



McDonald Road Adventist Church

Mission Trip Application

A \$200 deposit is required in addition to this application. Your seat will be reserved when this is turned in. Space is limited.

Member Information

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you text? **Yes No**

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

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 | | | | | |
|------------------------------------|---|---|---|---|---|-------------------------|----------------|---|-----|----|--|
| | | | | | | Doing | Leading | | | | |
| | | | | | | [1-No, 2-Maybe, 3-Yes!] | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | Yes | No | |
| Masonry | | | | | | | | | Yes | No | |
| Carpentry | | | | | | | | | Yes | No | |
| Drywall | | | | | | | | | Yes | No | |
| Electrical | | | | | | | | | Yes | No | |
| Plumbing | | | | | | | | | Yes | No | |
| Painting | | | | | | | | | Yes | No | |
| General mechanical (fixing things) | | | | | | | | | Yes | No | |
| Worship talks | | | | | | | | | Yes | No | |
| Giving a testimony | | | | | | | | | Yes | No | |
| Leading group games | | | | | | | | | Yes | No | |
| Drama, skits, performing | | | | | | | | | Yes | No | |
| Telling/teaching children stories | | | | | | | | | Yes | No | |
| Organizing, details | | | | | | | | | Yes | No | |
| Song service | | | | | | | | | Yes | No | |
| Performing special music | | | | | | | | | Yes | No | |
| Tutoring School Kids | | | | | | | | | 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. 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.
- C. 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).

Signature

Printed Name

Date

Adult Medical Information and Treatment Release

I _____, intend to participate in a mission trip with the McDonald Road Seventh-day Adventist Church to Holbrook Indian School in Arizona March 4-15, 2012. I understand that transportation to and during this mission trip will be on a bus.

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 Arizona. (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 _____