

APPLICATION FOR MISSIONS - RETURNEE

Oak Pointe Church

Check trip(s) you are applying for: Haiti Ecuador Lusaka, Zambia
 Living Hope June August
 China Other

NAME _____ PHONE # _____

EMAIL ADDRESS _____

If you are applying to Oak Pointe Church, hereinafter OPC. For a mission project, then please complete the following.

Location: _____ Dates of Project: _____

I agree to release, discharge, and hold harmless OPC, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project.

Further, I agree to hold harmless and to indemnify OPC, as well as, its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize OPC or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Please check the following and sign:

- 1. I will participate in each training meeting or make up the meeting I miss for possible unavoidable reasons.**
 Yes No
- 2. I believe that through prayer and wise counsel, God has directed me to be a participant on the Mission Trip indicated. Therefore, I will be a person of faith as well as faithfulness, believing that as I am diligent to uphold the commitment I am making to this trip, God will be faithful in His to provide and prepare me for what He has for me.**
 Yes No
- 3. I will communicate openly with all the leaders and will adhere to the instructions to the best of my ability without reproach.**
 Yes No
- 4. I will (by faith!) meet all the financial obligations of this trip - regardless of support raising shortfalls.**
 Yes No
- 5. The information on this form and attached forms is correct to the best of my knowledge. I authorize any references to release all such information to assist in evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to Oak Pointe Church (OPC) and I waive any right that I may have to inspect references provided on my behalf. I hereby, give OPC, permission to contact my References and appropriate government agencies.**
 Yes No

Your Signature: _____ Date: _____