

## Shady Grove Presbyterian Church Short-Term Mission Application

<b>Short-Term Mission Information (to be completed by mission leader)</b>		
Mission Location	Fairmont, WV July 5 – July 12, 2014	
Medical/Political Climate Risk (Low, Intermediate, Substantial, High)*	Low	
Participant Experience and Maturity Level (1 – 4)**	1	
<b>Applicant Information</b>		
Name (First, Middle Initial, Last):		Today's date:
Date of birth (MM/DD/YYYY):	Phone:	
Street address:		
City:	State:	ZIP Code:
Citizenship:	Email:	
Health, medical or dietary restrictions:		
Shady Grove member?    Y    N (circle one)	If not, where are you are a member:	
	If not a member of SGPCA, please provide the name, address and phone of a reference:	
<b>Previous Missions Experience</b>		
Why do you want to be a part of this Mission? Discuss your skills, training, and gifts as they relate to this Mission		
When and how did you become a Christian?		
Describe your fluency in the primary language of the mission location (if applicable)		
Briefly describe your prior missions experience(s)		
Briefly describe your experience with cross-cultural missions (if applicable)		

**\*Medical / Political Climate Risk**

Low = western country or major city in developing world

Intermediate =developing country, travel outside city

Substantial =few western amenities, marginal medical system, political unrest sometimes present, possible infectious disease

High =few western amenities, marginal medical system, travel to remote areas, environmental extremes/altitude, heat, etc, infectious disease

**\*\*Experience Level and Maturity**

1-junior high age and up; no language barriers; minimal cross-cultural setting; no missions experience required

2-junior high age and up; moderate language barriers; moderate cross-cultural setting; missions experience helpful

3-senior high age and up; some language barriers; challenging cross-cultural setting; missions experience helpful

4-adults (some mature senior high); increased language barriers; intense cross-cultural setting; missions experience required

## Confirmation of Mission Calling

The Session of Shady Grove Presbyterian Church, Mission Committee and your Team Leader seek to know whether this is the proper time for you to participate in a Short-Term Mission. Please discuss any questions or concerns with your Team Leader before making your final decision. Please understand that the Mission Committee may recommend that you cancel your mission if a problem arises in regard to the expectations noted below.

Seeking God's Will	Yes	No	N/A
1. Have you prayed and sought godly counsel regarding your participation in this mission?			
<b>Providing Proper Documentation</b>			
1. Do you have an active passport in your possession (if applicable)?			
2. Do you have an active Visa in your possession (if applicable)?			
<b>Conduct: A Willing Attitude and Teachable Spirit</b>			
1. Will you submit to the leadership of the Session, Mission Committee and Team Leader?			
2. Are you willing to respect and cooperate with others?			
3. Are you willing to serve others?			
4. Are you willing to be culturally sensitive with regard to your attire and actions?			
5. Are you willing to abstain from alcohol and tobacco while on the journey?			
6. Are you willing to seek God's will through daily prayer and reading the Scripture?			
<b>Raising Support</b>			
Are you committed to raising 50% of funds no later than one week prior to departure and willing to reimburse SGPCA any balance due within one month of returning?			
<b>Consideration for the Well-being of the Team</b>			
1. Are you willing to cancel your participation due to health problem or sickness?			
2. Are you willing to cancel due to any unexpected crises that might hinder participation or create relationship problems?			

I, \_\_\_\_\_, if chosen for the Short-Term Missions team to \_\_\_\_\_, agree to abide by the expectations listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please understand that by signing this document you will be submitting to a code of conduct that befits a Christian representing Christ and SGPCA. Understand also that behavior that is not respectful to the Team Leader and to authority or to team members will result in termination of your participation in this mission and jeopardize your participation in future missions.

Shady Grove Presbyterian Church  
Short-Term Missions Trip Liability Release Agreement

I, \_\_\_\_\_ (*participant*) acknowledge that I desire to participate in the following Shady Grove Presbyterian Church (hereinafter sometimes "SGPCA") missions trip (hereinafter the "Activity"): \_\_\_\_\_ (*trip location*) to be conducted approximately on or between: \_\_\_\_\_ (*date*) to: \_\_\_\_\_ (*date*).

SGPCA and the undersigned agree that my participation in the Activity poses risks including but not necessarily limited to: sickness and/or health hazards due to poor food and water, diseases, pests, and poor sanitation, personal injury, death, crime, political instability, government opposition to the Activity, and inadequate medical facilities as well as similar and dissimilar risks (herein "Risks"). My participation in any and all activities is voluntary and I agree to accept the risks of my participation, including all risk of personal injury or death.

In consideration of Shady Grove Presbyterian Church permitting me to participate in the Activity and all its related activities and to use SGPCA's facilities and equipment, on behalf of myself and my personal representatives and their successors in interest (all hereinafter referred to as "releasers"), I do hereby release Shady Grove Presbyterian Church, its officers, directors, employees, representatives and agents (hereinafter referred to as "releasees") from any and all liability for any loss, cost, expense or damage and any claim for damages thereafter, on account of injury to my person or property or death, whether caused by the negligence or releases or otherwise, while I am participating in any way in or preparing for the Activity. I further agree to indemnify, defend and hold harmless releasees and each of them from all loss, liability, damage, expense or cost which any of the releasees may suffer or incur due to or in any way arising out of my participation therein and related activities, whether caused by the active or passive negligence of any of the releasees or otherwise.

Medical insurance [please check box(s) below that apply]:

- I understand I DO have the following medical and/or accident insurance policy(s) and I agree that I am responsible to submit and process any claims for coverage and/or reimbursement subject to the insurance company's policies and to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity which are not covered under the policy terms. I understand that SGPCA has no responsibility for premiums, coverage or claims thereunder.

Name of company & Policy No. \_\_\_\_\_

- I DO NOT have medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity, including during the transportation to and from the Activity. I understand that SGPCA has no responsibility for any medical and/or dental expenses I may incur.

I do hereby authorize Shady Grove Presbyterian Church or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip.

FOR MINORS ONLY: Parental Consent for medical treatment of a minor participant

I, \_\_\_\_\_ (print name) the parent/legal guardian of the participant, who is a minor, do hereby authorize Shady Grove Presbyterian Church or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip. If there is an emergency please use best efforts to contact me at:

\_\_\_\_\_ (Phone).

If there is an emergency and I cannot be reached please contact:

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WHO IS AUTHORIZED IN MY BEHALF

\_\_\_\_\_  
Signature of Guardian/Parent

Conduct

I agree that in the event my conduct is considered by Shady Grove Presbyterian Church or its representatives to be so unsatisfactory that it jeopardizes the safety and/or success of the Activity, and that mediation during the Activity has failed to correct my conduct, that my services in connection with this Activity shall end and I may be required to return home before completion of the Activity, possibly at my own expense.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any portion of this agreement that is held invalid for any reason shall be enforced to the fullest extent permitted by applicable law.

I have carefully read the above release and I know its contents. I am aware that this is a release of liability and I sign this voluntarily. To the extent that I am a minor, my parent or legal guardian's signature below indicates that my parent or legal guardian hereby expressly gives to Shady Grove Presbyterian Church and the other releasees the same releases, consents and indemnities set forth herein.

I hereby release Shady Grove Presbyterian Church and its representatives (including all releasees as defined above) from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in the Activity. This release contains the entire agreement between the parties relating to the subject matter. The terms of this release are contractual and not a mere recital.

READ BEFORE SIGNING

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS A MINOR) CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS AND CONDITIONS:

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Parent Signature of Guardian/Parent

\_\_\_\_\_  
Date