



TRIP REQUIREMENTS CHECKLIST

All sections of each of the following must be completed in full:

- Application
- Confidential Health Questionnaire
- Participant Liability Release Form
- Participant Commitment Letter

To be done once accepted onto team:

- Apply for Passport (if not previously done)
- Deposit (please make checks payable to Grace Community Church)
- If requested, have physician complete the Medical Waiver form
- Begin raising support
- Join team discussions in all team meetings

Please mail completed applications to:
Karen Cann
Grace Community Church
21001 Moross Road
Detroit, MI 48236

Applications can also be dropped off at the information counter before/after Sunday services in an envelope labeled "Karen Cann, Short-term trip application".

Questions? Contact Karen at 313.882.3000 x250



SHORT-TERM OUTREACH TRIP APPLICATION

Trip You're Applying For: _____ Trip Dates _____
Today's Date _____

General Information

Name (As shown on passport) _____

Mailing address _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Cell Phone _____

Email _____

Birth Date _____

Marital Status Single Married Divorced Widowed

If married, spouse's name _____

Is your spouse supportive of your applying for this trip? Yes No

Please explain: _____

Names and ages of children:

Passport Information

Passport# _____

Citizenship _____ Sex Male Female

Spiritual Background

At Grace Community Church, our purpose is to walk alongside others as we all are a part of the Mosaic striving to live like Jesus. We recognize that we are all coming from varied backgrounds and experiences. In an effort to equip you in this global outreach and to effectively serve our ministry partners, we would appreciate learning more about you. Please feel free to add a sheet of paper if you need more space.

Do you trust in Jesus Christ as your Savior? Yes No

If yes, please briefly state how you came to know Christ

Fill in the blanks: God is _____, _____, and _____.

Why did you describe God this way?

Do you attend Grace Community Church? Yes No

If yes, how long? _____

If no, what is your church affiliation? _____

Are you in a Small Group? Yes No Leader: _____

Please list ministry/service in which you are involved

Short-term Ministry Information

Why do you want to be a part of this ministry team? (Your hopes, etc.)

Have you talked to God about this idea? Explain His response:

How do you envision your role/participation with this team?

Have you previously served on a ministry related cross-cultural trip? Yes No

If yes, please list trips, dates and organizer

What, if any, cross-cultural experience have you had in the past?

Skills and Abilities

Current Occupation/Profession _____

List 3 Strengths

- 1. _____
- 2. _____
- 3. _____

List 3 Weaknesses

- 1. _____
- 2. _____
- 3. _____

Special skills/ talents (ex: music, carpentry, etc)

Currently, is there anything we should know about you that could positively or negatively impact your ability to minister cross-culturally on a team? Yes No (Health, debt, work, relationship issues, etc.)

If yes, please explain: _____

Personal References

Small Group Leader/ Spiritual Mentor/ Ministry Leader with whom you serve:

Name _____

Relationship _____

Phone: Home _____ Cell Phone _____

Email _____

Friend/Co-worker (non-relative who is age 21 or above)

Name _____

Relationship _____

Phone: Home _____ Cell Phone _____

Email _____

Emergency Contact Information

Name _____

Relationship _____

Phone: Home _____ Cell Phone _____

Email _____



COMMITMENT LETTER

This trip requires steps of faith for both yourself and GCC. Therefore, we feel it is important to put into writing what expectations we have of you, as well as what you can expect from GCC throughout the course of your preparation, travel, outreach, and return.

GCC Commits to:

- Provide you with resources so that you may be as prepared as possible for your outreach experience. We will do this through planned orientation times and pre-field meetings/conversations. We also provide a Team Member Handbook to each team participant in order to set forth important information in writing as well. Our staff is available to answer further questions either by phone or email if further information is desired.
- Do everything within our ability to plan a positive experience for you. During your trip, we strive to provide opportunities for you to see and partner in what God is doing through the workers who share His grace, mercy, and love.
- Coordinate with outreach workers in the field and/or designated team leaders to ensure the safest possible travel and accommodations considering the specific location of the outreach. We will handle **all** arrangements (unless otherwise discussed) for the team.

