

Mission Trip Application



Trip Location/Year: _____

Personal Information

Name (First and Last) _____ Age _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Biological Sex (M/F) _____

Who to contact in case of emergency:

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Short-Answer Questions

1. Please describe your personal testimony. What was your life like before Jesus?

How and when did you come to know Jesus as your Savior? _____

How has your life changed since following Jesus? _____

2. How have you been involved at Open Door (areas of service, care group life, etc.)?

3. Why do you want to go on this mission trip? _____

4. What impact are you anticipating that this trip will have on your relationship with God?

5. What concerns do you have that might prevent you from going on this mission trip (finances, other commitments, type of ministry being provided, etc.)? _____

6. What talents or spiritual gifts do you have? How do you see those being used on this trip?

7. Have you been on a mission trip before? If so, please describe the experience:

8. How would you describe your daily relationship with Jesus? _____

Minor Medical History

1. For your child's safety and our knowledge, is your child a good swimmer, fair swimmer, or a non-swimmer? _____
2. Does your child have any allergies? If so, what? _____

3. What medications does your child take (name, dosage, frequency)?

***Per the Open Door Church Child Protection Policy, "It is the policy of ODC not to administer either prescription or non-prescription medications to the children under our care. Medications should only be administered by a parent.*

*Exceptions to the medications policy may be granted to parents of children with potentially life-threatening conditions (such as severe asthma or severe allergic reactions) or children on an extended or overnight trip. Parents of such children should address their situation with the appropriate staff member to develop a plan of action. ***

4. Please list any ongoing physical, mental, or emotional medical conditions your child may be experiencing: _____

Minors Rules of Conduct

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I, the student, have read the rules of conduct, the above evaluation of my health, and personally completed the above short-answer questions for the youth mission trip application. I agree to abide by the stated personal limitations and code of conduct.

Student Signature _____ Date _____

_____ (Name of Student) has my permission to attend the youth mission trip to _____ from _____ to _____.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability or personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we agree to photos or videos being taken of my child and put on social media as posts of the Church. I/we also agree to bring my/our child home and my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: _____ Date: _____