



# McDonald Road Adventist Church

## Mission Trip Application

**A \$100 deposit is required in addition to this application. Your seat will be reserved when this is turned in. Space is limited.**

### Student Information

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

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

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

Email (one that you use!): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport: **Yes No** Expires: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent / Guardian Contact Information (skip if over 18 yrs)

Parent or Guardian's Name: \_\_\_\_\_

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

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

Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Non-Parent Emergency Contact Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

## Ministry Skills and Interests

Rate your skill level in each area – then tell us if you are interested in this area of ministry.

1 = Never done this   2 = Done it but not much or not very skilled   3 = Have pretty good knowledge of it  
 4 = Done it before & can do it again with little help   5 = All over it! Do this all the time

						INTERESTED IN				
						<b>Doing</b>	<b>Leading</b>			
	1	2	3	4	5	[1-No, 2-Maybe, 3-Yes!]			Yes	No
Masonry	1	2	3	4	5	1	2	3	Yes	No
Carpentry	1	2	3	4	5	1	2	3	Yes	No
Drywall	1	2	3	4	5	1	2	3	Yes	No
Electrical	1	2	3	4	5	1	2	3	Yes	No
Plumbing	1	2	3	4	5	1	2	3	Yes	No
Painting	1	2	3	4	5	1	2	3	Yes	No
General mechanical (fixing things)	1	2	3	4	5	1	2	3	Yes	No
Medical Team (1 <sup>st</sup> Aid)	1	2	3	4	5	1	2	3	Yes	No
Sports Camp	1	2	3	4	5	1	2	3	Yes	No
Worship talks	1	2	3	4	5	1	2	3	Yes	No
Giving a testimony	1	2	3	4	5	1	2	3	Yes	No
Health/healthy living instruction (dental care, HIV prevention...)	1	2	3	4	5	1	2	3	Yes	No
Leading group games	1	2	3	4	5	1	2	3	Yes	No
Drama, skits, performing	1	2	3	4	5	1	2	3	Yes	No
Telling/teaching children stories	1	2	3	4	5	1	2	3	Yes	No
Vacation bible school, crafts	1	2	3	4	5	1	2	3	Yes	No
Organizing, details	1	2	3	4	5	1	2	3	Yes	No
Song service	1	2	3	4	5	1	2	3	Yes	No
Performing special music	1	2	3	4	5	1	2	3	Yes	No

Other skills and interests you may be able use on this trip: \_\_\_\_\_

Do you play an instrument, if so, which one(s)? \_\_\_\_\_

Would you be willing to take and play it while there? **Yes** **No**

**Applicant's Mission Trip Agreement**

I pledge to

- A. Respectfully obey all rules, accept the authority of the leaders and behave myself in a manner consistent with a Christian on a mission trip.
- B. Learn and respect the local law and culture of Belize and be mindful of my witness at all times.
- C. Keep a positive, cheerful attitude, and remember the goal of this trip is to serve and minister to others. I will serve when, and in the way, asked of me without complaining or delay.
- D. Uplift my fellow trip members -never putting them down, experience fellowship and Christ-like community with them, avoid the appearance of evil, never walk anywhere alone (unless asked to in an emergency).

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Signature

Printed Name

Date

Please sign one of the applicable medical release forms for yourself or your child. **Note to returning members:** A new release MUST be signed for your child even if you signed one last year. Also, we now have a form for adults to fill out and sign. *Also, please remember to have this form notarized (this can be done at your local bank).*

**Parent / Guardian Permission, Release, and Consent for Medical Treatment (even if you will accompany your child).**

As the parent or legal guardian of \_\_\_\_\_, I give permission for him/her to participate in the McDonald Road Church - Seventh-day Adventist, Youth Mission Trip to Belize, Central America February 27 – March 9, 2009. I understand that transportation to and during this mission trip will include airplanes, buses, cars and vans.

I agree to assume all financial responsibility resulting from my child's behavior or actions requiring additional expenses; including but not limited to damages to the property of others and any and all additional costs should it become necessary to send my child/children home early. I understand this will include my child's ticket home, the cost of a chaperone's ticket to return your child AND the cost of a ticket returning the chaperone to Belize so that the chaperone can continue the mission trip.

It is understood, should medical care be required, our family's insurance is to be the primary insurance coverage and while additional travel insurance is included in the price of the trip, it is secondary insurance, subordinate to our regular medical coverage.

I hereby release McDonald Road S.D.A Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; dispensing of medication including non-prescription medication; and hospital care advised and supervised by a physician, surgeon, nurse or dentist (as appropriate) licensed to practice either in the United States or in the country where services are rendered. In the event of an emergency, I expect to be contacted as soon as possible. I have read this release, I understand that it waives certain rights and I am signing it voluntarily.

Allergies including food allergies \_\_\_\_\_ Medications being taken \_\_\_\_\_

- including as needed & over the counter items (allergy, inhaler, bee sting items) \_\_\_\_\_

Medical conditions or physical handicaps \_\_\_\_\_

Other information we should know including injuries or surgeries that might be relevant to mission service while in Belize. (Please remember the youth will be performing emotional, physical, and spiritual labors on this trip.)

Physician \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Member's name \_\_\_\_\_

Group # \_\_\_\_\_ Group Name \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of parent  
Or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature and Seal of Notary Public

Seal

Adult Medical Information and Treatment Release

I \_\_\_\_\_, intend to participate in a mission trip with the McDonald Road Seventh-day Adventist Church to Belize, Central America February 27 – March 9, 2009. I understand that transportation to and during this mission trip will include airplanes, buses, cars and vans.

I agree to assume all financial responsibility resulting from my behavior or actions requiring additional expenses; including but not limited to damages to the property of others.

It is understood, should medical care be required, our family's insurance is to be the primary insurance coverage and while additional travel insurance is included in the price of the trip, it is secondary insurance, subordinate to our regular medical coverage.

I hereby release McDonald Road S.D.A Church, its staff and sponsors, from responsibility and liability for any injury or illness that I may sustain during this activity. In the event that I am rendered unconscious (and my spouse is not available) I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or nurse (as appropriate) licensed to practice either in the United States or in the country where services are rendered. In the event of an emergency, I expect my family to be contacted as soon as possible. I have read this release, I understand that it waives certain rights and I am signing it voluntarily.

Allergies including food allergies \_\_\_\_\_ Medications being taken \_\_\_\_\_

- including as needed & over the counter items (allergy, inhaler, bee sting items) \_\_\_\_\_

Medical conditions or physical handicaps \_\_\_\_\_

Other information we should know including injuries or surgeries that might be relevant to mission service while in Belize. (Please remember we will be performing emotional, physical, and spiritual labors on this trip.)

Physician \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Member's name \_\_\_\_\_

Group # \_\_\_\_\_ Group Name \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_