

FORM A -- MISSION TRIP APPLICATION

Washington Street church of Christ (WSCOC)
209 Washington St. East, Fayetteville, TN 37334 (931) 433-2391

Country: _____

Trip Dates: _____

FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS

Title (Circle)
Mr. Mrs. Miss
Dr. other: _____

Name

Last/ Family

First/Given

Middle Initial

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email address (printed plainly) _____

Birth Date: (Month/Day/Year): _____ Birth Place: _____

T-SHIRT SIZE: _____

Name on Passport (**your name must be shown exactly as written on your passport**):

Passport #: _____ Expiration Date: _____

If not a U.S. citizen, list citizenship country: _____

Marital Status: _____ If married, spouse's name: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Are you a member of WSCOC? _____ How long? _____

Are you a regular attendee? _____ How long? _____

Name and phone number of a church member who knows you well: _____

If not a WSCOC member, please list your church name, and the name of a leader who knows you well: (Include contact information):

In which ministry areas of the church have you served?

What are some ways in which you feel prepared to minister? (e.g. prayer, music, adult ministry, children's ministry, evangelism, etc.)

Why do you want to serve on this mission trip?

Have you participated in any training classes here at WSCOC Church?
If so, which ones?

What gifts, talents, abilities, and language or professional skills do you have that might contribute to your ministry on a short-term mission trip? Do you speak a language other than English? If so, please list:

List countries and dates of previous overseas volunteer experiences:

How much experience do you have working on a team? Describe good or bad experiences

Other than your previous short-term mission trip, describe any cross-cultural experiences you have had (use the back if you need to):

When did you accept Christ in your life?

What do you consider to be some of your strengths and weaknesses, spiritual and otherwise?

How does your immediate family member feel about your leaving on this mission trip?

Do you anticipate having to raise funds for this trip? ____ Yes ____ No

Please describe how you plan to raise the additional funds you will need.

The policy for funding a Missions trip is:

- a. 20% down is required at application (DR trips generally \$1250). (20% will be \$250)
- b. 2 months before the trip, the cost of the airline ticket needs to be paid. (\$800)
- c. Three weeks before the trip, the entire balance is required to be funded.

Are you prepared to commit yourself to the training times and several team meetings for this trip?

Are there other commitments or circumstances in your life (past, current and upcoming) that may potentially affect your full participation of the preparation and the trip its self?

What kind of people upset you?

How do you respond to a leader who upsets you?

At this time, how would you rate your level of commitment to go on a short-term mission trip? (in terms of percentages)

Signature _____

Date: _____

Please return this completed form by deadline of the trip for which you are applying, along with:

- A signed copy of the Mission Team WSCOC (FORM B)
- A completed and signed copy of the Medical Information Form (FORM C)
- A photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages on the passport.
- A \$250 deposit - checks should be payable to **WSCOC Church** and memo should state which mission trip this deposit is for.

This application will not be considered until all of the fully completed materials listed above are received. Upon receiving these materials, and prior to accepting the application, The WSCOC missions staff may review all pertinent information (including that provide by references) relating to the applicant's interest in serving on a particular mission trip. Additionally, the Missions Staff could request a personal interview with applicant. The Missions Staff and team leaders will make the final decision regarding an application, if there are any questions or concerns.

Once an application has been accepted, the applicant will be notified of the acceptance promptly via letter, email or phone call. If, for any reason, an application is denied, the \$250 deposit will be returned to you.

FORM B -- MISSION TEAM WSCOC
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As a member of this team I agree to: Team

WSCOC: _____(initials)

- Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions. Basically respect my team mates and leaders.
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Attend mandatory Short Term Mission Training, as well as follow-up meetings. Team mates should actively participate in discussions.
- Participate in the Debriefing activities (journaling and discussion). Morning devotionals and nightly debriefings are mandatory.
- Keep confidential discussions and personal information shared among team members.

Personal WSCOC: _____(initials)

- Remember that I am representing WSCOC and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and hosts.
- Refrain from criticism and gossip about our host(s) and my teammates.
- Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive and supportive.
- Refrain from any activity that could be construed as a special or romantic interest to a national or teammate.
- Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.

Cultural Sensitivity: _____(initials)

- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about "how we do things." I will be open to learning about other people's methods and ideas.
- Respect others' view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and to only bring luggage and possessions that are determined by the Mission Ministries to be appropriate for the service needs of the mission and the country's culture.
(No tank tops, and dresses, skirts, or shorts above the knee. If clothing does not meet this requirements, you will be required to stay at the hotel and/or purchase new clothes when time is available.)
_____ (initials)
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.

I have prayerfully considered my participation with the Missions teams, and if selected, will pledge my full and committed involvement. I also understand that I can be sent home if there is a breach of this WSCOC.

Signature _____ **Date** _____

FORM C—SHORT TERM MISSION TRIP MEDICAL INFORMATION

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Country: _____ Trip Dates: _____
Name: _____ Date of Birth: _____
Physician Name/ Phone # _____ Blood Type: _____
Health Insurance Company Name: _____ Policy Number: _____
Supplemental Health Insurance Co. (If any): _____ Policy Number: _____
Insurance Contact and Phone #: _____
Emergency Contact: _____ Relationship: _____
Address: _____ City/State: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mission trips can be extremely strenuous and stressful. They may include transportation trips of 10 to 20 hours in duration. Missionaries are required to be responsible for their own luggage. Restrooms may not always be readily accessible. There can be a considerable amount of physical labor on the work sites. Sleeping arrangements may not be comfortable and, in most instances, you will be sharing a room with other people. Climate can vary in temperatures, which could affect your overall strength and energy. Individuals need to be prepared to deal with mosquitoes, sand flies, snakes, lizards. Water quality will not be good. You will be drinking bottled water most of the time. I have read and understood these conditions: _____(initials)

All of these factors have been known to aggravate certain health conditions, and the facilities of our Host site may not be adequate.

1. Do you have any physical conditions that could limit your ability to perform the ministry of this particular mission trip?

_____ Yes _____ No If yes, please describe

2. Have you had any surgery or major health problems in the past two years? _____ Yes _____ No
If yes, please describe.

3. Please check if you have any of the following medical conditions:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Chronic Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Migraines	<input type="checkbox"/> Seizures	<input type="checkbox"/> other	

1. Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions in order to better assist in your comfort and care? Yes No

If yes, please describe:

2. Are you currently taking or do you regularly take any medications (including over-the-counter medicines)? Yes No.

If yes, please explain and note which is prescription and which is non-prescription. List dosage, conflicting medicines, contraindications and any other information that might be helpful:

3. Do you have any allergies to medicines, foods, insects or other items? Yes No.
Any special dietary or sleep needs? Yes No.

If yes to either question, please list:

4. Are you currently under a doctor's care or have you been in the past year? Yes No.
If yes to either question, please list:

5. List any physical limitations or conditions such as heart problems, diabetes, or seizures that you have or are currently experiencing

6. List any physical limitations or conditions that you have experienced in the past or to which you may be susceptible while traveling.

7. Certain vaccinations/immunizations may be required. For Center for Disease Control (CDC) recommendations, go to www.CDC.gov. You can check out what the CDC recommends for where you will be traveling. WSCOC requires that your Tetanus vaccination is up to date. You are responsible for all other vaccines.

Then complete the information below.

Date of the most recent: _____ Tetanus vaccination

8. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems (diet, physical exercise, etc.)?

_____yes _____no If yes to either question, please elaborate.

Your Name (Please Print) _____ Date: _____

Signature: _____

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If you have any questions or need assistance,
please contact the church office for WSCOC missions staff
contact information.