** SHORT TERM MISSIONS**

**2022**

 **APPLICATION**

Please fill out the following completely and accurately:

I am applying for:

* Dream Center – Oct 7-12
* Mexico - March 2025

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

(PLEASE LIST YOUR FULL LEGAL NAME)

Date of Birth\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_ Grade (if applicable) \_\_\_\_\_\_

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

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use only:

* Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paid in Full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a covenant partner of Life Center Church? ❑Yes ❑ No

Are you currently in a Life Group? ❑Yes ❑ No

Emergency Contact While on the Trip:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_

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

Please answer each of the following questions:

(Please attach separate sheet if more room to write is needed)

1. Why would you like to be a part of one of the Short Term Mission teams?

2. Do you have any previous experience in Missions? ❑Yes ❑ No

 If yes, please list your experience.

1. What experience, skill or gifting do you have that might be useful on this trip

(Construction, working with children, etc.)?

1. Please give us a brief Spiritual Biography. (Include date you were saved and a short summary of your **current**

relationship with the Lord.)

1. Are you willing to submit to the direction of the Trip Directors and the team leaders? ❑ Yes ❑ No
2. Do you have any conditions that might prevent you from participating in physical activity such as long walks,

house cleaning, kitchen duty, manual labor etc.? ❑ Yes ❑ No If yes, please explain.

7. Do you have a current Passport? ❑ Yes ❑ No

 (Non-applicable if traveling inside the U.S.)

8. If you do not have a Passport is there any reason that would prevent you from getting a Passport and/or Visa?

 ❑ Yes ❑ No If yes, please explain. (non-applicable if traveling inside the U.S)

Reference

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release

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

(PLEASE LIST YOUR FULL LEGAL NAME)

Do you currently have medical insurance? ❑ Yes ❑ No

Who is your medical insurance provider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I understand the physical demands of travel and on the ground ministry? ❑ Yes ❑ No

\*\*\*\*\*\***PLEASE ATTACH A CURRENT PICTURE OF YOURSELF WITH THIS MISSIONS APPLICATION**\*\*\*\*\*\*

Release and Liability

Please read the following statements and sign to signify that you understand and agree. \*

I agree not to hold Life Center Church, its employees, or any other agents liable for any injury, loss, damage, or accident that I might encounter while serving.

I understand and acknowledge that my participation to serve in another city, state, or foreign country includes risk and possible dangers. I understand my travel to such a city, state, or foreign country exposes me to such risks as accidents, disease, war, political unrest, injury, and other calamities including death.

I hereby assume any such risks that might result from my participation while preparing and serving on a mission trip, and I unconditionally agree to hold Life Center Church, its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I agree to abstain from the use of tobacco products, alcoholic beverages, and any other behavior that would hinder Christian ministry during this mission experience. I understand that the breach of this contract will be cause for dismissal from the mission team and return home at my own expense.

I hereby acknowledge that it is my responsibility to pay the full amount of the trip before the departure of said trip. Failure to do so may prevent me from attending other Life Center mission trips.

I understand that the Life Center leadership/missions director reserves the right to remove me from this trip at any time due to misconduct. Should this occur, I acknowledge that any money raised will be forfeited.

I have read and agree to the release and liability statements above.

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

Signature of participant Date

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

Signature of parent or guardian if applicant is under age 18 Date

Important information to note:

* **This application is subject to approval by the Trip Director and Pastoral staff.**
* **I give Life Center permission to run a background check on me.**
* **All funds raised are for the Short-Term Missions Team and are not refundable. Unused money can be used for LC Missions trips only and cannot be refunded to donors or trip participants. All checks should be made out to Life Center Church so supporters can receive a tax-deduction.**
* **All team meetings scheduled are mandatory.** Missing more than **one** meeting may result in your removal from the team unless cleared with the Trip Director.
* **You will be expected to participate in activities that may stretch your comfort level**. (i.e. Give personal testimony, pray with others, play with the children, wash dishes or work in the kitchen or laundry area, etc)
* **This trip is designed for maximum efficiency.** We will remain as busy and productive as possible for the duration of the trip.

Disclosure and Authorization- Background Check

In connection with my application for employment or to serve as a volunteer with Life Center, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Life Center for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics, or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends, or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-3195581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Life Center or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

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

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_ ZIP\_\_\_\_\_\_\_

SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/L or STATE ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE ISSUED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For identification purposes only, please provide FULL DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_