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## SHORT-TERM MISSION TRIPS 2010

### Team Member Application

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**Check appropriate trip:**

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|----------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Prague, Czech Rep. (Sr. High), March 13-21  | <input type="checkbox"/> San Lucas, Guatemala (Women), June 12-20 |
| <input type="checkbox"/> Mission Arlington (Jr/Sr High), March 13-21 | <input type="checkbox"/> China, June 20-July 3                    |
| <input type="checkbox"/> Chiapas, Mexico, May 1-8                    | <input type="checkbox"/> Costa Rica Family Trip, July 3-10        |
| <input type="checkbox"/> Guatemala (Living Water), May 8-15          | <input type="checkbox"/> Quiche, Guatemala, July 10-18            |
| <input type="checkbox"/> Osijek, Croatia, May 15-29                  | <input type="checkbox"/> Sudan, July 23-August 7                  |
| <input type="checkbox"/> Haiti, May 14-22                            | <input type="checkbox"/> UM ARMY, Bay City, July 18-24            |
| <input type="checkbox"/> Costa Rica (Sr. High) June 6-13             | <input type="checkbox"/> Juarez, Mexico (Quest), November 4-7     |
| <input type="checkbox"/> Quiche, Guatemala (Men), June 12-20         |                                                                   |
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**General Information:**

Name (As indicated on passport): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Passport Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Medical Information:**

Provider: \_\_\_\_\_ Group: \_\_\_\_\_

Primary member's name: \_\_\_\_\_ Member #: \_\_\_\_\_

Customer service number: \_\_\_\_\_

Please describe any medical problems that the team leader should know about including any known allergies, including food allergies. List all prescription medications that might be taken on the trip, and indicate frequency of use. If you prefer, you may speak confidentially to the team leader. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunizations up to date?**

Tetanus (Good for 10 years) \_\_\_\_\_ Hepatitis A (Series of 2 shots) \_\_\_\_\_

**Emergency Contact Information:** (please provide two contacts)

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

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

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## COVENANT AGREEMENT

If selected to participate on a short-term mission trip with The Woodlands United Methodist Church, I will abide by the following covenant:

I agree:

- To abstain from all alcoholic beverages for the duration of the trip.
- To not carry weapons of any kind.
- To support the team leaders.
- To respect the views and personhood of other members of the team.
- To participate in the devotions, prayer times, and team discussions as scheduled.
- To be a servant and representative of Christ and His church.
- To share my faith in an appropriate manner while on the mission trip.
- To respect the local people, their homes, their church, and their community as Christ would.
- To cooperate at all times with the team and team leaders concerning the work assignments, food, lodging and accommodations provided for the team, and to stay with the team from beginning to end unless other arrangements are made with the team leader.

Location/dates of trip:

Signed: \_\_\_\_\_

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## MEDICAL RELEASE

DATE: \_\_\_\_\_

I hereby give \_\_\_\_\_ (team leaders) and/or another team member from The Woodlands United Methodist Church permission to secure immediate medical treatment (anesthetic, dental, medical, or surgical) that may be deemed necessary by any duly licensed physician, dentist, or hospital service in the event that I am not able to make that decision due to an injury or illness.

In the case of a minor, I, the legal guardian give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness.

In either case, this release will be in effect during the following dates:

NAME: (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Team member)

PARENT SIGNATURE: \_\_\_\_\_  
(If under the age of 18, parent or legal guardian must sign here in presence of notary)

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(This portion to be completed by notary)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me and subscribed in my presence

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

\_\_\_\_\_  
EXPIRATION DATE

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## RELEASE OF ALL CLAIMS FORM

I, \_\_\_\_\_ (print name) hereby forever release, remise, discharge, and hold The Woodlands United Methodist Church and the missions organizations which helped in these arrangements, their agents, employees, insurers, directors, and officers harmless from all claims, demands, actions, judgments, and executions which I ever had, or did not have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the above named entities, and individuals and their successors or assigns, for all personal or business injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of or in any way related to all mission services or the cancellation thereof. I intend to be legally bound to this statement. I have an opportunity to review the terms of this release with the attorney of my choice.

I hereby acknowledge that by engaging in the above described mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, disease, pests, and poor sanitation, potential danger from lack of control over the local population; potential injury while working; and inadequate medical facilities, etc.

Location/dates of mission trip:

Signed: \_\_\_\_\_  
(Team member)

Signed: \_\_\_\_\_  
(Parent or legal guardian of persons under age 18)

(Signatures must be notarized)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me and subscribed in my presence  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

(Seal)

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**Two Copies of  
Your Passport**