

# Short-Term Mission Trip Application

## Tomoka Christian Church

THIS APPLICATION IS FOR THE \_\_\_\_\_ MISSION TRIP.

Please submit with your personal deposit to your trip leader.

Deposit = (10% of Trip) + \$50 Administrative fee, for the amount of \$ \_\_\_\_\_ paid and submitted with Application, on the date of \_\_\_\_\_ . Total Trip Cost \$ \_\_\_\_\_

### PERSONAL INFORMATION

Name (as it appears on passport or drivers license) \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a Church member?: \_\_\_\_\_ Where: \_\_\_\_\_

Minister's name (if other than TCC): \_\_\_\_\_ Phone: \_\_\_\_\_

What services do you attend?: Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday night: \_\_\_\_\_

Employer or School Name: \_\_\_\_\_

Skills by trade or hobby: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ Best day and time for team meetings: \_\_\_\_\_

### EMERGENCY CONTACTS

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

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

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

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

### MEDICAL INFORMATION

Medical insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List all known medical conditions, physical limitations, prescriptions, and allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe why you want to go on this Mission Trip: \_\_\_\_\_

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What will you contribute on your Team, and on the Mission Field?: \_\_\_\_\_

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Where and how are you currently serving?

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Describe the last time you shared about your faith and your personal relationship with Jesus Christ:

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What is a favorite Bible verse and why?: \_\_\_\_\_

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# Code of Conduct

## Tomoka Christian Church - Short-Term Missions

In order to make this **Short-term Mission** an effective outreach and discipleship experience,

**Tomoka Christian Church** asks that each participant agrees to abide by this **Code of Conduct**:

The focuses of the trip are **evangelism, worshiping and serving the Lord, Jesus; being His hands and feet.**

- I agree not to use any form of alcohol or tobacco while on the Mission trip.
- I agree not to use abusive language, or any illegal substances and I understand that it will not be tolerated.
- I agree to treat those of the opposite gender as brothers and sisters in Christ.
- I agree to avoid any romantic relationships with the nationals and also with fellow Team Members.  
(If there is already a romantic attachment I will be sensitive to other Team Members as well as to the culture I am visiting. This includes time alone, physical displays of affection, and any distraction among the Team.)
- I agree to avoid controversy and antagonism; TCC asks that each candidate refrain from expressing their political opinions while on a Mission trip.
- I understand that the Team Leader or Pastor on this Mission, and the Missionaries with whom we work, have the *final* authority. I will treat them with respect at all times.
- I understand that if at any point I become a liability to the team, I can be sent home, at my expense.

**\*Please remember: at all times, while on the mission field and while traveling, you are a representative of Jesus Christ and of Tomoka Christian Church. You are always a witness to those around you.**

**\*Please be aware that by signing this Application, you agree that you will follow the directions of your Team Leader.**

### **Conduct Agreement**

In order to insure the safety and effectiveness of this mission, as well as to promote a positive atmosphere conducive to evangelism and discipleship, I, \_\_\_\_\_, will act according to Christian principles and follow the guidelines in this code of conduct laid out by Tomoka Christian Church and its leaders.

**Participant's Signature:** \_\_\_\_\_

### **Minor only - Agreement**

I, the parent or guardian of \_\_\_\_\_, understand the importance of my child's behavior and commitment to Christ and this code of conduct, and I agree to hold my child accountable for his or her actions while on this short-term mission. If a problem should occur, I understand it will be my responsibility to deal with it at my expense.

**Parent/Guardian's Signature:** \_\_\_\_\_ 3

## Administrative Fee

○ Admin. Fee Costs **\$50.00** and applies to the following:

- ***Protect My Ministry (Ministry Mobilizer)***

- Team Members requiring an updated Background Check (updated screenings are required *every 2* years for Mission Team Members) will receive an applicant request, **via e-mail**, to complete a screening for Tomoka Christian Church. The sender will show up as “**message@mobilizemyministry.com**” with a subject line of “**Tomoka Christian Church is considering you for an opportunity.**” If you don't see it, please check your Spam or Junk folder.
- Simply follow the provided link, inside of the email, to submit your information. Please make every effort to complete this Background Check Request **within 7 days**. Also, please note, once you click the link you will need to complete it online, *immediately*. If you click the link, but then are unable to finish, please notify your Team Leader and they will contact the Mission Trip Directors to send you a new request.
- If a Team Member has a *current* Background Check through Tomoka, already on file, they are *all* still required to submit the \$50 Admin. Fee.

