

Short-Term Missions Application

Your answers to the following questions will help the First Presbyterian Church Missions Team evaluate and make a determination about your participation in a mission's trip. Prompt submission of your application is requested by the deadline date. Complete all sections to the best of your ability.

Please note: This form works best if downloaded and opened in pdf readers such as Adobe Acrobat Pro. Not all web browsers support the online submission of this form. If you find that the submit button at the end of this form does not work, please right click on your completed form and select "Print As..." Print your form as a pdf (file name: Last name_First name_missionsapp) and send to info@fpcthomasville.org. If not filled out online, please return your completed form to:

First Presbyterian Church
 225 E. Jackson Street
 Thomasville, GA 31792
 Attn: Missions Chair

MISSION TRIP INFORMATION
Trip for which you are applying:
Date of Intended Project:

PERSONAL INFORMATION				
Name (as it appears on passport):				
Street Address				Unit #
City	State		Zip	
Phone	E-mail Address			
Date of Birth	Citizenship			
Occupation				
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
Passport #:	Expiration Date:			

General Information

<p>Have you ever been a part of a short term mission trip previously? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where:</p> <p>Have you ever served as a missionary, either short or long term? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>Why do you want to be a part of this particular mission's trip? Do you have any specific expectations about this trip?</p>

SKILLS AND TALENTS

How might your skills, talents, training or gifts be useful on this particular project?

Language skills in addition to English:

SPIRITUAL INFORMATION

Please mark as appropriate:

- I am: a member of First Presbyterian Church
 a regular attendee of First Presbyterian Church. For ____ (months/years)
 a new attendee of First Presbyterian Church
 a member of another church by the name of _____
- I am new to my faith, less than one year
 not new to my faith, but have recently returned to church after a break in participation
 an active participant in a Christian community of faith and have been for some time

Confirmation of Missions Calling

First Presbyterian Church's missions committee seeks to help you clarify whether or not this is the proper time for you to participate in a Short-Term Missions Project. To help you clarify some important considerations, we have listed some points that we require for all missions participants. Please discuss any questions or concerns with your Team Leader or someone on the missions committee before making your final decision.

Providing Proper Documentation

- Short-Term Mission Application returned in a timely fashion by the deadline indicated.
- Active passport within one's possession for travel outside the US. Your passport must be valid for at least six months after the date of travel and have at least one full blank page.
- Visa (if applicable)

Conduct: A Willing Attitude and Teachable Spirit

- To submit to the leadership of the trip.
- To respect, and cooperate with others.
- To serve others.
- To be culturally sensitive with regard to dress and actions.
- To abstain from alcohol or tobacco if requested by host missionary.
- To make the time commitment to participate in team training.
- To be an active participant on fundraising events, team socials, and prayer meetings.

Financing the Trip

- Demonstrate stewardship and financial commitment to the trip by making deposits and final payments by established deadlines.

If chosen for the Short-Term Mission team, I agree to abide to a code of conduct that befits a Christian representing Christ and First Presbyterian Church and the expectations listed above.

Signature:

Date:

Liability Form

In signing this form, I, _____, agree not to hold First Presbyterian Church, its officers, employees, or other agents liable for injury, loss, damage, or accident arising out of the church's negligence or that negligence of its officers, employees, or other agents that I might encounter while on one of its mission trips to _____ (Location of Trip) from _____ (date) to _____ (date).

I realize and acknowledge that my participation on a missions trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume risks that might result from my travel to a foreign country, and I agree to hold First Presbyterian Church, its officers, employees, or other agents blameless for liability concerning my personal health and well-being arising out of First Presbyterian Church's negligence, and liability for my personal property that might be lost, damaged, or stolen while on a missions trip arising out of First Presbyterian Church's negligence.

I have carefully read the foregoing and I understand that my signature herein holds First Presbyterian Church, its officers, employees, or other agents harmless for liability for injury, damage, loss, accident, delay, or irregularity in schedule arising out of the church's negligence or the negligence of its officers, employees, or other agent.

Signature:

Date:

Medical Form

TRAVELER'S INFORMATION
Name
Date of Birth
EMERGENCY CONTACT
Name of Emergency Contact
Relationship
Address
City/State/Zip
Emergency Phone Number or Cell
MEDICAL INFORMATION
Health Conditions or Illnesses

1. Are you currently ill or undergoing medical treatment (including meds.) Yes No
If yes, explain.

2. Do you have any allergies (foods, medications, hay fever, etc)? Yes No
If yes, explain

3. Do you have any daily mandatory medical needs (include medications)? Yes No
If yes, explain

4. Are you physically handicapped? Yes No
If yes, explain

5. Do you have any problems not already mentioned that might hinder your participation in this missions trip? Yes No
If yes, explain

6. Do you have any special dietary needs/ requirements? Yes No
If yes, explain

7. What is your blood type?

8. Date of last tetanus shot?

PERMISSION FOR MEDICAL TREATMENT: My signature gives full legal permission for emergency medical treatment for me if I am not able to make such a decision.

Applicant Signature: _____ Date: _____

Notary Public, State of _____

Notary Public _____

My commission expires the _____ day of _____