“Then I heard the voice of the Lord saying, ‘Whom shall I send? And who will go for us?’ And I said, ‘Here am I. Send me!’”

Isaiah 6:8
Short-Term Mission Trip Application

THIS APPLICATION IS FOR THE ___________________ MISSION TRIP

Total Trip Cost: $____________________
Deposit of: $____________________ paid and submitted with application on the date of ________________________________

PERSONAL INFORMATION
Name (as it appears on passport or driver’s license) ________________________________________________________________
Passport Number (International Trip): ___________________ Expiration Date: __________________
Birth date: ___/___/___ Gender: ______________
Home Address: _____________________________________________________________________________________________
City: ______________________________ State: __________________ Zip: ______________
Phone Home: __________ Cell: __________ Email Address: ________________________________

Are you a Partner at Tomoka Christian Church? ______________
If not, where do you attend church? ________________________________________________________________
Pastor’s name (if other than TCC): ___________________ Phone: ________________________________
Have you ever been on a mission trip before? ___ Yes ___ No  If yes, where? ____________________________________
Why do you want to go on this mission trip? ________________________________________________________________
Give a brief testimony of your relationship with Jesus Christ ________________________________________________________________________________________________
__________________________________________
Skills by trade or hobby: ____________________________________________________________________________________
T-Shirt size: ________ Best day and time for team meetings: ____________________________________________

EMERGENCY CONTACTS
Name: ___________________ Relationship: ___________________ Telephone: ___________________ Email: ___________________
Name: ___________________ Relationship: ___________________ Telephone: ___________________ Email: ___________________

MEDICAL INFORMATION
Medical insurance: ___________________ Policy #: ___________________
Family Doctor: ___________________ Phone: ___________________
Family Dentist: ___________________ Phone: ___________________
List all known medical conditions, physical limitations, prescriptions, and allergies: ________________________________
_________________________________________________________
Deposit

- 10% of total trip cost, plus administrative fee outlined below.
  - Administrative fee of $50.00 covers cost of background check and trip insurance, both required for all Tomoka mission trips.

- **Protect My Ministry Background Checks**
  - Team Members requiring an updated Background Check will receive an applicant request via e-mail, to complete a screening for Tomoka Christian Church. The sender will show up as "Ormond Beach" with a subject line of "Tomoka Christian Background Check Request." If you don't see it, please check your Spam or Junk folder.
  - Simply follow the link inside of the email and fill in ALL areas on the Background Check Form. Please make every effort to complete this Background Check Request within 7 days. Also, please note that once you click the link you will need to complete it online, immediately. If you click the link, but then are unable to finish, please notify your Team Leader and they will contact the Short-Term Missions Director to send you a new request.

- **Faith Venture’s Basic Plan Trip Insurance (National & International)**
  - *Includes, but is not limited to, the following:
    - Trip Length- up to 60 days
    - Accident Medical Expense- $10,000; $500 dental
    - Illness Medical Expense- $10,000
    - Emergency Medical Evacuation- $50,000- Repatriation Included
    - Security Evacuation- $100,000
    - Baggage & Personal Effects Loss- $500 ($200 per item)
    - Baggage Delay- $50
    - Trip Delay- $100
    - Passport Replacement- $50
Team Member Financial Commitment

As a Short-term Team Member, you are expected to raise or fund 100% of your financial support.

There is a personal deposit of $ _________ required for this mission trip, which is due with your application. Your deposit becomes non-refundable once your application is approved. In addition to trip costs, your deposit includes a $50 Administrative Fee, which covers trip insurance and background check.

We discourage refund(s) of any personal contributions. Although discouraged, transfer of funds to another mission team are permitted one-time only. In accordance with IRS regulations, tax-deductible donations made by someone else to your trip cannot be refunded or transferred.

You will be expected to meet all financial deadlines. These deadlines are important to control the cost of airline tickets and other expenses.

All contributions should be made out to Tomoka Christian Church with only your mission trip specified. Please be sure that a note with your name and mission trip is attached to the donation so that the funds will be deposited to your trip account.

You are personally responsible for the cost of your passport and immunizations.

You are encouraged to send out at least 10 prayer/support letters. Samples have been provided to your team leader for your use. These letters will be sent out at your expense. Failure to send letters may disqualify you from receiving financial assistance, if needed. Please speak with your Team Leader to find out how you can receive donations online.

Please plan to attend at least 75% of all Team Training Sessions/Meetings for this Mission. Meetings may include some delegated tasks, homework, reading, and prayer assignments.

My signature below indicates that I acknowledge that I have read and agree to the commitments outlined above.