- ***Faith Venture's Basic Plan Trip Insurance (National & International)***

\*Includes, but is not limited to, the following:

- Trip Length- up to **60** days
- Accident Medical Expense- \$10,000; \$500 dental
- Illness Medical Expense- \$10,000
- Emergency Medical Evacuation- \$50,000- Repatriation Included
- Security Evacuation- \$100,000
- Baggage & Personal Effects Loss- \$500 (\$200 per item)
- Baggage Delay- \$50
- Trip Delay- \$100
- Passport Replacement- \$50

## Tomoka Christian Church - Photo Release Form

*IF THE PARTY IS 18 years old or older, complete the following down to the Consent section; otherwise, the parent or legal guardian must also sign.*

I, \_\_\_\_\_, do hereby give Tomoka Christian Church (TCC) , its assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manner, for the advertising, trade or in any other lawful purpose for the benefit of Tomoka Christian Church only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a web site, which may be created in connection therewith. I am eighteen (18) years of age or older. I understand that TCC cannot control the unauthorized use by persons other than Tomoka Christian Church, of my image once such image is published. Any claim I may have concerning unauthorized publication of my image must be pursued by me against the unauthorized user. Tomoka Christian Church disclaims any responsibility for such unauthorized use of my published image.

**I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### **CONSENT FORM** *for minors only*

If person is under the age of 18, his or her parent or legal guardian must also sign.

I, \_\_\_\_\_, am the parent or legal guardian of the person listed above. I have read and understand the provisions of this document. I consent to the person participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

\_\_\_\_\_, 20\_\_\_\_\_  
(Signature of parent or guardian)

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

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

City, State, Zip \_\_\_\_\_

**Tomoka Christian Church  
Parental Consent Form**

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**General Information:** Place a checkmark **IF** the situation applies to your child.

ADHD (Attention Deficit) \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_

Convulsions/Seizures \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Hemophilia \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

List any medications that must be taken during this event: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in physical activities: \_\_\_\_\_

If the need arises, my child may be given: TYLENOL    ADVIL    PEPTO-BISMOL    OTHER \_\_\_\_\_

**PARENT AUTHORIZATION**

I/We \_\_\_\_\_, parents of \_\_\_\_\_  
(Name of Parent/Guardian) (Child's Name)

Give and grant him/her permission to participate in a program/activity under the sponsorship & authority of Tomoka Christian Church, Ormond Beach, Florida. We also release the sponsoring organization from all claims of accidental injury and delegate to the leaders of the group the authority to act in case of emergency, including all medical and surgical treatments should I/we not be able to be contacted.

I authorize an adult representative of Tomoka Christian Church to consent to any and all medical and hospital care and treatment deemed necessary for me and or my child's health and well being by a duly licensed physician selected by said adult representative. I understand that I shall be fully responsible for and agree to pay for, all cost and expenses occurred in connection with such medical services rendered to myself and or my child's care pursuant to this authorization. I agree to assume all transportation costs.

I agree to assume the risk of, and release Tomoka Christian Church, its staff, and representatives from any and all injury and liability arising out of or relation to the trip.

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

Policy Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me and who is personally know to me or has produced \_\_\_\_\_

as identification this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**MY COMMISSION EXPIRES**

\_\_\_\_\_  
Notary Public-State of Florida

# Team Member Commitment

As a Short-term Team Member, you are expected to raise or fund **100%** of your financial support.

There is a personal deposit of \$ \_\_\_\_\_, is required for this Mission trip. It is due with your Application. Your deposit becomes *non-refundable*, once you are accepted for the trip. In addition to trip costs, your deposit includes a **\$50 Administrative fee**, which covers **Trip Insurance** and a **Background Check**.

Please plan to personally contribute, *no less than*, **10%** of the trip's total cost. You may consider this contribution as a tithe towards your Mission.

We discourage refund(s) of any personal contributions as well as the transfer of funds, to multiple Mission trips. A transfer of funds, from one trip to another, should never occur more than once. An exception to this policy, would be if a situation or an emergency arises that is out of your control.

You are personally responsible for the cost of your passport and immunizations.

Please plan to attend at least **75%** of all Team Training Sessions/Meetings, for this Mission. Meetings may include some delegated tasks, homework, reading, and prayer assignments.

You are encouraged to send out *at least 7* Prayer/Support letters. These letters will be sent out at your expense. Failure to send letters may disqualify you from receiving financial assistance, if needed.

You will be expected to meet all financial deadlines. These deadlines are important to control the cost of airline tickets and other expenses.

All contributions should be made out to **Tomoka Christian Church**, with *only* your Mission trip specified. Please be sure that a note, with **your name** and **mission trip**, is attached to the donation so that the funds will be deposited to *your* trip account.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If under 18, parent's signature \_\_\_\_\_