of _____ County of _____

Sworn to and subscribed to me this document the ____ day of _____, 200__.

Notary's Public signature: _____

My commission expires: _____

Outreach Ministry Short-Term Missions Minor/Student Financial Commitment

As a participant on a Student Ministry Short-Term Mission, I commit to the following financial statements:

- Each participant must personally contribute 20 percent of the short-term mission cost (\$100 deposit is included in the 20 percent). Contributing a portion of the cost increases your commitment to the team and the project.
- Each participant must raise the remaining 80 percent through support letters. You may elect to pay for the full cost of the short-term mission (payment is considered tax-deductible).
- Financial requirements – one-half of the cost is due 60 days before the short-term mission; with the balance due 30 days before. Participant is required to pay for the remaining balance not raised.
- The financial assistance policy has changed. *Funds are limited and assistance is now awarded by the team leader on a case by case basis.*
- If Grace Chapel cancels a short-term mission because of safety issues, etc., every effort will be made to reschedule. However, If a participant cancels, the funds raised by that participant stay with the team and are not refunded. Any excess funds raised by a participant are applied toward the total expenses of the team.

I have read and understand the financial commitment I am making as a participant on a Student Ministry Short-Term Mission.

Signature of Participant

Date (MM/DD/YY)

Signature of Parent/Legal Guardian

Date (MM/DD/YY)

Outreach Ministry Short-Term Missions Authorization for Minor to Leave the Country

(Under 18 years of age)

To the required authorities:

I/We the undersigned parent(s) or legal guardians of the minor (under 18 years of age):

Minor's name as it appears on Passport or Birth Certificate

Birth date (MM/DD/YY)

Have given permission to _____ (Team Leader) and other adults accompanying the team leader to take our minor child out of the United States of America into _____ (name of country) during the dates of _____ to _____. The above minor is a member of the Outreach group from Grace Chapel of Englewood, Colorado.

Furthermore, while in _____ (name of country), we authorize the team leader to seek the necessary medical care should our young person experience any illness or accident.

Dated this _____ day of _____ (month and year) at _____ (city and state).

****Both parents MUST sign this form****

Father's Signature

Father's Name

Mother's Signature

Mother's Name

Legal Guardian's Signature

Legal Guardian's Name

****This document requires notarization.****

State of _____ County of _____

Sworn to and subscribed to me this document the ____ day of _____, 200__.

Notary's Public signature: _____

My commission expires: _____

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.

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? (If so, please list on page 2) | <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"/>
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"/>

Condition	Yes	No
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.****

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

This document requires notarization.

State of _____ County of _____

Sworn to and subscribed to me this document the ____ day of _____, 200__.

Notary's Public signature:

My commission expires: