

Extending Grace to the Nations

in

- Uganda I (due 2/1) Monterrey, Mexico Katrina I Haiti
 Uganda II Uganda III Tecate, Mexico East Asia
 Guatemala Ecuador Uganda IV Katrina II
(Please check a trip)

Application for Short-term Missions 2009

PLEASE NOTE: **APPLICATIONS ONLY ACCEPTED WITH A 15%/person TRIP DEPOSIT ATTACHED**
Upon acceptance, your deposit becomes non-refundable and applied to your total trip cost.

PERSONAL INFORMATION

Applicant Name _____ Nickname _____

Phone Number _____ Cell Phone _____

Address _____ City _____ Zip _____

E-Mail Address _____ Male Female

Date of Birth _____ ID Name (airline ticket purposes) _____

Passport? Yes No Passport Number _____ Exp. Date _____

In case of an emergency, please notify _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Spouse Name _____ Is your spouse supportive of this trip? Yes No

Name and ages of children _____

EMPLOYMENT/VOLUNTEERISM

Please list your employment and/or volunteer experience below beginning with the most recent.

Employer	Length	Title/Responsibilities

HEALTH INFORMATION

How would you describe your present health? Excellent Good Average Poor

Please describe any major illnesses that you have had in the last five years? _____

Are you presently under the care of a physician or taking any medications? Yes No

If yes, please explain _____

Please list any allergies to medications, foods, etc and describe reactions. _____

Is there anything in your medical history that would adversely affect under these conditions?

- Rigorous Outdoor Activity High Altitudes High Humidity
- High Temperatures Low Temperatures Other

Do you have any special dietary needs? _____

It is important for **ALL** individuals going on short-term missions to be covered by health insurance.

Health Insurance Carrier _____ Provider # _____

Primary Physician _____ Phone Number _____

GIFTS/EXPERIENCE

Do you speak a foreign language? Yes No If yes, what _____

Please list any previous missions experience.

Country	Church/Organization	Dates	Purpose

SPIRITUAL LIFE

How long have you been attending Grace Community Church? _____

Describe your current ministry involvement _____

Describe your recent personal times with God _____

SHORT ANSWER

What are the circumstances in your life that have led you to this decision to participate in a STM?

Please explain briefly what you hope to see the Lord do in and through you on this STM.

What do you feel will be your greatest strengths on this STM?

What do you feel will be your greatest challenges?

How do you think your experience might benefit the church body at Grace Community Church and the community of support you establish around you?

REFERENCES

Please provide two references. One should be a ministry leader; the other should be someone who knows your ministry abilities as well as your strengths and weaknesses. Neither should be family members.

- 1) Give one the attached written recommendation to be returned to GCC by March 1, 2009.
- 2) Provide the contact information below. Your second reference will only be contacted if necessary.

Name _____ Relationship _____
Home Phone _____ Work _____ Email _____

COMMITMENT

If selected to be a part of Extending Grace Short Term Missions Trip, I make a commitment to:

- Faithfully complete the training process prior to and after the trip
- Raise the necessary prayer and financial support (15% due with application)
- Submit to the trip leader and the host-in-the-field's authority
- Conduct myself in a manner worthy of the Lord while serving Him on the project
- Refrain from any behavior which may compromise my witness

Also, if at any time while on the trip my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be my own responsibility.

Participant's Signature _____ Date _____

For Minors Only

Parent Name _____ Home _____ Cell _____
Parent Signature _____ Date _____

NEXT STEP: You will be contacted for an Interview with the Trip Leader

DATES TO REMEMBER: February 15 – Applications Due

March 21 – Mandatory Training at Grace Community Church

Applications are received on a first-come basis. Submit your application on or before February 15, 2009.

OFFICE USE ONLY

Date Received _____

Deposit Check Attached Yes No

Interview Date _____

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Short-Term Missions Policy

I Basic Requirements

Participating on a Grace sponsored short-term missions team requires being a Christian, an active attendee of the church, a willingness to share your faith and serve others and to fulfill the other requirements outlined below.

II Application & Interview

A Each participant is required to submit a 15% (with a maximum of \$250) deposit with each completed application.

Applications are due on or before the deadline as designated by each team leader. Late applications will be considered on a case by case basis.

B Each applicant will meet with the trip's leader and other mission leaders for a selection interview.

C Upon acceptance to a team, the 15% deposit becomes non-refundable and is applied to the participant's support amount.

III Team Meetings

A Each participant is required to attend the trip's preparation training meetings as set forth at the beginning of the team's selection process. Expected absences must be worked out in advance with the team leader, but may not exceed two. Assignments or materials missed should be made up as soon as possible. Failure to attend an adequate number of training meetings will jeopardize the team member's participation.

IV Financial Support

A Each participant is required to cover all individual expenses for a short-term mission trip through a combination of self-funding (15%) and support fundraising (85%). The trip cost is set at the beginning of the team's selection process. Full funding must be provided two weeks prior to the departure date. However, each team will have its own set of target dates for funding.

