

New Mexico 2008

Pathway Community Church Mission Trip Application

Please return this application by **Sunday, December 16th, 2007 to AUTUMN TYSON.**

The trip will be **July 26 – August 2, 2008.** This will be a work/ministry mission trip where the team will work on fixing things in various buildings around the mission, help lead children's activities, prayer walks, and/or do visits to home churches with Ben and Eunice Stoner.

Your full, legal name _____

D.O.B. _____ Age _____

Home Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

E-mail address and phone number where your family can be reached during the trip:

E-mail _____ Phone _____

If you are under 21, have your parents approved of your going on this trip?

Yes No Still thinking about it

If you are married, have you and your spouse discussed your desire to go and come to an agreement that you will be going on this trip?

Yes No Still thinking about it

Use additional paper, if necessary, for the following questions:

1. Do you have any health considerations (including medications you are taking)?
2. What abilities do you have that might be useful on this trip (especially abilities/training you have in medicine, music, teaching, kids ministry, youth ministry or communication of the Bible)?
3. Why do you want to be a part of this mission trip?
4. How could this experience influence your life? The life of the church through you?
5. Describe some significant factors and/or people in your current growth as a Christian.

6. How are you currently involved in giving your time, talents and money at Pathway?

7. Are you willing to begin investing now, financially, in the work of this mission trip (all applicants would be responsible for a \$75.00 deposit on the trip)? Yes No

8. What previous experience have you had with missions?

9. If you were not selected for this trip, due to a possible cap on the number of people that can go, how would you respond?

10. Are you willing to send out a prayer letter to family/friends **outside Pathway** asking for prayer and financial support (about 30) Yes No

11. Are you willing to give high priority to group preparation and fundraising? Yes No

Your signature below will indicate the following:

- ☞ All the information I have provided in this application is true to the best of my knowledge.
- ☞ This is to certify that I will not hold the Pathway Community Brethren in Christ Church liable for injury, disease, or delay of return, or any other claims, while under the auspices of Pathway Community Church.
- ☞ I understand that while on site I am acting as a representative of Pathway Community Church, and I agree to conduct myself in a manner consistent with BIC doctrine and practice.
- ☞ I further understand that by organizing this mission trip opportunity, my congregation assumes a measure of responsibility for my well-being while I am on site. To that effect, my congregation will designate a leader for the duration of the trip. I agree to accept the authority of that leader as the authority of Pathway Community Church and to place myself under that authority.
- ☞ Should my actions warrant, the leader of the trip, after appropriate consultation with BICWM or church administrators, has the authority to arrange for my immediate transportation back home. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenses.

Applicant's Signature _____ Date _____

HEALTH INFORMATION FORM

THE INFORMATION ON THIS FORM IS PROTECTED HEALTH INFORMATION, AS IDENTIFIED BY THE HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (US). SUBMIT THE COMPLETED FORM WITH YOUR APPLICATION TO THE SELECTION COMMITTEE, WHO WILL PASS IT ON TO THE TEAM LEADER(S). THESE PEOPLE WILL KEEP THIS INFORMATION CONFIDENTIAL AND WILL DESTROY THIS DOCUMENT AFTER THE TRIP. APPLICANTS MAY CHOOSE TO LEAVE SOME ITEMS BLANK.

Name _____ Date of birth _____
Last First Middle Month / Day / Year

Address _____
Address City State Zip

In Case of Emergency, notify: _____
Name Relationship
Address City State Zip (_____) Phone

1. Have you had a serious illness, had surgery performed or been hospitalized in the last year? __No __Yes
2. Do you have any known allergies? __Bee Stings __Penicillin __Sulfa Medication __Other _____
3. Do you have any dietary restrictions, food allergies or convictions regarding types of food? __No __Yes
4. Are you currently using any medications? (Include prescription and non-prescription drugs, dietary supplements, herbs, etc.) __No __Yes
5. Will you have these medications with you on the trip? __No __Yes
6. Are you currently receiving medical treatment or under medical observation for anything? __No __Yes
7. Have you ever been treated for (or are now suffering from) emotional difficulties? (Eating disorders, depression, anxiety, phobias, etc.) __No __Yes
8. Do you have any other limitations or significant health conditions which may affect your involvement with Pathway Community Church or which you believe your physician would want us to know about? __No __Yes
9. To the best of your knowledge do you have any communicable disease? __No __Yes
10. Do you have any chest, back or joint pain? __No __Yes

NOTE: If you check "yes" to any of the above, please explain briefly on the back of this sheet.

IMMUNIZATIONS: If known, list the date of your most recent immunization for the following:

_____ Hepatitis A _____ Tetanus _____ Hepatitis B

Physician's Name: _____ Office Phone: (____) _____

EMERGENCY MEDICAL PERMISSION: This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the person to contact listed on the application.

In the event that an emergency arises, I give BICWM/Operation Mobilization permission to authorize anesthesia, surgery and/or procedures deemed absolutely necessary at the time.

NAME OF APPLICANT (Please print!)

SIGNATURE OF APPLICANT

NOTE: A parent or legal guardian's signature is required if you are single and under 19 and reside in AL, NE, WY or under 21 and reside in CO, MS, WV, PA, PR.

PARENT OR LEGAL GUARDIAN

RELATIONSHIP

PERSONAL COVENANT

As a member of the Pathway Community Church team, I will be committed to:

- The Lordship of Jesus Christ and the authority of Scripture.
- Active participation in the activities of this trip as directed by the host and BIC team leaders.
- Adaptability to different cultural and social environments.
- Sensitivity to local believers regarding dress codes and standards of living.
- Emotional, social, and spiritual growth.
- A life-style based on biblical teaching.
- I affirm that living consistently with biblical teaching is essential for BICWM workers.
- Understanding sexuality as God's gift to humankind, and Christian marriage and Christian celibacy as gifts for the good of the individual, the church, and the world. Therefore, I will refrain from homosexual, premarital, extramarital and any other destructive sexual behavior.
- Treating my body as God's temple. I will refrain from the use of tobacco, alcoholic beverages, non-medicinal drugs and other destructive behaviors.

I affirm this Personal Covenant.

Applicant's Signature _____ Date _____

