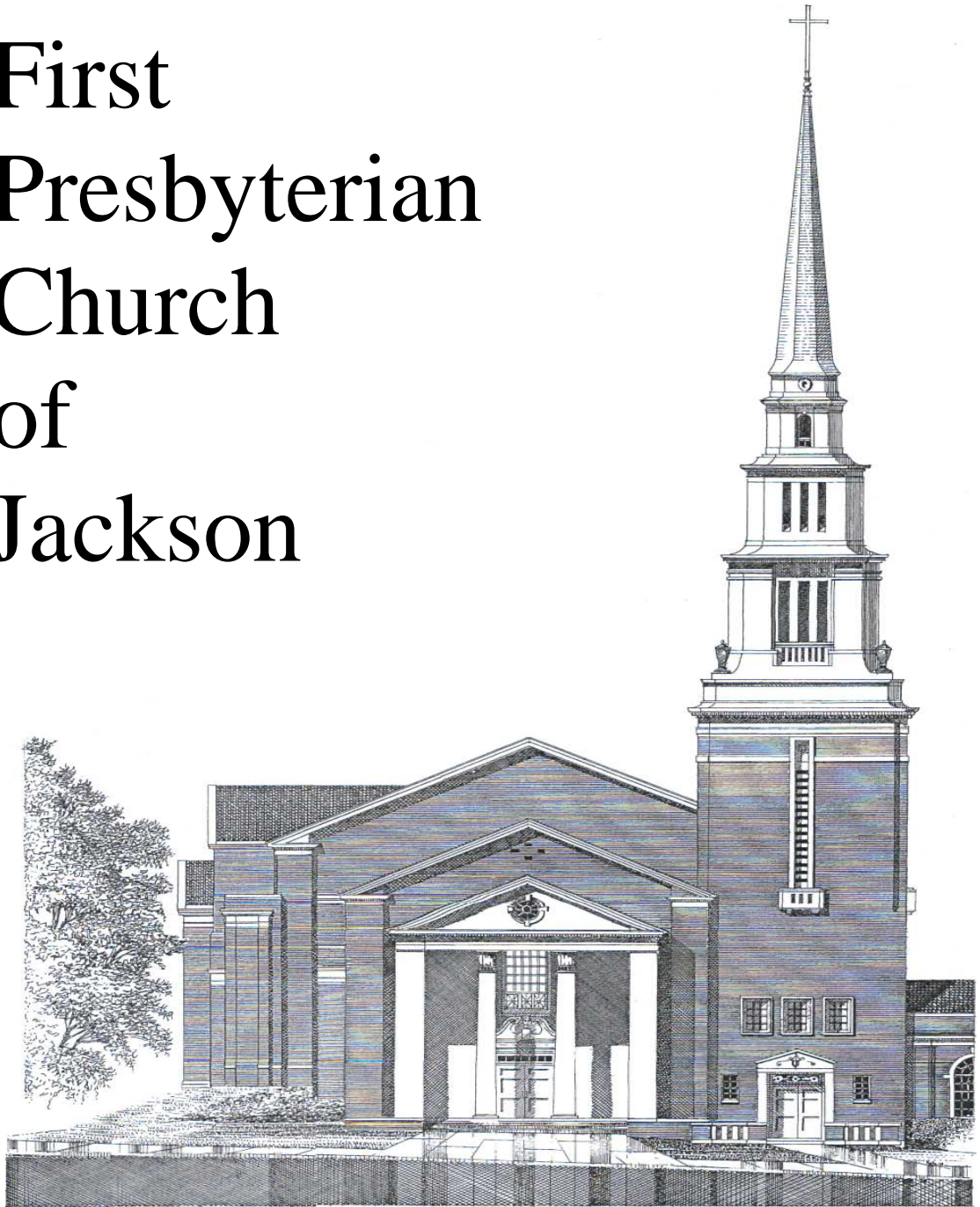


First Presbyterian Church of Jackson



“To Glorify God, and Enjoy Him Forever”

