

## 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

#### PERU – LIVING MISSIONS

- June 21 – 29 (Flight leaves shortly after midnight of June 28)  
High School (entering 10<sup>th</sup> grade in fall of 2017 & up), College & Adults

## 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: Your online registration should be completed no. Please turn in the completed STM Trip Application as soon as possible. You will not be approved for the trip until this is returned. Please adhere to schedule for additional payments for your trip. **You must answer all questions on the application. Applications will be emailed to you with your online registration confirmation and will be accepted beginning on January 8, 2018.**

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 Peru Trip Teams:

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

- Participation in at least one local mission event – Trinity or MCH
- Team Application Form
- Living Missions Peru Release Form (INCLUDED IN THIS DOCUMENT)
- Online payment of \$500.00 deposit for Peru trip

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

## **TRIP EXPENSES**

**\*\*\* costs may go up or down based on flight taxes and fees alone which we have no control over.**

### **Price Does NOT Include:**

Passport, airport meals, some meals, snacks, souvenirs, tourist excursions and overweight bag fees

## **PAYMENT SCHEDULE FOR PERU TRIP**

**TOTAL EXPENSES FOR PERU WEEK 1 ONLY** - \$2300 (airfare \$1300, lodging, food, ground transportation, supplies and other trip expenses \$1000).

- \$500 – due with application
- \$500 – by February 21
- \$500 – by April 4
- \$800 – by May 16 (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.**

### **REFUNDS**

*DEPOSITS & ANY SUBSEQUENT PAYMENTS ARE NON-REFUNDABLE UNLESS WE ARE ABLE TO FILL YOUR TRIP SLOT.*

### **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. *DEPOSITS & ANY SUBSEQUENT PAYMENTS ARE NON-REFUNDABLE UNLESS WE ARE ABLE TO FILL YOUR TRIP SLOT.*

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 or the Mississippi State Department of Health 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### **REQUIRED:**

Do you have a valid Passport? \_\_\_\_ Yes \_\_\_\_ No

**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 now. We must have your passport information 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? \_\_\_\_\_

If not a member, what is your relationship with Christ United?

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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

# Living Missions Peru

## Medical Release Form

Participant's Full Name \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Additional Emergency Number: \_\_\_\_\_

Living Missions Peru desires your missions experience with us to be very meaningful and rewarding. When traveling away from home and living under different conditions, there are several important matters that need your attention before your departure. Please complete the following release form carefully.

If you have any questions, contact your Team Leader. You (and your parent or guardian if you are under the legal age in your state/province) should sign each section where noted to certify that the information provided is accurate to the best of your knowledge.

**ALL TEAM MEMBERS AND GROUP LEADERS PARTICIPATING IN YOUR TRIP NEED TO COMPLETE THIS FORM.** Please return this form to your Team Leader, and he or she will submit your form to Living Missions Peru. Please complete all five sections.

### 1. PERMISSION FOR TRAVEL – FOR A MINOR

If you are considered a minor in the state or province where you reside, please have a parent or guardian complete this section. If you are an adult, you may skip this section.

As a parent or guardian, I hereby give my permission for (name) \_\_\_\_\_ to travel to (location) \_\_\_\_\_ to participate in a Living Missions Peru program on the following dates:

Trip dates: **June 21 – June 29**

Signature of Parent or Guardian: \_\_\_\_\_

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

**2. MEDICAL INFORMATION – FOR ALL PARTICIPANTS**

List your known allergies to medicine: \_\_\_\_\_

List your known food allergies (list foods): \_\_\_\_\_

Are you presently taking any medications, or are you planning to during your trip? If yes, please give name of medication and dosage: \_\_\_\_\_

\_\_\_\_\_

Do you have any significant health problems such as vision/hearing loss, heart disease, diabetes, convulsive disorder, allergies, or asthma? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Should your physical activity be limited in any way? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you severely allergic to insect stings? \_\_\_\_\_ If yes, what specific action should be taken?

Please explain any further medical problems or needs: \_\_\_\_\_

\_\_\_\_\_

**3. MEDICAL CONSENT – FOR ALL PARTICIPANTS**

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

I understand that any medical expenses paid for by Living Missions Peru in order to provide necessary and proper treatment during the trip must be paid back in full. Ultimately, I (or my parent/guardian) am responsible for any medical expenses incurred during or as a result of this trip.

Signature of participant and parent/guardian (if under legal age):

x \_\_\_\_\_ x \_\_\_\_\_

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

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

Relationship to participant (or "self"): \_\_\_\_\_

#### 4. MEDICAL INSURANCE – FOR ALL PARTICIPANTS

I understand that Living Missions Peru does not provide any insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the program. I am responsible for providing my own (or my child's own) insurance coverage. I understand that I will be notified as soon as possible in the event of any emergency. I will be responsible for any travel expense, should emergency transportation be necessary. As for medical insurance, I have the following coverage:

Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

Policy and/or Group Plan # \_\_\_\_\_

Identification # of the Insured \_\_\_\_\_

The participant is:

\_\_\_\_\_ the insured or \_\_\_\_\_ a covered dependent of the insured

If a covered dependent, the name of the insured is \_\_\_\_\_

x \_\_\_\_\_

Signature of the Insured

Date

x \_\_\_\_\_

Signature of Minor or Covered Dependent

Date

#### 5. RELEASE OF LIABILITY – FOR ALL PARTICIPANTS

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate(s) in the Living Missions Peru Program. With such knowledge, I voluntarily release Living Missions Peru, their employees, and their representatives from any and all liability related to the activities of this program, and for all actions or claims that I may now or hereafter have for damage or injury to me or my property.

I also understand that the rules and guidelines set forth by Living Missions Peru during my trip are for my safety and protection, and I hereby agree to abide by these guidelines. I understand that failure to abide by these guidelines may result in my being required to withdraw from this short-term missions program at my own expense.

x \_\_\_\_\_

Signature of Participant

Date

x \_\_\_\_\_

Signature of Parent or Guardian

Date