



Global Mission Application Package

_____ Complete the 4-page Application for Short Term Missions

_____ Read and Sign the Liability Release Agreement

_____ Read, complete and sign & have notarized the Medical Release and Consent form. This applies to ALL team members.

_____ The Parental Consent Form must be signed by both parents and notarized for ALL minors. See Instructions on form for specific situations.

_____ A Summary of Your Rights Under the Fair Credit Reporting Act has been provided to inform you of your rights in regards to the Criminal/Court Records Check that will be done. Complete and sign the Authorization for Criminal/Court Records Check.

_____ Return completed package to your team leader or Lake City Community Church office with \$100 deposit.

_____ Copy of Passport



Application for Short Term Missions

Mission trip to: _____ Dates: _____ to _____

Mission trip to: _____ Dates: _____ to _____ Updated: _____

Mission trip to: _____ Dates: _____ to _____ Updated: _____

Personal Information

(all information is confidential and used only as necessary)

Please Print

Today's Date _____

Full Name _____
First Middle Last
 (exactly as shown on passport)

Physical Address _____
 City _____ State _____ Zip _____

Mailing Address _____
 City _____ State _____ Zip _____

Telephone: Home _____ Work _____
 Cell _____ Email _____

Preferred Contact: Cell Work Home Email

Male _____ Female _____ Date of birth ____/____/____ Age at application _____ T-Shirt Size _____

Passport Issuing Country _____

Nationality _____

Passport number _____
 Date of issue ____/____/____ Expiration date ____/____/____

(If you are a *minor* please fill out the parental information:)

Parent's Names: Father _____ Mother _____

Other Guardians (step parents, grandparents, etc.) _____

Relationship _____

In case of emergency notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____
 Cell _____ Email _____

Preferred Contact: Cell Work Home Email

Applicant Medical Information

How would you describe your present health? Excellent _____ Good _____ Average _____ Poor _____

Please state any major illnesses or injuries you have had in the last five years _____

Are you presently under the care of a physician for a specific condition? Yes _____ No _____ If yes, explain: _____

Please list any dietary restrictions you have _____

Please list any allergies you have _____

Please list any medications and dosages you are currently taking _____

Do you have any activity restrictions? _____

Insurance Provider _____ Phone # _____ Policy # _____

Doctor's Name _____ Phone # _____

References

Please provide at least three references. Once we receive this form we will contact your references by phone or email.

1. If you attend church regularly please have one reference from a Pastor who knows you.
2. One reference should be a teacher/coach/boss who has observed you working with others.
3. One reference should be someone who knows your strengths and weaknesses.

Name _____ **Relationship** _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Email _____

Name _____ **Relationship** _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Email _____

Name _____ **Relationship** _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Email _____

Applicant Information and Agreement

Have you ever been convicted of or pled guilty to a criminal offense? Yes _____ No _____

If yes, explain _____

Do you currently use alcohol? Yes _____ No _____

Do you currently use tobacco? Yes _____ No _____

If so, are you willing to abstain during your involvement on this trip? Yes _____ No _____

Please check the following and sign:

- I will participate in each training meeting or make up any meeting I miss for possible unavoidable reasons. Yes _____ No _____
- I understand and respect that this trip is to share Jesus Christ and promote a Godly Lifestyle. Therefore, I will respect both God and Lake City Community Church by adhering to Biblical morals and principals while I am on this trip. Yes _____ No _____
- I will communicate openly with all members of leadership and will adhere to their instructions to the best of my ability without reproach. Yes _____ No _____
- I agree to abstain from use of all illicit drugs while participating in this trip. Yes _____ No _____
- I will sign for and allow Lake City Community Church to do a criminal background check on me. Yes _____ No _____
- The information on this and all attached forms is correct to the best of my knowledge. I hereby give Lake City Community Church permission to contact my references and appropriate government agencies, and I authorize any references to release all such information to assist in my evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to Lake City Community Church and I waive any right that I may have to inspect references provided on my behalf. Yes _____ No _____

Your Signature _____ Date _____

Print Your Name _____

Applicant's Spiritual Journey

- Lake City Community Church
- Other (Name of Church) _____
- Currently not attending a church
- Member
- Regular Attendee

How long have you attended? _____
Personal testimony/belief in God

Please describe your spiritual journey to this point in your life _____

Your Signature _____ Date _____

Liability Release Agreement

The undersigned has volunteered (been called by God) to participate in a short-term international mission trip as a member of Lake City Community Church.

Lake City Community Church and the undersigned agree that an international mission trip poses risks including, but not limited to, the following: sickness, crime, political instability, governmental opposition to missions activities, aggression from indigenous people and those risks associated with international travel.

In consideration of Lake City Community Church assisting the participant on the International Mission Trip, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue directors, officers, employees, agents and team leaders (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, (whether caused by the negligence of Releasees or otherwise) while the undersigned is participating in the International Mission Trip.

The undersigned is fully aware of the risks and other hazards inherent in the International Mission Trip, and voluntarily assumes the risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the International Mission Trip.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the international mission trip; whether for injury or illness, and whether required as a result of the undersigned's participation in the international mission trip or not. The undersigned acknowledges Releasees are under no obligation to, and do not provide medical insurance for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

(Date)

(Please Print Name of Participant)

(Signature of Participant)

(Date)

(Please Print Name of Team Leader)

(Signature of Team Leader)

Must be completed by ALL Applicants

Medical Release and Consent

If you are under custody of both parents, we need both parents' signatures.
If you are not, we need the signature of the one who has custody of you.

