

# MISSION TRIP / OUTREACH APPLICATION

Prayerfully consider joining us as we bring the Gospel message and meet the needs, with the love of Jesus, of those who we are called to reach.

Matthew 25:34-36, Matthew 28:19-20, Mark 16:15

PLEASE READ THE APPLICATION CAREFULLY AS IT OUTLINES YOUR RESPONSIBILITIES AND THAT OF THE CHURCH.

#### I understand and agree to the following principles:

- 1. Be at least 18 years of age. (If under 18 years of age we may ask your parent to participate on the same trip.)
  - a) Selected trips may have other trip-specific age requirements.
  - b) Receive parental approval (for candidates under 18 years of age)
- 2. Be regularly attending Coastal Christian Church or other doctrinally comparable church.
- a) We believe in one living and true God, eternally existing in three persons, the Father The son (Jesus Christ) and the Holy Spirit equal in power and glory.
- b) The Basis for our belief is the Holy Bible, the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.
- c) Salvation comes through grace alone and not by human effort and must be received personally by repentance toward God and the Father and faith toward Jesus Christ.
- 3.1 understand that since the purpose of this trip is to look for opportunities to introduce others to Jesus and to glorify God through acts of mercy in Jesus' name, I must have a personal relationship with Jesus:
- a) Know who Jesus is through what the Bible says about Jesus and what Jesus has done for me.
- b) Like any relationship important to me, I spend time talking with Jesus through prayer.
- c) Thankful to Jesus for sacrificing His life to remove my sin and make a way for me to spend eternity with Him, God our Father and the Holy Spirit.
- 4. It is strongly recommended but not require that interested team members desiring to serve on an international mission trip first participate on a Coastal Christian local/national mission trip such as Men In Service, Atlantic City Rescue Mission etc.
- 5. Attend ALL training sessions. Absences must be cleared with the trip team leader.
  - a) If you miss more than half the training sessions, you may be asked to remove yourself from this trip and wait on God's timing for the Mission Trip that He makes provision for you to attend all training sessions. The \$200.00 commitment fee and donations from supporters are non-refundable. Once the airline ticket is purchase it too is non-refundable. Total Amount of sessions TBD by Trip Leader.
- 6. Will adhere to all deadlines, including financial deadlines, regardless of whether I pay individually the cost of the mission trip or raise financial support to cover the cost. All participants must abide by the deadlines for application, deposits and payments.
  - a) Passport, medical insurance, vaccinations, and any medical prescription costs are incurred by the team member and are their financial responsibility. These costs are not calculated in the trip cost and are not the responsibility of Coastal Christian Church.
  - b) If I cancel after the purchase of my airline ticket, I am responsible for that ticket cost.
- 7) Be of sound mind. Non-smoker. Not accused or convicted of a crime against children. Recovered from addiction at least 1 year.

I have read the above and agree to the above policies, rules, and terms.

		Date
PARTICIPANT'S NAME 18 or OLDER (Please Print)	SIGNATURE	
		Date
LEGAL GUARDIAN IF UNDER 18	SIGNATURE	

## **COASTAL CHRISTIAN'S SHORT TERM MISSIONS TRIP APPLICATION**

THE FOLLOWING INFORMATION WILL BE USED TO CARE WHILE ON THE MISSION TRIP.			IF YOU NEED	) MEDICA
full name as it is on your passport:				
LAST FIR			MIDDLE	
ADDRESS: STREET	CITY	STATE	ZIP	
HOME PHONE:	CELL PHONE:			
E-MAIL:	_ CIRCLE YOUR	PREFERRED ME	ANS OF COI	NTACT
DATE OF BIRTH: AGE:	Gender:CIRC	LE MARITAL STA	TUS: Single	Married
If Married, Spouses Name:	Yo	our Tee-Shirt Size	:	
PASSPORT #	ISSUE/EXPIRATIO	NDATE:	/	
HEALTH INSURANCE: NAME OF INSURANCE	US TELEPHON	 E #	INTERNATIO	DNAL #
POLICY #Insu	Insurance issued in the name of:			
Address of insured:				
PRIMARY DOCTOR:	Telephone_			
In case of emergency, please notify:				
Name:	Relationship	:		
Address:	City:	State:	Zip:	
Telephone Numbers: Home:	Work:			
Email:				
Consent: I hereby give permission for my son / medical attention from a physician in the even	•	years of age) to	o receive er	mergency
Name:				
Signature:		Date:		
Guardian Name:				
Guardian Sianature:		Date:		

