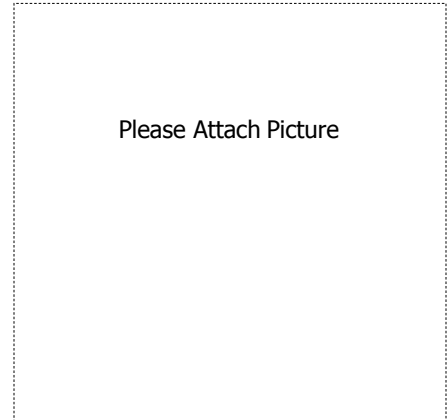


- Guatemala 2017
**please include \$100 application fee*
- Mission To Mexico 2017

Short-Term Mission Application
Grace Community Church of Visalia
2525 S Lovers Lane • Visalia, CA • 93292
(559) 733-3966
www.gccvisalia.org

Your Name: _____
Date: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____
Parents Email Address: _____



Passport Information:

Name as it appears on your passport: _____
Passport number: _____ Country of issue: _____
City and State where issued: _____
Expiration date: _____

Emergency Contact:

Full name: _____ Relationship to you: _____
Address: _____
Home phone: _____ Cell phone: _____
Parent's name: (if under 18 years or living at home) _____
Have you talked with your parents (under 18), spouse or family about Short-term Ministry? Yes / No
Are they supportive? Yes No Explain: _____

Health Insurance Information:

Are you covered by health and accident insurance? Yes No
Company _____ Policy# _____
If you are not covered by insurance or your insurance will not cover you on this trip, will you be willing to purchase short-term insurance? Yes No

Please note that all students who go on a foreign short-term mission trip must purchase added insurance that is chosen by the church. This will be included in the overall cost of the mission.

About you...

Have you participated in any Short-Term Mission projects in the past? Yes No

If Yes, please list: _____

Are you aware of your financial responsibility? Yes No

What is your financial responsibility for this trip? _____

Are you involved at GCC? Yes No

If yes, how long and in what capacity? _____

If no, how long have you attended GCC? _____

Please provide us with a reference from GCC, either a staff member or someone who attends the church.

Name: _____ Position: _____

Phone: () _____ Email: _____

List your areas of involvement in Christian service:

Length of time:

_____	_____
_____	_____
_____	_____
_____	_____

Please share your testimony. How and when did you become a Christian? (insert additional paper if needed)

How would you describe your daily relationship with Jesus Christ? _____

Recently, in what areas of your life have you seen spiritual growth? _____

In what areas of your life do you believe that God desires improvement? _____

If someone asked you what it means to have a personal relationship with Christ and wanted to know how they could have one, what would you tell them? _____

Describe the extent of your cross-cultural experience. _____

What do you consider to be your spiritual gifts, qualifications and strengths? _____

Security

1) Have you ever been accused or convicted of physical or sexual abuse? Yes No

2) Have you ever been accused or convicted of possession/sales of controlled substances or driving under the influence? Yes No

3) Are there any circumstances in your lifestyle or your background that would call into question your ability to serve with children? Yes No

If you have answered yes to any of the three questions above, please explain: _____

Answering, yes to any of the above is not an automatic disqualification, however, in certain ministry situations and circumstances participation could be limited or denied.

If accepted I will complete any training requirements and fulfill my financial responsibility. Also, I will submit to any regulations and fully cooperate with the leader(s) in charge of the outreach.

Date: _____ Signed: _____

Date: _____ Witness: _____

Security

Mission to Mexico Member Contract
The training dates for Mission to Mexico 2017 are:

Sunday, January 22 – Mission to Mexico Parent Meeting (2:00 – 4:00pm)

Sunday, March 12 – Mission to Mexico Training #1 (2 – 5pm)

Sunday, March 19 – Mission to Mexico Training #2 (2 – 5pm)

Sunday, March 26 - Mission to Mexico Training #3 (2 – 5pm)

Sunday, April 2 - Mission to Mexico Training #4 (2 – 5pm)

Saturday, April 8 – Saturday, April 15 – Mission to Mexico

I (student and parent) understand that the above meetings are mandatory. I understand that if I am aware of any possible conflicts with the above dates it is my responsibility to contact Stephen prior to the January 22 Parent Meeting to make him aware of those possible conflicts. I understand that it is my responsibility to look ahead at my schedule, communicate with my teachers, coaches and employers about this trip and these dates. I understand that by missing a training meeting, it may jeopardize my participation in this trip.

I understand that the cost of this trip is \$325. It is my responsibility to raise the full amount for this trip and secure my passport or passport card prior to the start of the mission. I understand that by failing to meet these requirements I will not be able to attend the mission.

I (student) understand that to attend Mission to Mexico, I need to be a regular attendee at Grace Community Church.

Student Signature: _____

Parent Signature: _____

Note: While we do consider these meetings mandatory, occasional exceptions are made for situations that come up beyond the control of the student, such as funerals and illness. Even still, as much advance notice as possible to these situation is appreciated.



**GCC Student Ministries
MISSION TO MEXICO 2017
MEDICAL AND LIABILITY RELEASE FORM**

NAME _____ BIRTHDATE _____
 ADDRESS _____
 CITY _____ ZIP _____ PHONE _____
 IN EMERGENCY, NOTIFY _____ PHONE _____
 DOCTOR _____ PHONE _____

HEALTH HISTORY

Allergies: ___ Insect Stings ___ Drugs ___ Other Allergies
 Other Conditions: ___ Heart Condition ___ Frequent Colds ___ Chronic Asthma
 ___ Hay Fever ___ Epilepsy ___ Diabetes
 ___ Physical Handicap ___ Frequent Stomach Upsets

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____
 Name and dosage of any medications that must be taken regularly: _____
 Any swimming restrictions? ___ Yes ___ No
 Any activity restrictions? ___ Yes ___ No
 What restrictions? _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church-related activity.

Do you have health insurance? ___ Yes ___ No
 If "Yes," Name: _____
 Policy Number: _____
 Address: _____
 Phone Number: _____

HOSPITALIZATION AND TREATMENT AUTHORIZATION

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. Due to the nature of the trip, I also understand that any of the above treatment may be sought and administered out of the United States of America.

Signature of Parent or Legal Guardian _____

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteers liable for damages, losses, or injuries to the person or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

I hereby request supervisors in the Student Ministries Department of Grace Community Church to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expense of my child being sent home because of disciplinary action.

Signature of Parent or Legal Guardian _____

Grace Community Church has my permission to take my son/daughter _____ *Print Name* _____ out of The United States to serve as a part of the Mission to Mexico Missions team from April 8 - 15, 2017.

Signature of Parent or Legal Guardian _____

VALID FROM APRIL 8, 2017 THROUGH APRIL 15, 2017

Security

Questions Regarding the Mission to Mexico Trip

Missions Experience

How many times have you participated in M2M? _____

What VBS towns have you served in? _____

Besides M2M, have you participated in any other short – term mission projects in the past? Yes No

If yes, please list: _____

About You

What are your other areas of involvement outside of church? (ASB, sports teams, drama, clubs, etc.)

Are you committed to / involved in anything that might compete with your commitment to the M2M training or mission trip? _____

What do you think are your gifts and strengths, specifically in relation to gifts that would benefit the M2M mission and team? _____

What are you most excited about for Mission to Mexico? _____

What are you most nervous about? _____

How do you hope to grow through this mission trip? _____

Are there specific areas of leadership that you would like to be involved in on this trip? (please keep in mind that this does not guarantee that you will be placed in this role) _____

