

SHORT TERM MISSIONS APPLICATION

Hope Christian Fellowship

This application is not required for weekend Mexico Trips

Welcome

Thank you for your interest in short-term missions. We are excited about all that God is doing and how He is calling us to GO and to share His love with the nations.

Please take a moment to browse through this application and review the questions before you begin to answer them. If you have concerns about any of the questions asked, you can call or email your team leader and we will respond as soon as possible.

When you do begin to fill in the application, please print clearly with a black pen or pencil. If there isn't enough room for your answer to a question, please make a notation and finish writing on the back of the corresponding page noting the question number to the left of your response. If there is anything else that you wish to add, please write on the back of the very last page of this application or on another piece of paper and attach it.

After you have completed answering the questions, please return your application to the chairperson of the Global Missions Leadership Team or to the church office by the deadline indicated. Your application will be prayerfully considered by the Global Missions Leadership Team. Once you have been approved, you will need to attend training events in preparation for your ministry. You may also be expected to participate in fund-raising activities, both individually and with the team you will be joining. Prior to your departure you will be introduced to the church family at HOPE, prayed for, commissioned, and sent out during a Sunday service.

We pray that God will bless you as you take this step of faith and obedience. We look forward to working with you, and seeing how God moves in and through our partnership for His kingdom purposes in the world.

Growing in our passion for Jesus and His purposes in the earth together with you!

The Global Missions Leadership Team of HOPE Christian Fellowship

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HCF SHORT-TERM MISSIONS APPLICATION

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1. GENERAL INFORMATION

Date: _____

I am applying for the trip to _____
(Destination and Dates)

Name _____ Male Female

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Birthdate _____ Marital Status _____ Citizenship _____

Occupation _____

INFORMATION FOR TEEN APPLICANTS (under 18 years of age)

Parents' names or legal guardian: _____

Parent/Guardian cell phone: _____ work phone: _____

Who lives with you at home? _____

Student: Do you work? Yes No Employer: _____

School: Junior High Senior High Graduated

Public Private Home School

Name of School: _____

For parent/guardian to fill out: To what extent do you support your teenager going on this trip? Very Excited and Supportive I'm OK with him/her going I'm not too sure about this whole thing I really don't want my son/daughter to go, but I'm willing to talk with a pastor or leader about it. Other _____

What concerns do you have as a parent?

Parent's signature of confirmation: _____

PRINT

SIGN

DATE

Passport Number _____ Expiration Date ____ / ____ / ____

Country of Issue _____

Emergency Contact Name: _____ Relationship _____

Email Address of Em. Contact _____ Phone # (____) _____

Have you participated in short-term missions projects before (where, when, how long, what organization)?

Is there a separate application required by the agency or organization you plan to go with, and if so, what is the status of your application? Deadline for application? _____

- Not yet applied Applied but not yet accepted Applied and accepted No separate application required
 Unknown

What do you expect to do or hope to accomplish? What are some of your goals and objectives?

MEDICAL AND INSURANCE INFORMATION

Do you have any physical disability? yes no if so, please

Describe _____

Have you ever been treated for any mental/emotional condition? yes no if so, please

describe _____

Please list any condition that may limit your participation

Please list any medications you are currently taking _____

Please list any allergies to food, medicine, etc. _____

Do you have primary medical insurance yes no if so, what is the name of your insurance carrier?
_____ Pol # _____ Exp Date: _____

I will check with my doctor about vaccinations 9 months before departure.

I will make sure my vaccinations are up to date prior to departure. (Note: some vaccinations require 2 or 3 doses with 3-6 months between each dose. Check with your doctor ASAP)

SPIRITUAL AND CHURCH INFORMATION

About how many weeks a month do you attend a church? _____

What church do you attend _____

Are you a member at your church? Yes No

Do you participate in a small group or ministry team at your church? If so, which one? _____

Have you been baptized? Yes No

(If applicable) On a separate piece of paper, share how and when you came to know Jesus Christ as your Savior, and describe some of the ways you've seen God work in and through your life since.