Signed ________________________________ Date __________________________

If under 18, parent’s signature ________________________________
Code of Conduct Agreement

Tomoka Christian Church asks that each participant abides by this Code of Conduct:

- I agree not to use any form of alcohol or tobacco while on the mission trip. Gambling, alcohol, tobacco, or any illegal substances will not be tolerated at any time during the mission trip.
- I agree to treat all team members of the opposite gender as brothers and sisters in Christ.
- I agree to avoid any romantic relationships with the nationals and also with fellow team members. *(If there is already a romantic attachment between team members, they should be sensitive to other team members as well as the culture they are visiting. This includes time alone, physical displays of affection, and any distraction among the team.)*
- I agree to avoid controversy and antagonism. Tomoka Christian Church asks that each candidate refrain from expressing their political opinions while on this mission.
- I understand the team leader or Pastor on this Mission, and the Missionaries with whom we work, have the final authority. They should be treated with respect at all times.
- I understand that if at any point I become a liability to the team, I can be sent home at my expense.

*Please remember: at all times, while on the mission field and while traveling, you are a representative of Jesus Christ and of Tomoka Christian Church. You are always a witness to those around you.*

**Conduct Agreement**

In order to ensure the safety and effectiveness of this mission, as well as to promote a positive atmosphere conducive to evangelism and discipleship, I, _____________________________, will act according to Christian principles and follow the guidelines in this Code of Conduct laid out by Tomoka Christian Church and its leaders.

Participant’s Signature: __________________________________________ Date: __________________

**Minor only - Agreement**

I, the parent or guardian of _____________________________, understand the importance of my child's behavior and commitment to Christ and this code of conduct, and I agree to hold my child accountable for his or her actions while on this short-term mission. If a problem should occur, I will be responsible for any incurred costs.

Parent/Guardian's Signature: __________________________________________ Date: __________________
Liability Waiver and Photo Release

18 years old and over

The information in this application is correct to the best of my knowledge. I agree to be the best representation of Christ and Tomoka Christian Church.

I, ______________________________, am voluntarily participating in the short-term mission trip and I am participating in the activity entirely at my own risk. I assume all related risks, both known or unknown to me, of my participation in this short-term mission trip. I agree to indemnify and hold harmless Tomoka Christian Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone else on my behalf. I give authorization to Tomoka Christian Church to use my image (photographs and/or video) for use in media publications for promotional purposes.

Signature: ______________________________ Date: ____________________

For those under 18 years of age

I, ______________________________ (parent/guardian of children under 18) am voluntarily allowing my child to participate, ____________________________, in the short-term mission trip and I am participating in the activity entirely at my child’s risk. I assume all related risks, both known or unknown to my child’s participation in this short-term mission trip. I agree to indemnify and hold harmless Tomoka Christian Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone else on my behalf. I give authorization to Tomoka Christian Church to use my child’s image (photographs and/or video) for use in media publications for promotional purposes.

Signature: ______________________________ Date: ____________________

(If under 18, signature of parent/guardian)

If under 18, name of parent/guardian (printed): ________________________________
Parent/Guardian Phone: __________________________ Email: __________________________
Parental Consent Form
(For those under 18 years of age)

Child’s name__________________________________________________________Age______Gender__________
Parent/Guardian_____________________________________________________Relationship____________________________________
Home Phone ___________________________Cell Phone____________________________________________________________
Home Address________________________________________________________City________________________State/Zip__________________

Allergies: ____________________________________________________________________________________________

General Information: Place a checkmark if the situation applies to your child:
ADHD (Attention Deficit) ______ Asthma______ Diabetes______ Cancer/Leukemia______
Convulsions/Seizures______ Heart Trouble______ Hemophilia______ High Blood Pressure____
List any medications that must be taken during this event: _____________________________________________
List any physical or behavioral conditions that may affect or limit full participation in physical activities: _____________________________________________________________
If the need arises, my child may be given: TYLENOL   ADVIL   PEPTO-BISMOL   OTHER___________

PARENT AUTHORIZATION
I/We__________________________________, parents of_______________________________________________
(Name of Parent/Guardian) (Child’s Name)

Give and grant him/her permission to participate in a program/activity under the sponsorship & authority of Tomoka
Christian Church, Ormond Beach, Florida. We also release the sponsoring organization from all claims of accidental injury
and delegate to the leaders of the group the authority to act in case of emergency, including all medical and surgical
treatments should I/we not be able to be contacted.

I authorize an adult representative of Tomoka Christian Church to consent to any and all medical and hospital care and
treatment deemed necessary for me and or my child’s health and well-being by a duly licensed physician selected by said
adult representative. I understand that I shall be fully responsible for and agree to pay for, all cost and expenses occurred
in connection with such medical services rendered to myself and or my child’s care pursuant to this authorization. I agree to
assume all transportation costs.

I agree to assume the risk of, and release Tomoka Christian Church, its staff, and representatives from any and all injury
and liability arising out of or relation to the trip.

Health Insurance Company: ___________________________________________Policy Number: __________________________

_________________________________________________________Signature of Parent/Guardian __________________________Date

Sworn to and subscribed before me this ___________________________day of____________, 20____,
by ________________________________, personally known or produced the following identification _____________.

(Notary Seal) ________________________________________________
Notary Public