**BROOKWOOD CHURCH USA MISSION TRIP APPLICATION**

**\*Applicants must be a member or attendee of Brookwood Church**

**except when requested by Brookwood Leadership.\***

**\*You must complete all questions on this application\***

**\*Please return completed application to Amy Mitchell, Missions Coordinator**

**along with copy of Driver’s License and $100 deposit\***

**Lynch, KY Mission Trip**

**Team Leader**: John Howard

**Trip dates**: May 5-8

**Trip cost**: $225 per person

**BROOKWOOD CHURCH USA MISSION TRIP APPLICATION**

**Application Information:**

Full name: Click here to enter text.

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Email Address: Click here to enter text.

Phone number: Click here to enter text. Date of Birth (include year): Click here to enter text.

Emergency contact name: (emergency contact may not be on this trip) Click here to enter text.

Emergency contact preferred phone: Click here to enter text. Relationship: Click here to enter text.

Beneficiary Name: Click here to enter text. Relationship: Click here to enter text.

Who would you like us to contact for team updates: Email: Click here to enter text.

Have you been on a mission trip in the past? Choose an item.

If yes, please list previous trips and approx dates: Click here to enter text.

Please list which Brookwood Ministries you serve in/ Small Group you attend: Click here to enter text.

Please list reference from Small Group Leader/ Ministry Leader and/or Brookwood Friend: (name/phone/email)

Click here to enter text.

Please share your faith story:

Click here to enter text.

**Mission Trip Spiritual and Social Requirements:**

To participate as a volunteer on a mission trip team, I understand that I am agreeing to:

1. Follow the leadership of the trip leader at all times and encourage others to do so.
2. Express a Christ-like attitude of humility and service, putting others first, and contributing to the unity of the mission team.
3. Stay with their mission team at all times. No one is to go off alone for any reason.
4. Attend the mandatory team meetings and training before and after the trip.
5. Dress in a modest manner, and refrain from wearing clothing, jewelry, watches, or accessories that reflect wealth, poor judgment or draw attention.
6. Respect and be sensitive to cultural differences of the region.
7. If I drink alcoholic beverages, I will refrain while on mission trip. Choose an item.
8. Uphold the standards of a Christian lifestyle including sexual ethics.

I am not using pornography and will not. Choose an item.

I am not living with someone outside marriage. Choose an item.

**Mission Trip Policies and Costs:**

* Each team member must be a **membe**r or **attendee** of Brookwood Church unless otherwise approved by the Mission department.
* If allowed, minors under the age of 18 must be accompanied by parent or legal guardian.
* **A background check will be run on all mission trip participants 18 years and older prior to the trip. Should a trip participant decide not to go on the trip the full $100 deposit will not be refunded. A $20 background check fee will be kept to cover the cost and the participant will receive an $80 returned deposit**.
* Each team member must attend mandatory pre-trip meetings and one post-trip debrief meeting.
* Trip costs include room and food, emergency insurance, and other trip expenses. Team members provide their own transportation to and from Missions site.
* Trip costs do not include cost of inoculations.
* **Each team member is responsible for all trip fees/expenses. Once airline tickets are purchased, the team member is responsible for the cost of their ticket regardless of trip attendance.**
* Brookwood Church provides a sample letter and guidelines to ask for financial contributions from family and friends.
* Deadlines will be set for each trip for half and full payments. This is to make arrangements for the trip in advance. Deadlines are not negotiable. Generally the half payment deadline is due eight (8) weeks prior to departure and full payments are generally due four (4) weeks prior to departure.
* Use of cell phones and ipods, etc., must be approved by trip leader who will give updates on trip. All communication of a sensitive nature regarding any trip illnesses or crisis will be handled by the team leader to avoid misinformation and be certain family members know firsthand what is happening.

I have read and understand the Mission Trip Spiritual and Social Requirements and Trip Policy Statements. By signing my name below I agree with the requirements set forth above.

Click here to enter text.

 sIGNATURE AND DATE

**Important Items:**

1. Have you been convicted of a crime? Choose an item.
2. If so, please explain Click here to enter text.
3. Have you talked with the trip leader? Choose an item.
4. How do you intend to pay for the trip? Choose an item.
5. Are you dealing with any current life crisis causing you stress? Choose an item.
6. If you are married is your family supportive of your going on this trip? Choose an item.
7. If you have children have you been able to make plans for their care while you are away? Choose an item.
8. If you are employed have you been able to make arrangements with work to be away?

 Choose an item.

**Health Information:**

It is very important that the health of each team member be accurately disclosed. Your health and wellbeing have a direct effect on the team as a whole. All medical information will be treated with the utmost confidence and respect for your privacy. The missions department or an approved medical volunteer may contact you to clarify any medical conditions or medication.

1. Are you under care of a doctor for an illness or medical condition that requires medication?

Choose an item.

If yes, please explain: Click here to enter text.

1. Please list all medications prescribed by your doctor [Dr’s name: Click here to enter text. ] that relate to treatment of a medical condition regarding your health or fitness:

Medication: Click here to enter text.

Medication: Click here to enter text.

Medication: Click here to enter text.

Medication: Click here to enter text.

1. Please list any allergies Click here to enter text.
2. Please assess your fitness for us to help us make sure you are applying for the right trip.

My weight/health may be a problem with extreme heat and strenuous activity.

 Choose an item.

I have the following health issue: Choose an item. Please Explain: Click here to enter text.

I have a heart condition. Choose an item.

I have difficulty sleeping. Choose an item.

I have respiratory issues. Choose an item.

I am diabetic and must take medication. Choose an item.

I am under significant stress. Choose an item. Please explain: Click here to enter text.

I am willing to be assessed by a medical professional to be certain I am OK for this trip.

 Choose an item.

**Helpful Information:**

1. Is there something specific you would like to do to serve on this mission trip?

If yes, please explain: Click here to enter text.

Are you a medical professional and will you utilize those skills on this trip? Choose an item.

If yes, please provide a copy of your current medical license to practice medicine.

1. Do you sing or play a musical instrument, please list Click here to enter text.
2. Why do you think God wants you on this mission trip? Click here to enter text.

**Release and Hold Harmless Agreement:**

I, do hereby release and hold harmless Brookwood Church (BC) from any responsibility for any harm or loss that might come to me by any means on the Lynch, KY Spring mission trip I am taking with BC. I am aware of and informed that trips, particularly trips out of the country, have inherent risks associated with them. I believe that I have been adequately and fairly informed of the risks, to the extent that they can be anticipated. I further understand that there are certain risks that can arise on such a trip that may not be fully anticipated. I hereby, for myself, my heirs, executors and assigns, release and forever discharge and hold harmless BC and any of its affiliates, subsidiaries, directors, employees and volunteers, who are acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or injury to me or my property, which may occur from any cause, including negligence of any type, during such a trip. I also release BC from any and all responsibility for any additional expenses which may arise from a mission trip or which I may incur for any reason.

By signing my name below I state that I have read, understand and agree to the above Release and Hold Harmless statement.

Click here to enter text.

signature AND DATE

**Cancellation Policy**

A trip may be cancelled if:

* Conditions change on the mission field
* The number of people going is not sufficient
* Funds are not sufficient to meet deadlines for trip costs