What might be your spiritual gifts and how are you using them? _____

Have you received any other Christian ministry training? _____

Have you ever been placed on probation or have been asked to be released from ministry?

Yes No If so, please explain _____

REFERENCES

Please give two references who we may contact (other than a relative):

Someone in leadership at HCF (if applicable)

Name _____ Relationship _____

Phone # _____ How long have you known this person? _____

Someone outside of HCF (not a relative)

Name _____ Relationship _____

Phone # _____ How long have you known this person? _____

FINANCIAL AND PRAYER SUPPORT INFORMATION

What is the total cost of the project you are interested in? _____

Are there any other costs in addition to the project cost? _____

How much money do you have set aside from your **personal** savings for this trip? _____

What percentage of the cost are you planning / hoping on using from family members? _____

What percentage of the cost are you planning / hoping on using from friends? _____

What percentage of the cost are you planning / hoping on using from team fundraisers? _____

Are you willing to participate in fund-raising activities with a team or to raise funds on your own through sending out letters to friends and relatives? Yes No Uncertain (explain)

Will this commitment cause you to break any financial obligations (loan repayment, rent or mortgage payment, credit card payment, etc.?) No Yes (please explain)

HOPE Christian Fellowship

Short Term Mission Trip Participants

Release and Waiver of Liability Form

I, the undersigned, will be participating in a short term mission trip to _____ (hereafter the "mission trip") on or about _____, 20____ to _____, 20____.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **HOPE Christian Fellowship** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **HOPE Christian Fellowship**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **HOPE Christian Fellowship** its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **HOPE Christian Fellowship** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand and acknowledge that **HOPE Christian Fellowship** does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

I hereby confirm that I've prayed and sought counsel about going on this missions outreach. By signing this waiver, I promise to uphold godly values while on this trip and to submit to leadership and those responsible for my safety

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Witness (anyone 18 years and older): _____

| | | | |
|---|------------|-----------|------|
| Or Legal Guardian if applicant is 17 yrs or younger | Print Name | Signature | Date |
|---|------------|-----------|------|

Witness (anyone 18 years and older): _____

| | | | |
|---|------------|-----------|------|
| Or Legal Guardian if applicant is 17 yrs or younger | Print Name | Signature | Date |
|---|------------|-----------|------|

Note: This form does not need to be Notarized.

PERMISSION FOR A MINOR TO TRAVEL OUTSIDE OF THE UNITED STATES

** Note: This forms needs to be SINGED AND NOTARIZED if a minor (age 17 and under) is requesting to travel outside the United States without one or both of his/her legal guardian(s). If a minor has two legal guardians (i.e. a Mother and Father), this form is required if BOTH legal guardians are not traveling with the minor. For example, if the minor has two legal guardians and only one is planning on coming on the trip, then BOTH legal guardian must sign this form in the presence of a duly licensed Notary Public.

_____ AND _____ the legal guardians of
(legal guardian #1 – PRINT FULL NAME CLEARLY) (legal guardian #2 – if applicable PRINT FULL NAME CLEARLY)

_____, hereby authorize,
(PRINT FULL NAME OF MINOR(S) CLEARLY)

permit, and allow our minor(s) to travel outside the United States with HOPE Christian Fellowship Church of San Gabriel, CA. on or about the following approximated dates:

_____ to _____
(from this date) (to this date)

SIGNED:

(Signature before Notary Public – Guardian #1)

(Date)

(Signature before Notary Public – Guardian #2)

(Date)

WITNESS by Notary Public:

On _____ the above legal guardian(s) appeared before me personally and proved to me on the basis of satisfactory evidence to the person(s) whose name(s) is/are subscribed to the within instrument and acknowledgment to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERGERY under the laws of the State of California that the foregoing paragraph is true and correct.

WINESS my hand and official seal

(Notary Public)

(SEAL)