Application for Short Term Mission Trip

NAME: _____ **(PLEASE PRINT)**

TRIP: _____ **(PLEASE PRINT)**

1390 North State Street, Jackson, Mississippi 39202

Tele: (601) 973-9111

APPLICATION FOR 2009-2010 SHORT-TERM MISSION PROJECTS

DATE: _____

Name (as it
Appears on
Passport) _____
Last First Middle Nickname

Address _____
Street/House Number

_____ *City State Zip*

Home Phone _____ Work Number _____

E-Mail _____

Date of Birth _____ Social Security _____

Passport Number _____ Frequent Flyer Number _____

CHURCH BACKGROUND / SPIRITUAL BACKGROUND

A. Where is your church membership? _____

B. How long have you been a member of the above mentioned church? _____

C. How long have you been attending First Presbyterian Church? _____

D. Please describe your Christian experience, including the way you came to Christ.

E. How are you participating in the spiritual growth opportunities of the church? (Worship services, Discipleship groups, Sunday School, Bible studies, etc.)

F. State your reasons for wanting to be involved in a short-term missions project.

G. What skills could you use on the summer team? (music, drama, speaking, children, etc.)

Previous Missions Experience

A. *Missions experience (Short-term/Summer projects with First Pres., SIMA/IMPACT, or college ministry, etc.)*

Where? _____ What year? _____

HEALTH

A. Do you have any health related issues that would restrict your ability to fully participate or that the team leader should be made aware?

YES NO *If yes, explain* _____

PERSONAL

A. *Have you ever been convicted of a sexual crime or any crime against a minor?*

YES NO *If yes, explain* _____

B. Have you known the team leader for at least (5) years?

YES NO

Commitment:

As a part of this team, I agree to the following:

1. To attend all meetings and training sessions.
2. To complete all scheduling requirements (i.e., passport application in on time, support letters sent out on time, personal prayer team set up, follow up and thank you notes for support, etc.).
3. Submit to the authority of First Presbyterian Church staff, team leader, missionaries and national pastors/workers during the field experience.
4. To cover my share of the cost for the trip (by support-raising, etc.) and will meet all the deadlines for monies due. I recognize that failure to meet any deadline related to finances may prevent me from going on the trip.
5. I recognize that if for any reason the trip is cancelled any expenses incurred will first be deducted against contributions raised. No contributions given to the church will be returned, but will be kept in an account for use on a future approved trip. Finally, if non-refundable airline tickets have been purchased in my name, those would remain as my possession and I will reimburse the church the cost of the tickets.

Signature: _____

Date: _____

Parent Commitment: (to be completed by parents of any team member who is under 18)

As a parent of a team member under 18 years of age, I agree to the following:

1. To encourage my child to fulfill all the requirements of the trip and the child’s commitment mentioned above.
2. If my child fails to comply with the requirements of discipline on the trip, I agree to purchase the airfare and cover the costs of the child being sent home, if necessary.
3. If, by the deadline for support to be raised, my student has not raised the entire required amount, I agree to write a check to cover the still needed amount on that date. If I cannot write the check, I understand that my child will be unable to go on the trip.

Parent _____
Signature

Date: _____

Parent _____
Signature

Date: _____

FOR ADULT PARTICIPANTS

1. Medical Consent – for adult participants

I have had a tetanus booster within the past 5 years for International projects; 10 years for US projects.
_____ **YES** _____ **NO**, but I will have by the beginning of the project.

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for myself.

Signature of (adult) participant: _____ **Date:** _____

2. Release of Liability - for adult participants

I am aware of the potential risks to myself and my property as I participate in First Presbyterian Church, Jackson MS Short-Term Missions Program. With such knowledge, **I voluntarily release** First Presbyterian Church, Jackson, MS their representatives and employees from any and all liability related to the activities of this program.

Signature of (adult) participant: _____ **Date:** _____

FOR MINORS AND THEIR PARENTS:

(Both parents must sign each section – Do Not leave parental signature lines blank without explanation)

1. Permission for Travel - for a minor

As a parent or guardian, I give my permission for (name): _____
to travel to (location): _____ to participate in First Presbyterian Church, Jackson's
Short-Term Missions Program on the following dates (from): _____ (to): _____, 20 ____.

Both parents must sign

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

Other Legal Guardian* _____ **Date:** _____

****Indicate relationship to participant:*** _____

Medical Consent – for a minor

My child has had a tetanus booster within the past 5 years for Int'l projects; 10 years for US projects.
_____ YES _____ NO, but he / she will have by the beginning of the project.

