

## SHORT TERM MISSION TRIP APPLICATION PACKET

We are excited that you have reached the point of registering for participation in a Short Term Mission (STM) trip! Christ United Methodist Church is committed to helping believers live out the Great Commission in active service locally and around the world.

*"...go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit..."- Matthew 28:19-20*

Christ United Methodist Church seeks to expand our mission statement of "Making Disciples of Jesus Christ Who...Know Him...Love Him...Serve Him". In short, we are learners and followers of Christ who are committed to real relationships and making other disciples.

Included in this STM Application are areas for you to provide important information that will help each applicant as well as the STM Ministry Team and Trip Leaders discern each applicant's motivation for applying as well as matching spiritual readiness and giftedness.

Please take your time and prayerfully consider your answers as you work through this application/registration process. We are eager to review your information and then get to know each other better as we seek to help fulfill the Great Commission.

*"But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth."  
- Acts 1:8*

Blessings,

Missions Ministry  
Christ United Methodist Church  
Find out more about STM at [www.christunitedjxn.org](http://www.christunitedjxn.org)

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### SUMMER MISSION TRIP OPPORTUNITIES FOR YOUTH, ADULTS & FAMILIES

#### **COSTA RICA – RICE & BEANS MINISTRIES**

- June 17 – 24  
Families with children 8 years & up & Adults all ages

## STM Considerations

Step 1: Pray for discernment as to your level of involvement, commitment and where you feel He is leading you to serve in a STM trip.

Step 2: Contact the Missions Office at 601-914-7108 or email [missions@christunitedjxn.org](mailto:missions@christunitedjxn.org) if you have questions about the trip.

Step 3: Fill out the STM Trip Application. Applications are available to be printed online, in the Missions Office or at the Missions table in the Great Hall. A separate application is required for each person 15 years and older.

Step 4: If you do not have a valid passport, please begin this process as soon as possible.

Step 5: By the deadline listed for your requested trip, please turn in the completed STM Trip Application along with initial deposit of \$500 per person. Please adhere to schedule for additional payments for your trip. **Please turn in all forms, question responses, and the deposit in an envelope to Beverly Luehlfing in the Missions Office. Applications will be accepted beginning on February 1, 2017.**

Step 6: Other information regarding details of team meetings, training and other requirements for the trip will be communicated by the trip leader(s) as each team is set.

Step 7: Check with your personal physician to determine which immunizations are necessary for you.

Step 8: Keep praying as God leads your team onto the mission field!

### **To Apply for the Costa Rica Trip Teams:**

Because we have limited space we will NOT be able to save spots. You WILL NOT be considered a part of the Costa Rica Team until you have all of the following turned in:

- Completed Team Application Form
- \$500.00 Deposit for Costa Rica trip (name & trip destination in memo-make checks payable to Christ United.)

NOTE: ADDITIONAL FORMS WILL BE REQUIRED AT A LATER DATE.

## **TRIP EXPENSES**

### **PAYMENT SCHEDULE FOR COSTA RICA TRIP**

**TOTAL EXPENSES** - \$1700 (airfare \$850, lodging, food, ground transportation and other trip expenses approximately \$850 ).

- \$500 – due with application
- \$500 – by March 15
- \$500 – by May 1
- \$200 – by June 1 (this final payment amount may change if fund raisers are conducted or if additional trip costs are incurred)

Each person will need additional spending money for snacks, souvenirs, airport meals, etc.

**IF FINANCIAL OBLIGATIONS ARE NOT MET IN A TIMELY MANNER, YOUR TRIP MAY BE CANCELLED AT ANY POINT.**

#### **FUNDRAISING**

Options for fund raisers will be discussed by the group.

#### **FINANCIAL AID**

If you have need for financial aid for the trip, you can speak confidentially with Rev. Sheila Cumbest.

## **Trip Application “Quick Reference”**

### **CONSIDER THE COST**

Your participation in a short-term mission trip demands a commitment of time, money, and personal endurance. The following requirements are meant to help you evaluate your readiness to apply for a trip.

### **FINANCIAL**

As part of your application you must submit an initial deposit of \$500. All deposits are to be made by check and made payable to Christ United. Please note the payment schedule for your specific trip.