In return, we ask you to read and agree to the following:

- I understand that I am required to attend all team meetings, and that I may miss up to two meetings if absolutely necessary. This training is critical to a positive trip experience for myself, my team, and our hosts.
- I will review all materials in the Team Member Handbook.
- I will submit to team leadership and the on-field host and will do what is requested with joy and without hesitation. I will be a flexible servant.
- I will fulfill responsibilities associated with my assigned role in the overall team project.
- I will refrain from any behavior that may compromise my witness (i.e. abusive language, drug use, etc.)
- I will be on time for all events.
- I will work to promote a positive team atmosphere. When differences arise, I will be patient, forgiving, and gracious with my team members and the ministry staff.

- I will refrain from complaining, withdrawing from the group, or insisting on my own way. I will do what I can to help other team members to maintain a positive attitude and I will step forward to meet the needs of my team as necessary.
- I understand that I must submit a non-refundable deposit by the date given. I also understand that if for any reason I have to withdraw from the trip after that date, my deposit will be used to cover any to-date charges that have incurred, including plane tickets.
- I understand that money raised through fund-raisers or support letters is "team money" and I am not entitled to personally receive any of this money for any purpose other than the trip funds needed, even in the event that I must withdraw from the trip. If I raise more than my required amount, the money raised will go to help other team members who are struggling to raise their required funds.
- I will be flexible when plans change as may be necessary. I will be up as early as necessary and will be ready to go anywhere at any time. I will work long hours if necessary.
- I will do my best to absorb new experiences and learn from them. I will cheerfully eat the food served to us whether I like it or not.
- I will abstain from drinking alcoholic beverages while on this short term missions trip.
- I will do my best to represent GCC, and to reflect God's love to all people whom I encounter.

Print Name

Signature

Date

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement of a volunteer or participant and the understanding of your working relationship as a volunteer or participant in a Grace Community Church (GCC) short term mission trip.

I, _____, acknowledge and state the following
(please print)

I have chosen to participate in a GCC Short-term trip and to be involved in outreach to others by seeking to meet their physical and spiritual needs.

I understand that this short-term trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this GCC Short-term trip at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that GCC arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, and forever hold GCC, together with their officers, board members, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Please complete one form for each traveling member of the family.

Print Name

Signature

Date



CONFIDENTIAL HEALTH QUESTIONNAIRE TEAM MEMBER MEDICAL INFORMATION

Name of Team Member _____

Team Place/Trip Dates _____

Primary Care Physician's Name _____

Phone _____

Address _____

- | | | |
|---|-----------------------------|------------------------------|
| 1. Do you have any condition requiring special medical consideration? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Do you have any psychological or emotional disorders/limitations? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Have you sustained any injury that may limit physical activity? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Are you on a special diet that has been prescribed by a doctor? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Please explain any "yes" responses. Attach a separate sheet of paper, if necessary.

Please list any current health problems.

Do you have a history of any of the following?

Condition	Yes	No	Condition	Yes	No
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Aids Positive	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Peptic Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please explain in detail.



List serious illnesses/accidents/hospitalizations

Problem	Year	Treatment

List all medications you use. Provide dosage, frequency, and reason for use.

Medication	Dosage	Frequency	Reason for usage

List any known or suspected allergies medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); Foods (dairy, wheat, other foods); contact with substances (plants, soaps, other substances); animals, insect bites/stings.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? No Yes

List all immunizations which you have previously received

Immunization	Years	Immunization	Years
Diphtheria		Tetanus	
Pertussis		Measles	
Mumps		Rubella	
Influenza		Hepatitis B	
Hepatitis A		Typhoid	
Polio		Small Pox	
Japanese Encephalitis		Rabies	
Varicella (Chickenpox)		Other	

Signature _____

Date _____