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or
anesthetic by a licensed physician or health care professional for (name): _____.

Both parents must sign.

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

Other Legal Guardian* _____ **Date:** _____

****Indicate relationship to participant:*** _____

2. Release of Liability – for a minor

I am aware of the potential risks to my child and his/her property as he/she participate(s) in First
Presbyterian Church, Jackson's Short-Term Missions Program. With such knowledge, **I voluntarily
release First Presbyterian Church Jackson**, their representatives and employees from any and all
liability related to the activities of this program.

Both parents must sign.

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

Other Legal Guardian* _____ **Date:** _____

****Indicate relationship to participant:*** _____

EMERGENCY DATA

Name: _____
Passport Number (if applicable) _____ Date Issued _____
Age _____ Date of Birth _____ Place of Birth _____
Address _____
Telephone (Area Code) _____

Note: International insurance is required and can be purchased as part of the trip. If you elect to provide your own international insurance please provide proof of coverage.

I will purchase the international insurance as part of the trip.

I will provide my own international insurance. (proof attached)

INDIVIDUAL HEALTH INFORMATION

(One per Team Member)

PARTICIPANT:

As a project participant, you are asked to give the following health information, in order for the project leadership to be aware of any risk your participation may create. Project leaders are free to require a doctor’s release statement if a serious health problem exists. Failure to provide known information will release both the Team leader, Mission to The World, MTWIMPACT, and Project Leaders from responsibility arising due to complications brought on by the activities of this project.

TEAM LEADER:

Please review each health form. If there is a health problem, please send a copy of this form to MTWIMPACT. **(Do not send a copy to IMPACT unless there is a health concern.)**

Name: _____ Age: _____

Address: _____ Phone: _____

City/State/Zip: _____

Parent/Guardian _____

Address: _____ Phone: _____

A. Have you ever been treated or seen a physician for any of the following:

(Circle the number if answer is “YES”)

<ol style="list-style-type: none"> 1. Heart Trouble 2. Heart Murmur 3. Rheumatic Fever 4. Chest Pain 5. Stroke 6. High Blood Pressure 7. Abnormal Pulse 8. Hardening of the Arteries 9. Diabetes 10. Anemia 11. Thyroid/other Gland Problem 12. Blood Disorder 13. Asthma 14. Bronchitis 15. Tuberculosis 16. Other Lung Disorder 17. Ulcer 18. Gall Bladder Disease 	<ol style="list-style-type: none"> 19. Colitis 20. Hepatitis 21. Cirrhosis 22. Other Liver Trouble 23. Kidney Stone or Infection 24. Bladder Stone or Infection 25. Prostate Trouble 26. Sugar, Albumin, Blood or Pus in Urine 27. Psychiatric Problem 28. Emotional Problem 29. Nervous Problem 30. Epilepsy 31. Convulsion 32. Dizziness 33. Loss of Consciousness 34. Frequent Headaches 35. Other Nervous System Disorder 36. Cancer 	<ol style="list-style-type: none"> 37. Tumor 38. Skin Disorder 39. Internal Bleeding 40. Digestive Disorder 41. Intestinal Disorder 42. Arthritis 43. Sciatica 44. Gout⁵² 45. Deformity 46. Amputation 47. Allergy-Recurring 48. Hernia 49. Circulatory Disorder 50. Disease of Eyes 51. Disease of Ears 52. Disease of Nose 53. Disease of Throat 54. Tested positive for any kind of blood disease
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REFERENCES

(Please Print)

This form is ONLY to be completed by those who have not personally known the team leader for at least five years. If you have known the team leader for Five years, you do not need to complete this page.

Instructions

Applicant: Please have one person who has known you for more than a year complete in writing the following reference information.

Referee: Please answer the following questions and return to:

Marcia Smith
First Presbyterian Church
1390 North State Street
Jackson, MS 39202

Applicant's Name: _____

Referee's Name: _____

Occupation: _____

Relationship to Applicant: _____

Please describe your perception of his/her Christian character:

Do you have any reservations in recommending him/her to participate in a short term mission trip?
If so, please explain (you may use the reverse side if needed).