



McDonald Road Adventist Church

Feb/March Mission Trip Application

A \$100 non-refundable deposit is required in addition to this application. After September 29 your space will not be guaranteed until you give the deposit. Prior to that, just get your name on the sign-up sheet and your spot is saved.

Student Information

Full Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email (one that you use!): _____ Date of Birth: _____
Home Church: _____ Pastor: _____
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					
						Doing			Leading		
	1	2	3	4	5	[1-No, 2-Maybe, 3-Yes!]					
						1	2	3	Yes	No	
Masonry	1	2	3	4	5	1	2	3	Yes	No	
Carpentry	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 st 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).

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.

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 29 – March 10, 2008. 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 _____ Date _____
Or legal guardian _____

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 29 – March 10, 2008. 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 _____