



# Mission Community Church Mexico Trip Application

## In Partnership with Weekend Missions

### Directions for completing this Application:

*Please prayerfully consider which trip you would like to apply for  
and proceed with filling out this application form.*

*If you have any questions contact us at 480.455.4872 or [justice@mission68.org](mailto:justice@mission68.org).*

### PLEASE MAKE SURE TO:

- ☐ Include ALL personal information
- ☐ Fill in ALL questions and blanks thoroughly
- ☐ Attach a copy of the photo page from your passport or copy of passport card
- ☐ Complete appropriate Participation Agreement (Adult or Minor)
- ☐ Include a \$100 non-refundable deposit with application

*“Our vision . . . act justly, love mercy and walk humbly with our God.”*

# Mission Community Church Mexico Trip Application

## 1. TRIP INFORMATION

Destination \_\_\_\_\_ Rocky Point, Mexico \_\_\_\_\_ Trip Dates: \_\_\_\_\_

## 2. PERSONAL INFORMATION

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Your Birth Date \_\_\_\_\_ (month-day-year)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Remarried ☐ Widowed

Emergency Contact in the U.S. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 3. PASSPORT or PASSPORT CARD INFORMATION

The Passport Application process may take 6-8 weeks. See [http://travel.state.gov/passport\\_services.html](http://travel.state.gov/passport_services.html) or for the card [http://travel.state.gov/passport/ppt\\_card/ppt\\_card\\_3926.html](http://travel.state.gov/passport/ppt_card/ppt_card_3926.html).

Name (as written on passport) \_\_\_\_\_

Passport # \_\_\_\_\_ Exp Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

*Your application cannot be processed until we have your passport information and a copy of your passport in our office. All passport fees are the responsibility of the applicant and are over and above the fees for your trip.*

## 4. OCCUPATION

Skills \_\_\_\_\_

Talents/Interests \_\_\_\_\_

Languages spoken? \_\_\_\_\_ Proficiency? \_\_\_\_\_

## 5. CHRISTIAN EXPERIENCE

When did you accept Christ? \_\_\_\_\_

Do you attend Mission Community Church? \_\_\_\_\_

*I agree to the best of my ability to fulfill the following requirements for this Mission Community Church short-term mission trip:*

- *I will participate in and complete any preparation activities, including assigned readings, necessary before the trip.*
- *I will strive to build and foster team unity by loving and encouraging my team members with the love of Christ, understanding that this is the greatest testimony I can give.*
- *I will be flexible in all situations.*
- *I understand that I am to raise my own support for this trip, and will meet all financial requirements within the designated time frames.*
- *I will fulfill all requirements for visa, passport, and/or immunizations.*
- *I will participate in any debriefing activities after the trip.*
- *I will follow my team leaders and the leadership of the host ministry, respecting their knowledge, insights and instruction.*
- *I understand that I am going on this mission to learn and to serve and that, though I may run across procedures and attitudes that I feel are inefficient or incorrect, I will be open to learning other people's methods and ideas.*
- *I understand that cross-cultural ministry often places participants in situations where standards for accommodations, food, and other amenities may be far below those to which I am accustomed and I will cheerfully accept the provisions offered.*
- *I will do my best to have a servant's heart, a humble spirit, and a submissive attitude at all times.*

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

Parent's signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

*In order to abide by IRS regulations, Mission Community Church has the following policy in regard to money donated to a mission trip.*

1. *Your deposit is **non-refundable**.*
2. *If you are not able to participate in the mission trip, any payments that have been made towards trip expenses (transportation, medical insurance, etc) will be used to reimburse Mission Community Church. Any monies remaining in your account can be used in two ways:*
  - ***You can request that the money be given towards the expenses of another team member.***
  - ***You can request that the money be used toward ministry expenses.***

*I understand the above Mission Community Church policy regarding money donated to a mission trip. I have also read Mission Community Church's fundraising policy and agree to abide by its guidelines. (see last page)*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent's signature if under 18)

## Photo Use Agreement

I, \_\_\_\_\_, hereby grant, voluntarily and with full understanding, to Mission Community Church, a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to this short-term mission trip.
2. Use of any stored data including my name and image in printed publications of Mission Community Church.
3. Use of any stored data including my name and image in electronic publications of Mission Community Church.
4. Use of any stored data including my name and image in any Web site created by or for Mission Community Church for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with the church upon such a process, the dispute will be submitted to a three member arbitration panel of the American Arbitration Association for final resolution.

