



DOMINICAN REPUBLIC

JULY 20 – 27, 2019

Mission Trip

Application



Instructions

- Please complete all pages of this application without leaving any blanks for this application to be considered VALID.
- All forms must be signed and dated where indicated
- Submit the application and a non-refundable (upon acceptance) \$100 deposit to the following address:

Appalachian Conference
Discipleship Ministries
5847 Oak Grove Avenue
Dublin, VA 24084

If you have any questions, please contact us by email at rfredericks58@aol.com
540-674-4131, ext. 201



Mission Trip Application Dominican Republic

Personal Info

Full Name (as it appears on passport)	Age	Birthday

Street Address

City/State/Zip

Home Phone	Cell Phone	Email

Occupation	Spouse's name (if married)

Names of Parents or Guardian(s)	Phone Numbers

Parent's Street Address/City/State/Zip (if different from applicant)

*If guardian, please provide a copy of your appointment document

Gender M F

T-shirt Size S M L XL 2XL

Passport info*

Do you have a passport? Yes No

Passport No.	Date Issued	Expiration Date	Place Issued

Note: Name on passport must match name on airline ticket

*Please be sure to enclose a photocopy of your passport with this application if available.

Passport must be on file with the Discipleship Ministries office by February 1, 2019

Spiritual Background

Church Name

Conference

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Address

Phone

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Youth Pastor

Phone

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Pastor*

Phone

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*Please have your pastor fill out the enclosed recommendation form and send to the Discipleship Ministries Department

Have you accepted Jesus Christ as your personal Savior? Yes No

If so, when?

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Are you currently involved in any type of ministry in your church or community?

Yes No If so, please describe briefly:

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Have you ever led someone to the Lord? Yes No

Have you ever been on a mission trip? Yes No

If so, please state when, where, and the type(s) of ministry in which you participated:

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Do you have any special skills you would like us to know about for this team?

Yes No If so, please explain:

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Please share with us briefly about why you want to serve on this team:

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Are you able to provide/raise all required deposits and/or fees necessary for you to be part of this team? Yes No

Will you to the best of your ability submit all payments on time, with the understanding that you will be provided specific due dates and that all funds must be summited one month before the departure date? Yes No

Do you understand that if you are to pull out of the trip, you may in some cases owe the Discipleship Ministries extra funds? Yes No

Are you aware all funds submitted are nonrefundable once The Discipleship Ministries Department has received them? Yes No

Are you in agreement with the mission statement and articles of faith of the IPHC? Yes No *For more info, visit: iphc.org/beliefs*

Statement of Agreement

I, _____, affirm that all information given in this application is completely true to my knowledge. I understand that I am required to abide by all rules and regulations set forth by The Discipleship Ministries Department. I am aware of my responsibility to raise all necessary funds.

Signature of Applicant

Date

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Signature of parent/guardian (if applicant is under the age of 18)

Date

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Medical History

Name

Birth date

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Do you have any medical conditions and/or injuries that might result in difficulty walking, hiking, riding in a vehicle for long periods of time, carrying your own luggage or be aggravated by prolonged exposure to the elements or lack of adequate restroom facilities in some locations? Yes No If so, please list below:

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Do you have any allergies to medications, foods, etc?

Yes No If so, please list below:

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Are you currently taking any medications? Yes No If so, please list below:

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Are you up to date with all immunizations? (Hepatitis, meningitis, etc.) Yes No

Do you have any special dietary needs as prescribed by a doctor? Yes No

If so, please list below:

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I understand that it is my responsibility to pursue all immunizations and/or medications such as Malaria prevention medication that may be required or recommended by health officials.

Note: The Discipleship Ministries Department will notify you of any specific requirements.

Please check with the CDC website, the Health Department, or your family physician for additional recommendations. Yes No

Primary Physician

Doctor's Name

Phone

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Medical Insurance

Carrier

Policy Number

Phone Number

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Note: Not all insurance carriers allow overseas coverage. It is your responsibility to check with your provider.

