



*Prayerfully consider joining us as we bring the Gospel message, and meet the needs with the love of Jesus to 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) I am 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) Candidates under 18 years of age must receive parental approval.

**2) I am in regular attendance at Coastal Christian or another doctrinally comparable church, and agree with the following:**

- a) I 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 my belief is the Holy Bible, the Word of God - which is 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 the Father and faith toward Jesus Christ.

**3) I 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) I know who Jesus is through what the Bible says about Jesus, and what Jesus has done for me.
- b) Communication is essential in relationships that are important to me, so I spend time talking with Jesus through prayer.
- c) I am 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) I know that it is strongly recommended but not required that interested team members desiring to serve on an international mission trip first participate in a Coastal Christian local/national mission ministry such as "Men In Service," "Atlantic City Rescue Mission," etc.**

**5) I agree to attend ALL training sessions. Absences must be cleared with the trip team leader.**

- a) If you miss half the training sessions, you may be asked to remove yourself from this trip and wait on God's timing for the Mission Trip where He makes provision for you to attend all training sessions. Total number of sessions TBD by Trip Leader.
- b) The \$200.00 commitment fee and donations from supporters are non-refundable. Once the airline ticket is purchased, it too is non-refundable.

**6) I 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. I know that 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 Ocean City.
- b) If I cancel after the purchase of my airline ticket, I am responsible to pay for that ticket cost.

**7) I must be of sound mind, be a non-smoker, never have been accused or convicted of a crime against children, and if applicable, be recovered from addiction at least 1 year.**

**8) I will sign a permission form allowing the church to perform a background check.**

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

\_\_\_\_\_  
PARTICIPANT'S NAME 18 or OLDER (print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEGAL GUARDIAN if UNDER 18 (print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# COASTAL CHRISTIAN'S SHORT TERM MISSIONS TRIP APPLICATION

Please specify which trip: \_\_\_\_\_ Trip dates: \_\_\_\_\_  
THE FOLLOWING INFORMATION WILL BE USED TO PURCHASE AIRFARE AND TO ASSIST YOU IF YOU NEED MEDICAL CARE WHILE ON THE MISSION TRIP.

FULL NAME AS IT APPEARS ON YOUR PASSPORT:

\_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ **CIRCLE** YOUR PREFERRED MEANS OF CONTACT

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ **CIRCLE** MARITAL STATUS: Single Married

If married, spouse's name: \_\_\_\_\_ Your Tee-Shirt Size: \_\_\_\_\_

PASSPORT # \_\_\_\_\_ ISSUE/EXPIRATIONDATE: \_\_\_\_\_ / \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_

NAME OF INSURANCE US TELEPHONE # INTERNATIONAL #

POLICY # \_\_\_\_\_ 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 / daughter / self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History:**

NAME: \_\_\_\_\_

- a. General Health: \_\_\_\_\_
- b. Limitations: \_\_\_\_\_
- c. Any history of the following: \_\_\_ trick knee \_\_\_ weak ankles \_\_\_ bad back other \_\_\_\_\_
- d. Are you subject to: \_\_\_ diabetes \_\_\_ epilepsy \_\_\_ heart disease \_\_\_ hypertension other \_\_\_\_\_
- e. Appendix removed? YES \_\_\_ NO \_\_\_ other surgeries \_\_\_\_\_
- f. Medications: \_\_\_\_\_
- g. Reasons for medications: \_\_\_\_\_
- h. Allergies (food, drugs, other): \_\_\_\_\_
- i. Medications used to treat allergies: \_\_\_\_\_
- j. Medical treatment received in the past year: \_\_\_\_\_
- k. Have you ever had or ever been exposed to any contagious disease? Y or N (circle one)  
If yes, please specify: \_\_\_\_\_

**l. IMMUNIZATIONS: CIRCLE THOSE YOU HAVE RECEIVED AND DATE RECEIVED:**

Hepatitis A: 1 or 2 shots \_\_\_\_\_ Typhoid \_\_\_\_\_ Tetanus (every 10 years) \_\_\_\_\_  
 Hepatitis B \_\_\_\_\_ Measles, Mumps, Rubella \_\_\_\_\_

**Christian Life:**

Do you attend Coastal Christian church services? \_\_\_\_\_ For how long? \_\_\_\_\_

If not, where do you attend church services? \_\_\_\_\_

Describe your relationship with Jesus Christ:  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly explain what you hope to see the Lord do in and through you on this mission trip:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate any special skills, talents, or Christian service experience you have/have had, that you feel may be helpful on this mission trip:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any previous ministry / outreach experience(s): \_\_\_\_\_  
 \_\_\_\_\_

# Coastal Christian Mission Trip/Outreach Team Member "Code of Conduct" and Commitment / 2016

I understand that all persons who participate in Mission Trip/Outreach Events are expected to observe and adhere to the following standards 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 that 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

# Coastal Christian Ocean City – Liability Release Form

## Release of All Claims / 2016

In consideration for being accepted by Coastal Christian Ocean City for participation in Mission Trip/Outreach events from **January 2016 through December 2016**, I do hereby release, forever discharge and agree to hold harmless Coastal Christian Ocean City 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 participant or child-participant that may occur while said participant or child-participant is participating in the above described trip or activity. Furthermore, all undersigned persons 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 agrees 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 attending thereto.

\_\_\_\_\_  
TYPE OR PRINT NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

**Only participant need sign if 18 years of age or older.** If under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

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.

Furthermore, 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.

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Parent/Guardian Telephone