Full name: \_\_\_\_\_

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

Parent's or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if the above named person is under 18)

Parent's name (please print): \_\_\_\_\_

### PLEASE RETURN THIS APPLICATION FORM TO:

Mission Community Church  
Justice Ministries  
4450 E. Elliot Road  
Gilbert, AZ 85234

----office use only ----

#### ACTION AREA

Date Received: \_\_\_\_\_ Deposit: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date response sent: \_\_\_\_\_

All information is confidential and will only be used by the appropriate members of MISSION Leadership. You may use the space provided for each answer, or if necessary, *attach additional sheets*.

**NOTE:** We are not able to keep copies of this application on file at the church office once your trip is over. Please make a personal copy for your own files. Thank you.

# Mission Community Church Justice Ministries

## HEALTH HISTORY FORM

Dear Trip Applicant;

You may be serving in an environment that has limited health care resources. In order to provide for your health care needs and assure your medical safety, your team leader will bring your completed health form on the trip to use as a reference should you require medical attention. Therefore, we need your honest answers to the following questions. The information you provide will be kept confidential. Please use the back of the form to expand on any answer you need to.

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

### **LIFESTYLE**

Please list any dietary restrictions \_\_\_\_\_

Can you walk 4 city blocks without stopping? NO YES

Can you lift 25 pounds? NO YES

### **Do you have, or have you ever had, any of the following:**

Allergies to food, medicine or other substances NO YES

*(Please list what allergic to on below line)*

What allergic to and reaction: \_\_\_\_\_

Has an allergic reaction ever required emergency room care? \_\_\_\_\_

Do you have any other significant illnesses or diseases not listed above? \_\_\_\_\_

Please list any medications you are currently using and the condition for which you are taking each:

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

Who is your primary physician? \_\_\_\_\_

Telephone number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

List the name and phone number of a friend/family member who should be contacted in case of an emergency:

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

Do you have any restrictions due to physical or health problems? \_\_\_\_\_

**I hereby authorize the release of the information contained in this form to Mission Community Church and to the other ministries or organizations that I will be working with in this short term trip.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

# Mission Community Church Justice Ministries

## Participation Agreement

### Trip Information

Sponsoring organization: Mission Community Church

Location of mission trip: Rocky Point, Mexico Dates: \_\_\_\_\_

Name of team leader: \_\_\_\_\_

### Participant Information

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?

☐ Yes

☐ No

### Participant Agreement

I acknowledge that participation in the above trip involves risk and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip I, acknowledge and accept the risks of injury associated with participation in the trip. I accept personal financial responsibility for any injury sustained during the trip. Further, I promise to indemnify, defend, and hold harmless Mission Community Church and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly out of the above trip.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If Mission Community Church and I cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian if Participant is a minor)



## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

### IN COMPLIANCE WITH THE FCRA and the DPPA (Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)

**Please note: You only need to fill this out if you are 18 years old or older.**

Date: \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden and/or Other Last Names Used

\_\_\_\_\_  
Current Address City and County State and Zip Code

\_\_\_\_\_  
Date of Birth Social Security Number

Circle One:

Male / Female

This authorization and consent for release of personal information acknowledges that

Mission Community Church (Hereafter referred to as "Company") and/or its agent, SecureSearch, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with **SecureSearch 558 Castle Pines Pkwy., Unit B-4, #137 Castle Rock, CO 80108** at telephone number (866) 891-1954. After reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense?

(Excluding minor traffic violations)

YES NO

If YES, please provide an explanation below:

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2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

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3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

YES NO

If YES, Please provide an explanation below:

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4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

YES NO

If YES, Please provide an explanation below:

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5. As of the date of this authorization, do you have any pending criminal charges against you?

YES NO

If YES, Please provide an explanation below:

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**Please complete the next page.**



**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION.**

**YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.**

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF MISSION COMMUNITY CHURCH.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_



I want to participate in a Trip organized and run by Weekend Missions, Inc., (hereafter, “Weekend Missions,” which includes all its employees, volunteers, agents, representatives, and officers, and all affiliates), or I am a parent whose child wants to participate in a Trip. As used herein, “the Trip” includes without limitation all events occurring while en route to or from or in Mexico. I understand that Weekend Missions does not want to be sued or risk liability for personal injury, wrongful death or property damage arising from or related to participation in the Trip. To obtain the privilege of participating in the Trip, I agree on behalf of myself and, if applicable, my child, to the following:

