

# WCC Mission Trip Application

\_\_\_\$100 Application Fee Attached

Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(as on passport)  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female  
Height: \_\_\_\_ Age: \_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

In order of preference, please indicate 2009 trips you are interested in going on:

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Cuidad Valles, Mexico July 11-18 Maldonado, Uruguay Nov. 6-20 Valle Hermoso, Mexico Dec. 10-13

Circle or number from 1-4 of the below descriptions to indicate the type of activities you are most interested in:

Construction	VBS	Youth	Women's Small Group
Men's Small Group	Preach	Teach a class	Prayer Walk
Home Visits	Evangelism	Other Outreach	Operation Shoebox

Have you been on a WCC Mission Trip before? Y N Year? \_\_\_\_\_  
If you are a student, what grade? \_\_\_\_\_

## Marital Status

\_\_\_ Single \_\_\_ Married

If you are a parent, are you bringing family members? Y N

If bringing family members, please indicate: Spouse's name \_\_\_\_\_  
Name and ages of children going: \_\_\_\_\_  
\_\_\_\_\_

US Citizen? Y N If no, which country? \_\_\_\_\_ Green card? Y N

Do you have a Passport/Passcard? Y N Passport Number: \_\_\_\_\_

Passport/Passcard Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(add additional children's passport information below)

If youth are unaccompanied by either parent, are your parents in agreement with your decision to participate on a WCC Mission Trip? Y N

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language? Y N If yes, which language? \_\_\_\_\_  
Check what applies: \_\_\_ Beginner \_\_\_ Fluent \_\_\_ Speak or read some

Is WCC your home church? Y N If yes, do you attend regularly? Y N  
If yes, what church service do you regularly attend? \_\_\_\_\_

Have you attended WCC membership classes? Y N Year: \_\_\_\_\_

Are you involved in a volunteer ministry at WCC? Y N  
If yes, which ministry? \_\_\_\_\_

**Emergency Contact Info**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Health Insurance Information**

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Medical History**

Do you presently or have you ever suffered from any of the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Heart Disease           |
| <input type="checkbox"/> Migraines       | <input type="checkbox"/> Knee Injury          | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression           | <input type="checkbox"/> Eye Cataracts           |
| <input type="checkbox"/> Back Injury     | <input type="checkbox"/> Leukemia             | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Mental Illness  | <input type="checkbox"/> Fainting             | <input type="checkbox"/> Allergies               |
| <input type="checkbox"/> Cancer          | <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Malaria                 |
| <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Sleeping Disorder    | <input type="checkbox"/> Hernias                 |
| <input type="checkbox"/> Typhoid         | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Gastritis               |
| <input type="checkbox"/> Seizures        |   |  |

Please list any medication allergies: \_\_\_\_\_  
\_\_\_\_\_

**Are you currently on any prescribed medication? Y N**

**If yes, please list all medications:** \_\_\_\_\_  
\_\_\_\_\_

**Are you currently seeing a physician for treatment? Y N**

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Would you require special housing, diet, or other special considerations while traveling? Y N If yes, what (please be specific)** \_\_\_\_\_  
\_\_\_\_\_

**Previous Mission Experience**

**Organizations or Churches you went with:** \_\_\_\_\_  
\_\_\_\_\_

**Country and length of trip:** \_\_\_\_\_

**List talents or strengths you bring to the mission team:** \_\_\_\_\_  
\_\_\_\_\_

**Honestly rate yourself in the following areas:**

(1=Poor, 2=Minimal, 3=Average, 4=Excellent, 5=Outstanding)

- |  |   |
|--|---|
| <input type="checkbox"/> Relate to all age groups          | <input type="checkbox"/> Adjusting to foreign cultures  |
| <input type="checkbox"/> Adapting to all personality types | <input type="checkbox"/> Living in difficult conditions |
| <input type="checkbox"/> Conflict Resolution (receiving)   | <input type="checkbox"/> Communication                  |
| <input type="checkbox"/> Conflict Resolution (initiating)  | <input type="checkbox"/> Submission to authority        |
| <input type="checkbox"/> Team work                         | <input type="checkbox"/> Public Speaking, Preaching     |
| <input type="checkbox"/> Problem solving                   | <input type="checkbox"/> Self confidence                |
| <input type="checkbox"/> Serving                           | <input type="checkbox"/> Following Instruction          |
| <input type="checkbox"/> Listening                         | <input type="checkbox"/> Creativity                     |
| <input type="checkbox"/> Spiritual Discipline              | <input type="checkbox"/> Discipline in personal life    |

**Please comment on any of the above:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever personally led someone to Jesus? Y N Please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Medical Release Form

In the event of illness, injury or emergency I, \_\_\_\_\_  
(Print Name)

give my permission for the group leader, Dee Ann Tasler, to make a decision regarding treatment, to hospitalize and/or to order injection, anesthesia or surgery for myself or my minor child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Special Medications, medical disorders and instruction / dosages:

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Allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Family Physician or Medical Group: \_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

Insurance Contact: \_\_\_\_\_  
Name and Phone Number

Phone number where spouse or relative can be reached during the trip:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**!!! PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE COVERAGE !!!**

## **Safety, Liability, and Insurance ...**

If you are volunteering to serve, you should be aware of risks. Be cautious and use good safety procedures. Some of the places volunteers might visit may have a high risk of unsanitary food or water, disease, civil disturbance or crime. There are dangers inherent in travel and in construction projects. Be a good steward of your life and health. Find out what the risks are and be prepared to meet them. Participants, churches, and agencies should talk about risks and precautions.

Persons volunteering to serve in various programs are not employees or contractors. Therefore, they are not covered by any Workers Compensation insurance or accident or group health insurance or life insurance supplied by the church. You should obtain any insurance you need. If traveling outside your country you should check to make certain that you have appropriate medical insurance coverage in effect outside the United States.

## **Mission Volunteer Release Form**

**I acknowledge that I am a volunteer and not an employee or contractor. I have a responsibility to obtain my own insurance, if needed. I also have a responsibility to find out about potential risks and take necessary precautions.**

**I release Mission Connections and any church that is sending or supporting me, the church or agency I am serving, and their employees and agents, of any liability for any injury to me in my volunteer work.**

**Adults: \_\_\_\_\_ Date: \_\_\_\_\_**

**For parents or guardians: On behalf of the minor child, for whom I am responsible, named \_\_\_\_\_, I acknowledge this release.**

\_\_\_\_\_  
**Parent/ Guardian signature** **Date: \_\_\_\_\_**

## **Mission Recommendation Form**

(Two recommendatons required for youth unaccompanied by parent. To be completed by: Parent, Teacher, Pastor, or other authority figure) Please complete and return to the church office. Thank You!

**Name of Applicant:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How long have you know the applicant?**

\_\_\_\_\_

**How well do you know this person?**

By name     Casually     Fairly well     Close Relationship

**Please Rate the applicant based on the following:**

1=poor    2=needs growth    3=average    4=excellent    5=outstanding

Dependability

Follows instrutions

Teachable Attitude

Attitude toward the church

Adaptability

Self-discipline

Family Relationships

Communication Skills

General Attitude

Spiritual Maturity

Self confidence

Problem Solving

Emotional Maturity

Influence on others

Reliability

Decision Making

Submission to Authority

Leadership Ability

**Please comment on the above information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide any additional information that would assist in our decision concerning this applicant:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Based on the above information:**

I cannot recommend this applicant

I have some reservations about this applicant going on mission trips

I recommend this applicant as a team member

I strongly recommend this applicant as a team member

Please consider this applicant for a leadership position

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position/Organization:** \_\_\_\_\_