

MVCC Short Term Mission Trip Application



Mountain View Community Church
16088 Rogers Road, Culpeper, Virginia 22701
540-727-0297 // www.mountainviewcc.net

Team Leader: _____

Phone: _____

Email: _____

Destination: _____

Date of Trip: _____

APPLICANT INFORMATION

Name: (full legal name, *as it appears on your passport*)

Name you go by: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth: (mm/dd/yyyy) _____ Age: _____

Marital Status: Single ___ Married ___ Gender: Male ___ Female ___

Occupation: _____

Parents / Legal Guardian Information (if under 18 years old)

Parents or Guardians (full legal name): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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PASSPORT

Do you have a passport? Yes__ No__ (if no, apply for one ASAP)

Passport #: _____ Expiration date: _____

// Submit A Color Copy Of Your Passport With This Application //

Your passport cannot have an expiration date within six months of your return.

REFERENCES

Church

Do you regularly attend a church? Yes____ No____

If yes, please list name of church: _____

Pastor/Elder _____ Phone Number: _____

Please list two non-family references who know you well:

Name: _____ Phone # _____

Name: _____ Phone # _____

MINISTRY/VOLUNTEER WORK

Please list any ministry work at your church or community volunteer projects that you have been involved in:

What areas of ministry/volunteer work interest you?
(construction work, teaching, VBS, service jobs, medical, sports, etc.)

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MEDICAL HISTORY

Please list any medical conditions. None _____

Medication None _____

Please list all medications (*name and dosage*) you are currently taking.

Allergies None _____

Specify any allergies to medications, foods, etc. and describe reactions.

Tetanus Vaccination

Do you have an up-to-date tetanus vaccination? Yes _____ No _____

(It is recommended that each volunteer have an up-to-date tetanus vaccination.)

Insurance

Do you have medical insurance? Yes _____ No _____

If yes, name of insurance carrier: _____ Policy # _____

NOTE:

A traveler's insurance policy will be purchased for you for this trip. *Your policy will not include "trip cancellation"*. If that is an add on you would like, then talk to your team leader about the additional cost to purchase it.

Special Needs None _____

Explain any special needs (dietary, accessibility, etc.):

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FIRST AID OR CPR CERTIFICATION

Do you have a current First Aid or CPR Certification? Yes____ No____
(not a requirement for this trip)

ADDITIONAL INFORMATION

Please provide any additional information about yourself, your skills, your interests, or your resources that you feel may be helpful for this trip.

EMERGENCY CONTACT INFORMATION

(Someone NOT going on this trip.)

Name: _____

Your Relationship to This Person: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

List one Beneficiary for your traveler's insurance policy:

Name: _____ Relationship: _____

PRAYER PARTNER

Every individual going on this trip is required to have a prayer partner. Your prayer partner should be someone spiritually mature that you can talk with and that will diligently lift you up in prayer. Your prayer partner may not be someone that is going on this trip with you.

The Contact Information For Your Prayer Partner Must Be Filled Out Completely Before This Application Will Be Accepted.

Name: _____

E-mail: _____

Phone: _____

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LIABILITY WAVIER

I recognize that participation in a trip of this nature may have risks associated with travel and ministry/volunteer work. Therefore, I am, for myself, my heirs, executor, and administrator, releasing and forever discharging Mountain View Community Church and all of its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage, including property damage to any of my belongings, loss or death which may occur from any cause including, but not limited to, any accident or occurrence while participating individually or with others while with this mission agency and on this mission trip.

I hereby do certify and agree to the following:

- The information I/we have provided in this application is accurate and true to the best of our knowledge.
- I give Mountain View Community Church the right to use my picture, voice and testimony, in any form at its sole discretion. I understand and agree that if I wish to decline to give this right I must do so in writing to MVCC.
- To abide by all stated and written rules of Mountain View Community Church and our in-field missionary hosts for this mission trip.
- All expenses for this trip will be my sole responsibility.
- I have reviewed my traveler's insurance policy and understand what it covers and does not cover, as stated in the policy.
- Mountain View Community Church has the right to discontinue my ministry/volunteer work at any time at its sole discretion.
- I am aware that all positions are voluntary, without financial compensation.
- I understand and agree that contributions deposited with Mountain View Community Church from the participant or the participant's sponsors cannot be refunded for any reason. The financial disbursement of these funds is at the discretion of Mountain View Community Church.

I understand and accept the conditions and terms of this application:

Applicant Signature: _____ Date _____

If applicant is under the age of 18:

I/we certify that I/we are the biological parent(s) and/or the legal guardian(s) of the minor listed on this application and on behalf of the applicant accept the conditions and terms of this application.

Parent's Signature: _____ Date: _____

(Or) _____ Date: _____

Legal Guardian's _____ Date: _____
Signatures

_____ Date: _____

