

MISSION TRIPS

Short-term



TRIP APPLICATION



“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 Missions Director: Meaghan Massy | meaghan.massy@tomoka.cc | (386) 677-6455

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