Examples of fund raising letters will be provided if needed; however, the entire cost of airfare and room & board is your responsibility. Any additional group tourist excursion expenses will also be your responsibility.

Christ United will provide any necessary supplies and additional ministry fees.

### **DOCUMENTS:**

1. You must complete the entire Short Term Mission Application and sign.
2. Copy of passport(s) if international trip

### **HEALTH & PHYSICAL CONCERNS:**

Some trips are more strenuous than others, but most include physical, mental, and emotional strains. Consider factors in your personal life that may distract and prohibit you from fully committing to the trip and adapting to unusual conditions. There are both required and recommended immunizations and/or medications for most trips outside of the U.S. The costs associated with these items are not included in the estimated price of the trip. After learning of the immunizations specific to your trip it is the responsibility of each team member to consult with their Primary Care Physician regarding these items.

### **MEETINGS:**

Completion of all pre-trip and post-trip training meetings and possible assignments is **mandatory**.

## STM TRIP APPLICATION

Today's Date\_\_\_\_\_

Trip Destination\_\_\_\_\_

Trip Dates\_\_\_\_\_

Legal Name **(as it appears on your passport)**

\_\_\_\_\_

Last

First

Middle

Preferred  
Name/Nickname\_\_\_\_\_

Street Address:\_\_\_\_\_

City, State & Zip:\_\_\_\_\_

Telephone:

\_\_\_\_\_

Home

Work

Cell

E-mail: \_\_\_\_\_

Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have a valid Passport? \_\_\_\_Y \_\_\_\_N

**If Yes, please provide the following information and include a copy of your passport.**

Issue Date:\_\_\_\_\_

Expiration Date:\_\_\_\_\_

**If No, please apply for your passport as soon as possible.**

List languages (other than English) that you speak. Then circle either Basic or Fluent.

\_\_\_\_\_ Basic or Fluent \_\_\_\_\_ Basic or Fluent

For children age 14 & under, a separate application is not required.

Please provide information for children 14 & under:

<u>Name</u>	<u>Date of Birth</u>	<u>Any allergies, health or behavioral concerns</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**HEALTH INFORMATION (include spouse and children):**

List any allergies to food, medicines, animals, insects, etc.

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Name of Primary Care Physician: \_\_\_\_\_

Physician Telephone Number: \_\_\_\_\_

Name of Primary Care Physician for spouse: \_\_\_\_\_

Spouse's Physician Telephone Number: \_\_\_\_\_

Name of Primary Care Physician for Children: \_\_\_\_\_

Children's Physician Telephone Number: \_\_\_\_\_

How would you rate your general health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good  
\_\_\_\_\_ Fair \_\_\_\_\_ Poor

Any additional personal or medical information:

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**If your child is travelling without a parent, please sign below**

I, the undersigned, being the Father/Mother of \_\_\_\_\_, a minor child, do hereby authorize the Christ United Youth Ministry to make provision for any medical care which may be deemed necessary by a licensed physician for said child and to make decisions or give any other consents which may be necessary for the health and welfare of said child at any time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Questions:**

Please use back of sheet if needed to answer questions.

Why are you (and your family) interested in a short-term mission experience?

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Please list any previous mission experiences. Include the following info:  
(Include Year, Group/Organization, Location)

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How did the trip impact your spiritual life & relationships?

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Have you become more of a servant in everyday life? If so, how?

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**Please answer the following questions:**

Are you a member of Christ United Methodist Church? \_ YES \_ NO

Your spouse \_ YES \_ NO

Your children \_ YES \_ NO

Comments:

If NO, are you a member elsewhere? \_ YES \_ NO

Where? \_\_\_\_\_

Please list any church/ministry activities in which you are involved and for how long you have been a part of them.

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**Mail or deliver to:**  
**Christ United Methodist Church**  
**Missions Ministry**  
**6000 Old Canton Road**  
**Jackson, MS 39211**

I, \_\_\_\_\_, commit my time, talents, energy & prayers to the  
Lord to make a success of the short-term mission to \_\_\_\_\_.

I understand Matthew 28:19 and want to be a part of the Short-Term Missions  
Ministry at

Christ United Methodist Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date