1. Personal Conduct: I understand that I am visiting Mexico as a guest of Weekend Missions, Inc. and that my actions will reflect the work and efforts of the ministry; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit as well as adhere to the stringent policy of no use of tobacco and alcoholic beverages around the group or at the work site. If my child is participating, I will take every action needed to assure the child’s compliance. **Initials:** \_\_\_\_\_.
2. Risk of injury: Participating in the Trip involves risks of injury. For example, and without limitation, I understand these risks include: environmental conditions, building or equipment failure, lack of building codes, construction work or clean up, acts of God, criminal activity, contaminated food or water, disease, lack of supervision, the negligence or physical limitations of myself, my child, and others, or Weekend Missions’ negligence. I understand that the foregoing dangers create a risk for me (or my child) of personal injury, death, or damage to personal property (“Injury”). I freely assume these risks. **Initials:** \_\_\_\_\_.
3. Release and Indemnity: I forever RELEASE Weekend Missions from any and all liabilities and claims for any Injury arising out of or related to the Trip, including but not limited to any Injury caused by Weekend Missions’ negligence. I will not, on behalf of myself or anyone else, sue or make a claim against Weekend Missions for any Injury, even if the Injury is caused by Weekend Missions’ negligence. I will indemnify and hold Weekend Missions harmless from all damages, claims, and liability, including without limitation attorneys’ fees and costs, related to any Injury or breach of this agreement by myself or others. This indemnity and hold harmless agreement includes Injury caused by Weekend Missions’ negligence. **Initials:** \_\_\_\_\_.
4. Choice of Law and Venue: I agree that any litigation related to or arising from the Trip shall be brought only in Maricopa County, Arizona, and that Arizona law shall apply in all respects. **Initials:** \_\_\_\_\_.
5. Authorization and Insurance. If I need (or my child needs) medical care, including surgery, while with Weekend Missions, Inc., I authorize and appoint Weekend Missions Inc., and it’s duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U.S. auto and health insurance are not valid in Mexico and I have obtained international auto and health insurance for this trip (or I have knowingly declined to purchase one or both). **Initials:** \_\_\_\_\_.
6. Knowing and Voluntary: No one is forcing or requiring me (or my child) to participate in the Trip or to sign this agreement. I have been given the opportunity to ask questions and have my questions answered. I sign this agreement of my own free will and I fully understand its contents. This agreement applies to each participation in a Trip, including the upcoming and all future Trips, is binding on me, my child (if applicable) and our heirs and estates, and will not be modified or revoked except by an express writing signed by Weekend Missions and me. **Initials:** \_\_\_\_\_.



By signing below I agree to all of the terms and conditions detailed on the reverse side.

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Print Name Legibly: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

If participant is under 18, signature of parent or guardian is required:

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name Legibly: \_\_\_\_\_

## ***Mission Community Church Fundraising Policy***

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Raising support for your Short-Term Mission (STM) is a way to see God work. He has promised to provide for all our needs (Philippians 4:19). Allowing others to support you financially gives them the opportunity to share in the work God will do through your STM. They can experience the challenges, joys and victories of ministry as they join in partnership with you.

### **Mission Community Church Fundraising Policy**

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As a church we want to do all we can to help you raise the funds you will need for your trip. You will be one of more than 300 people who will be going on a short-term mission trip this year. Since Mission is now sending so many people on STMs every year, the Board of Servant Leaders has created a fundraising policy that will provide you the freedom to raise the funds you need for your trip, and at the same time enable those attending Mission not to be inundated with requests for support. This is a difficult balance to achieve, but we ask you to adhere to the following guidelines.

- Individuals may not do on-campus fundraisers.
- There is no limit to off-campus fundraising.

### **Facebook, Social Networking and Fundraising**

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- No requests of funds for individuals can be made on any official Mission Community Church social networking page.
- Individuals using social networking sites for off-campus fundraising should limit their requests or event invitations to people they personally know and are “real-life” friends with (defined as people they socialize with in “real-life”). Please do not issue invitations to everyone on your friends list.

### **Support Letters**

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- Support letters can only be sent by:
  - Individuals who have been accepted to become part of an official Mission Community Church short-term mission trip.
  - Individuals who are officially being sent by Mission Community Church for mid-term or long-term missionary service.
- Support letters can only be sent to people one actually has a relationship with.
- Mission Community Church data bases may not be used for fundraising purposes.