

APPLICATION FOR MRPC SHORT TERM MISSION TRIPS

(The update version if you have been on a trip in the past 3 years)

Please complete the application below and attach a \$50 deposit by **Sunday April 2, 2017**. (Or a \$75 deposit after that date.)

Applications can be mailed, emailed, or dropped off at the church. For any questions, contact the missions department at (864)268-2218 or missions@mitchellroad.org. *NEW website! www.mitchellroadmissions.org *

aepart	ment at (804)208-2218 or missions(@mitchellroad.org. *NEW	website! www.i	mitcheliroadmissions.org *
Today	's date:			
Legal 1	name (as it is on your passport/ID):	I	Date of birth:
Name	you go by (if different):		Email:	
Home	Phone:	Cell Phone:		
Full ad	dress:			
School	& grade/Occupation:			
Mitche	ell Road member: Yes No	If not, home church:		
Missio	on team/trip for which you are a	pplying?		
Secon	d choice if this trip is cancelled?			
Do yo	u have and is your passport valid fo	or 6 months beyond the ST	M dates?	_ (International trips only)
1.	Why do you want to go on this m	nission trip?		
2.	What do you expect to gain from	this experience?		

3.	What are the strengths and weaknesses that you would bring to this team?					
4.	How can we pray for you regarding t	his trip?				
5.	Do you have any special gifts or skills (musical-voice, play an instrument, athletics, preaching, construction skill, etc.) that would benefit this mission team?					
6.	Give the name, address and phone number of one person (not a relative) who could give an honest evaluation of your Christian walk. A.					
7.	Do you have any allergies, illnesses, or other health problems that might affect your performance on this team and that your leaders need to be aware of? If yes, please explain.					
	Medication	Dosage	Frequency/Time			
8a.	I certify that I have health insurance and have listed the information below. I understand that in case of an accident or illness, my insurance will be the primary source of payment of expense incurred. (Please initial)					
	Current Health Insurance Provider:					
	Member Name & ID#:					
	Group Name & #:					

8b.	I am under 18 years of age or am still on my parents' insurance. My parents have signed the waiver or the last page of this application and have included their health insurance information. Conditions listed in number 7 above apply (Please initial)			
EME	RGENCY CONTACT			
In cas	e of emergency please co	tact the following people:		
Nar	ne	Address		
Hor	me Phone	Cell Phone		
2				
Nar	ne	Address		
Hor	me Phone	Cell Phone		
Physic	cian's/Phone:	Location of Office:		
	erstand that applying doe e following:	not assure my position on a mission team. I understand that I will be responsible		
•		along with a \$50.00 deposit (by April 2) or \$75.00 after that date.		
•		neck if there are minors in the team or if you are working with minors on the		
•	Have personal health i	surance or purchase international health insurance for the trip.		
•	Have all the immuniza Raise all financial supp	ons required for any international travel, specific to the country of destination. rt needed.		
•	Raise three prayer sup			
	ning below I understand ort Term Mission trips.	ne qualifications, responsibilities, and level of commitment required to participate		
Signa	ture:	Date:		
Signa	ture of Parent/Legal (nardian:Date:		



Permission Form for Short Term Mission Trip

The	undersigned,	, parent or legal guardian
•	ored by Mitchell Road Presbyterian Church, and programs in connection with the	, a child applying for a position on a mission team does hereby grant permission for said child to participate in all activities, Short Term Mission trip. (Name of trip)
		(Name of trip)
under		authorization of Mitchell Road Presbyterian Church and the trip will be ny licensed physicians are hereby authorized to take all emergency steps
judgn		n Church, its employees, and adult supervisors will exercise caution, in case of accident, injury, loss or damage of property in connection with I save them harmless from all such claims.
	undersigned further agrees to admonish the s, obedient to and under the direction and co	child/youth participant to exercise care, to be well behaved, and in all ontrol of those adults in charge.
	nderstood that if my child misbehaves on the responsible for any additional costs involved	is trip to the extent of having to be sent home, I (the parent or guardian) ed in making these arrangements.
Signat	ture of Parent/Legal Guardian	Date
Addre	ess	Phone Number
Child'	's Doctor	Phone Number
Insura	ance Company & Policy Number	
Please	e list any important medical facts below: (Al	lergies, regular medications, reaction to stings etc.)

Missions & Outreach 207 Mitchell Road, Greenville, SC 29615 missions@mitchellroad.org (864) 268-2218