Emergency Contact

Name

Phone Number

Relationship

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Street Address

Email

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Agreement

In the event of an emergency, I give permission to the leaders of the mission trip to seek medical treatment. The doctor or hospital has my permission to administer medical treatment.

Signature	Date
<input type="text"/>	<input type="text"/>

Signature of parent/guardian (if applicant is under the age of 18)	Date
<input type="text"/>	<input type="text"/>

Background Check Release

As part of the application process and as a condition to partake in the mission trip, The Discipleship Ministries Department requires a background check. This will include: civil court and criminal court. If for any reason you are not in agreement, please give The Discipleship Ministries Department a full explanation.

Do you agree to a background check? Yes No

Social Security Number

Signature	Date
<input type="text"/>	<input type="text"/>

Signature of parent/guardian (if applicant is under the age of 18)	Date
<input type="text"/>	<input type="text"/>

Note: We understand that in most states minors records are sealed or limited, however the IPHC bylaws require us to petition a waiver for our records across the board.

Authorization for Emergency Medical Care

The undersigned, _____, _____
Name Birthdate

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary should I experience any illness or accident. The decision as to what constitutes an emergency or a necessity for medical care may be made in the absolute discretion of any adult representative of The Discipleship Ministries Department.

Signature	Date
<input type="text"/>	<input type="text"/>

Signature of parent/guardian (if applicant is under the age of 18)	Date
<input type="text"/>	<input type="text"/>

Waiver of Liability

The undersigned, _____, in consideration of the benefits derived from my participation in The Discipleship Ministries Department mission trip (hereafter referred to as the "mission trip") administratively organized by the Appalachian Conference Discipleship Ministries (hereafter referred to as the Appalachian Conference Discipleship Ministries Department) do hereby voluntarily release, acquit, and forever discharge the Appalachian Conference Discipleship Ministries Department and its directors, officials, employees, and agents from all manner of suits, actions, claims, demands and liabilities, which may arise from my participation in this mission trip. I recognize that the conditions in some of the places to which I will travel are not the same standard as the conditions to which I am accustomed (i.e., political environments and judicial systems), I realize further that there are certain health and detainment risks as well as other risks to my property, and myself and I enter into participation in this mission trip with knowledge of those risks. The undersigned understands that this document constitutes a full and complete waiver of all possible claims, lawsuits, damages or demands for compensation of any type for bodily injury, personal injury, property damage, or negligence.

By attending The Discipleship Ministries Department mission trip, the Participant/Attendee (if he/she is under the age 21), or Participant/Attendee's parents or legal guardian, on Participant/Attendee's behalf (if he/she is under the age 21) as applicable, (Hereinafter referred to as the Individual) gives permission to The Discipleship Ministries Department to use any image, activity or performance of the individual (whether still photograph, audio and/or video recording) taken or recorded on the mission trip (whether individually or in a group) for promotional and/or commercial purposes. If individual is under age 21, Parents or legal guardians must sign waivers and consent forms for the individual to be allowed to go on the mission trip. All individuals [and parents or legal guardians of individuals (if and attendee is under age 21)] of the mission trip may also be used for promotional and/or commercial purposes. By signing up for or attending the mission trip, each individual hereby: (i) acknowledges and agrees that any image taken or recording made of him/her during the mission trip shall be the sole and exclusive property of The Discipleship Ministries Department, (ii) consents to the use of his/her name, voice, likeness, interviews, and impromptu casual interactions recorded on video and activities, testimony or other performances and that all may be used by The Discipleship Ministries Department for promotional and/or commercial purposes as contemplated above, including without limitation the creation, promotion, distribution and sale of any work by The Discipleship Ministries Department comprised of any still or video images, video and audio recordings and any likeness made of individuals present at the mission trip. And that said individuals (iii) waive any and all rights , throughout the universe that he/she may have arising from the use by The Discipleship Ministries Department thereof for promotional or commercial purposes as contemplated and, or described above.

Signature

Date

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Signature of parent/guardian (if applicant is under the age of 21)

Date

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