Medic	History: NAME:				
a.	General Health:				
b.	imitations:				
c.	Any history of the following: trick kneeweak ankles bad back other				
d.	I. Are you subject to:diabetes epilepsy heart diseasehypertension other				
e.	Appendix removed? YES NO				
f.	Medications:				
g.	Reasons for Medications:				
h.	Allergies (food, drugs, other):				
i.	Medications used to treat allergies:				
j.	j. Medical treatment received in the past year:				
k.	k. Have you had or been exposed to any contagious disease?				
I.	MMUNIZATIONS: CIRCLE THOSE YOU HAVE RECEIVED AND DATE RECEIVED				
He	titus A 1 or 2 shots Typhoid Tetanus (every 10 years)				
	Hepatitis B Measles, Mumps, Rubella				
Christic	Life:				
Do you	attend Coastal Christian Church Services? For How long?				
If not,	nere do you attend Church Services?				
Describ	e your relationship with Jesus Christ:				
Briefly	xplain what you hope to see the Lord do in and through you on this mission trip:				
Please mission	ndicate any special skills, talents, or Christian service experience that you feel may be helpful on this rip:				
Please	st any previous ministry / outreach experience:				

## 2014 Coastal Christian Mission Trip/Outreach Team Member "Code of Conduct" and Commitment

I understand that all who participate in Mission Trip/Outreach events are expected to observe and adhere to the following standard of conduct during the entire duration of the event, including the travel time of a mission trip. As a participant in an upcoming Mission Trip/Outreach event, I understand and agree that:

- 1. I will pray for the team leaders and give them my undivided support. I will follow them without criticism or delay. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this event.
- 2. I will adhere to any dress code established for the event at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
- **3.** I will not leave the team or the vicinity of our work unless directed or allowed to do so by team leaders.
- **4.** I agree that contact with members of the opposite sex should be limited and controlled, so that we reflect the light of God and avoid even the appearance of inappropriate behavior. I will not participate in activities or visit any establishment or place which may be seen by others as inconsistent with a Christian lifestyle.
- 5. I will not use profanity at any time.
- **6.** I understand that I cannot smoke or consume tobacco products at any time.
- 7. I will not possess or consume alcoholic beverages or assist others in doing so.
- **8.** I will not possess, use, or distribute any drug or substance for which possession or distribution is unlawful either in the United States of America or at our destination. I will not abuse prescription drugs.
- **9.** I will abide by any additional guidelines which may be deemed necessary by the team leaders during the event.

PARTICIPANT'S NAME 18 or OLDER (Please print)	SIGNATURE	DATE
LEGAL GUARDIAN if UNDER 18 (Please print)	LEGAL GUARDIAN SIGNATURE	DATE

### 2014 The Coastal Christian – Liability Release Form

#### Release of all Claims

In consideration for being accepted by Coastal Christian Church for participation in Mission Trip/Outreach events from January 2014 through December 2014, I do hereby release, forever discharge and agree to hold harmless Coastal Christian Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

#### (If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons disciplinary action or

Further, should it be necessary for the participant to return home due to medical reasons disciplinary action or otherwise, we (I) hereby assume all transportation costs.

•	
(Type or print name of participant)	(Signature of Participant)
(Date)	<u></u>
(Only participant need sign if 18 years of age or old separated or divorced in which case the custodial	der. If under 18, both parents must sign unless parents are parent must sign.)
(Father)	(Mother)
(Legal Guardian)	(Parent/Guardian Telephone)