Whereas, my/our child/I, _____, wishes/wish to be a member of the Lake City Community Church missions team which will be traveling to and staying in _____ (country), and whereas, certain circumstances and situations may occur resulting in my/our child's/my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

- My/our child's/my Passport Number is _____, Country where Passport was issued _____
- In consideration of permissions for my/our child's/me to participate in said mission trip, I, _____ being of legal age, authorize Lake City Community Church or any agent of Lake City Community Church to act in my/our child's/my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my/our child's/my medical well being for the duration of the mission trip.
- This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my/our child's/my behalf.
- Any consent by Lake City Community Church shall have the same force and effect as if I had personally given the consent.
- I certify that I have personal health insurance with the following company (must provide proof of medical insurance) with no territorial limitation, including foreign countries, which will provide coverage for my/our child/me during the duration of said mission trip. I understand that no health plan is provided by Lake City Community Church.

Insurance Company Name _____

Policy Number and/or ID Number _____

- I am aware that serious illness or injury, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expense that may arise from my/our child's/my return by air ambulance or other extraordinary means.
- I hereby release and hold harmless Lake City Community Church, its officers, employees, and representatives/volunteers from any and all liability for personal injury, including death, as well as all property damage or loss arising out of my/our child's/my participation in this trip.
- I/we have read and understand the commitment made by my/our child/me and agree to my/our child's/my participating. I/we commit to help them fulfill their responsibilities as team members to the best of my/our ability. Yes _____ No _____
- I/we understand that my/our child/I have agreed to abide by the expectations established by the leadership for this trip. In the event my/our child/I willingly and knowingly violate(s) these expectations, I/we understand that my/our child/I may be required to return home prior to the group's scheduled return. I/we assume full responsibility for any and all expenses related to my/our child's/my early return.

For this authorization to be legitimate, please sign this form in the presence of a notary public.

Father's Signature (if applicant is under 18 years of age)

Date

Mother's Signature (if applicant is under 18 years of age)

Date

Guardian's Signature (if applicant is under 18 years of age)

Date

Applicant's Signature

Date

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

On _____, of 20____, before me, _____, a Notary Public in and for said

(Notary's Name)

county, personally appeared _____, known to me to be the person who

(Subscribing Witness)

executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____

Parental Consent Form

—Authorization for Foreign Travel with a Minor—

Instructions: If traveling outside U.S., original notarized form **MUST** accompany traveling minor.

Both birth parents or legal guardians must sign:

- If divorced. (If divorced with sole custody, legal documentation from the parent with custody must be attached and notarized.)
- If a natural parent is deceased, a certified copy of the death certificate is required.
- Step-parents cannot sign for a minor unless that child has been legally adopted by that step-parent, in which case, legal documentation supporting the adoption must be attached and notarized.

Consent, Certification, and Authorization (signatures must be notarized below)

I do hereby grant full authorization and consent for my child, _____, who is a U.S. citizen and holds the U.S. passport number of _____, to travel outside of the United States of America with _____. I have approved the following travel plans:
(Name of group)

1. Dates of Travel: _____
2. Destinations/accommodations: _____

I authorize _____ to make any changes whatsoever to the travel plans specified above. Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the foregoing statements.
(Name of adult with whom the minor will travel)

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

Parent/Guardian Signature #1 Date

Parent/Guardian Signature #1 Date

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Address

Address

City, State, ZIP

City, State, ZIP

Phone Number

Phone Number

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

On _____, of 20____, before me, _____, a Notary Public in and for
(Notary's Name)

said county, personally appeared _____, known to me to be the person
(Subscribing Witness)

who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____

BACKGROUND CHECK AUTHORIZATION

Area of Ministry Service: _____

Print Name: _____
(Legal First) (Middle) (Last) (Maiden)

Former Names/Alias and Dates Used: _____

Social Security Number: _____ Date of Birth: ____/____/____

Driver's License (DL) State: _____ DL No.: _____ DL Exp. Date: ____/____/____

Current Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

REFERENCES

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

3) Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION

I ACKNOWLEDGE RECEIPT OF THE Background Check Disclosure and A Summary of Your Rights Under the FCRA, and certify that I have read and understand both documents. I hereby authorize LAKE CITY CHURCH to obtain background check information, including consumer reports and investigative consumer reports, about me from ClearStar, Inc., or another third-party consumer reporting agency, for employment/volunteer purposes, including without limitation, for the purpose of evaluating you for employment/volunteer, promotion, reassignment and retention as an employee/volunteer, at any time prior to or during my employment/volunteer service, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by ClearStar, Inc., 5955 Shiloh Road East, Suite 104, Alpharetta, GA 30005, 877-796-2559, www.clearstar.net, another third-party acting on behalf of LAKE CITY CHURCH, and/or LAKE CITY CHURCH itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original.

New York residents only: By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California Residents Only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

RETURN TO CHURCH OFFICE

Authorization Signature _____ Date _____

(FOR LAKE CITY CHURCH INTERNAL USE ONLY)