B Each participant is required to develop a support team during the preparation stage. The support team consists of family and friends who are willing to financially give to the trip's cost and commit to pray and encourage the participant. To assist the participant in forming a support team, each team will be supplied materials to communicate the trip's purpose, cost and needs.

C Grace Community Church does not allow a team member to send out letters to the church's directory at large. Prior to the trip, a wide appeal to the congregation will be made requesting general support of team members. Team members will then be given names of individuals who expressed interest in providing support, to follow up with letters and phone calls.

D These two sentences must be included in your letter:

- 1 "Receipts will be given for donations \$250 and over unless otherwise requested by donor."
- 2 "I encourage your giving to this Mission Trip to be above and beyond your normal tithes and offerings to your local church."

E All gifts given in excess of trip costs are kept and maintained by Grace Community Church. An individual's excess funds may be used to cover other participants on the same team. A team's excess funds will be used for other short-term mission projects.

F Any team that is under-supported will be reviewed. All participants who are under-supported (target amount) will be asked to contribute an equitable amount to make up the deficit.

G No refunds will be given to a participant dropping off the team prior to a trip. These funds will remain in the trip account for future trips.

H All gifts to teams are tax-deductible, including self-funding gifts and are payable to Grace Community Church with the trip name in the memo line.

V Insurance & Liability

A Each participant is required to sign a waiver of liability to Grace Community Church and to the ministry serving as host to the team. Each team member must show proof of medical insurance valid for travel to the trip's destination. Precaution is taken in the event an accident occurs that medical insurance coverage is available. Proof of health insurance should accompany the application.

B Grace Community Church will purchase International Travel Insurance for each team member to cover emergency situations. More details will be provided at the first team meeting.

Signature

Date

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Trip Participant Liability Waiver

In signing this form, I, _____, agree that I will not hold Grace Community Church, its officers, employees, or other agents liable for any injury or accident I might encounter while on one of their sponsored mission trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I understand that my travel to a foreign country exposes me to such risks as accidents, disease, war, political unrest, and other calamities.

I hereby assume any such risks that might result from traveling to _____ and I unconditionally agree to hold Grace Community Church, its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I have carefully read the foregoing and I understand that my signature herein holds Grace Community Church, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay, or irregularity in schedule.

I am eighteen (18) years of age or older, or the parent/guardian of a minor participant, and this Liability Waiver is binding on me and my executor, administrators, and heirs.

The parties of the Liability Waiver are Christians and believe that the Bible commands them to make every effort to live at peace and resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this Liability Waiver shall be settled through biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedures for Christian Conciliation* of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Maryland. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim out of this Liability Waiver and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Participant Signature _____ Date _____

Signature of Parent/Guardian (if under 18 years old) _____

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Short-Term Personal Reference

Please complete this form and return to Grace Community Church by March 1, 2009

*Grace Community Church
Attn: Short-Term Missions
8200 Old Columbia Road
Fulton, MD 20759*

Applicant Name _____ *Short Term Project* _____

Reference Name _____ *Phone* _____

The individual listed above has applied for a Short-Term Missions Trip with Grace Community Church. This applicant is requesting a personal reference recommendation to meet application requirements. Please respond to the following statements to help us get to know the applicant better.

Discuss how long, how well and in what capacity or relationship you have known the applicant; include information about family background if applicable.

Please assess the applicant's commitment to Christ, spiritual maturity, talent and ministry gifts, and ability to be involved in missions ministry.

Comment on the applicant's interpersonal skills, time management skills, and financial management skills. Be sure to address any areas of concern as well as specific strengths and/or weaknesses you have observed.

Using the table below, please rate the applicant's personality by circling the selection in each category that best describes the individual. Please include a brief comment.

SOCIALIBILITY:	<i>Outgoing</i>	<i>Friendly</i>	<i>Withdrawn</i>
EMOTIONAL STABILITY:	<i>Stable</i>	<i>Even-Tempered</i>	<i>Apathetic</i>
INITIATIVE:	<i>Needs Little Direction</i>	<i>Some Direction</i>	<i>Constant Direction</i>
INDUSTRY:	<i>Very Dependable</i>	<i>Usually Dependable</i>	<i>Seldom Dependable</i>
COOPERATION:	<i>Works well with others</i>	<i>Average</i>	<i>Difficult</i>
JUDGMENT:	<i>Mature Decisions</i>	<i>Usually Mature</i>	<i>Immature</i>
RESPONSIBILITY:	<i>Excellent Performance</i>	<i>Average</i>	<i>Poor</i>

This personal reference form is vital to the application process. Your cooperation, time and effort in completing it are greatly appreciated. Please contact Patti Hewat regarding questions, content or to discuss issues of a confidential nature. Please return this form to Grace Community Church Attn: Short-Term Missions 8200 Old Columbia Road Fulton, MD 20759.

Signature

Date