# BROOKWOOD CHURCH USA MISSION TRIP APPLICATION

***Applicants must be a member or attendee of Brookwood Church except when requested or approved by Brookwood Leadership. ***
***You must complete all questions on this application***
***Please return completed application to Michelle Stoudemire, Missions Coordinator along with a copy of your Driver's License and a $100 deposit***

**Lynch, KY Fall**
**Team Leader**: John Howard
**Trip dates**: September 29-October 3
**Trip cost**: $300
Trip participants will also fundraise supplies.
50% of the trip funds are due 10 weeks before departure, and full payments are due to Brookwood 30 days before departure.

Full name as it appears on your Driver's License: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Preferred phone number: _____Date of Birth (including year): _____

Emergency contact name: (Emergency contact may not be on this trip) _____

Emergency contact preferred phone: _____ Relationship: _____

Beneficiary Name (for insurance): _____ Relationship: _____

Who would you like us to contact for team updates: Email: _____ Phone: _____

Have you been on a mission trip in the past? □ Yes □ No
If yes, please list previous trips and approx. dates: _____

Please list which Brookwood Ministries you serve in/Community Group you attend:
_____

Please list reference from Small Group Leader/ Ministry Leader and/or Brookwood Friend: (name/phone/email)
_____

Please share a summary of your faith story:
_____
_____
_____
_____

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**Mission Trip Commitment Statement**

I understand that by joining this mission trip, I am serving on behalf of Brookwood Church and as a representative of Christ. I commit to uphold and reflect the values of Brookwood Church and to align my conduct with biblical principles. To the best of my ability, I will demonstrate humility, respect, cultural sensitivity, and a Christ-like spirit of service in both my words and actions throughout travel and all mission trip activities.

To review Brookwood's essentials of Faith, please visit Brookwood-Church-OUR_BELIEFS.pdf

**Mission Trip Policies and Costs:**

- Each team member must be a **member** or **attendee** of Brookwood Church unless otherwise approved by the Mission department.
- **All mission trip participants 18 years of age and older will be subject to a background check prior to the trip.**
- **If a trip participant decides not to go on the trip before purchasing airfare, the $100 deposit will not be refunded.**
- Deadlines for half and full payments will be set for each trip. This allows us to begin planning in advance. Deadlines are not negotiable. Generally, the half payment deadline is due ten (10) weeks prior to departure, and full payments are due four (4) weeks prior to departure.
- Trip costs include car trip, room and three meals a day onsite, emergency insurance, and one checked bag if flying. Team members are responsible for arriving at the meeting site/airport on their own and for any personal snacks or travel items.
- **Each team member is responsible for all trip fees/expenses. Once airline tickets are purchased (approximately 60 days in advance), the team member is responsible for the cost of their ticket regardless of trip attendance.**
- Brookwood Church will provide a sample letter and guidelines to ask for financial contributions from family and friends.
- The trip leader must approve the use of cell phones and other electronic devices. The team leader will provide updates on the trip and handle all sensitive communication regarding any trip illnesses or crises to avoid misinformation and ensure family members know firsthand what is happening.

☐ I have read and understand the Mission Trip Spiritual and Social Requirements and Trip Policy Statements. By signing my name below, I agree with the requirements set forth above.

_____

SIGNATURE DATE

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**Important Items:**

1. Have you been convicted of a crime? Yes No
   If so, please explain _____
   _____
2. Have you talked with the trip leader? Yes No
3. Do you intend to pay for the trip □ personally, □ write letters seeking support from family and friends, or □ both?
4. Are you dealing with any current life crisis causing you stress? Yes No
5. If you are married, is your family supportive of your going on this trip? Yes No
6. If you have children, have you been able to make plans for their care while you are away
   Yes No
7. If you are employed, have you been able to plan with work to be away?
   Yes No

**Health Information:**

It is very important that the health of each team member be accurately disclosed. Your health and well-being have a direct effect on the team as a whole. All medical information will be treated with the utmost confidence and respect for your privacy. The mission's department or an approved medical volunteer may contact you to clarify any medical conditions or medication.

1. Are you under the care of a doctor for an illness or medical condition that requires medication?
   Yes No
   If yes, please explain _____
2. Please list all medications prescribed by your doctor [Dr's name_____] that relate to the treatment of a medical condition regarding your health or fitness:

   Medication: _____

   Medication: _____

   Medication: _____

   Medication: _____
3. Please list any allergies _____
4. Please assess your fitness for us to help us make sure you are applying for the right trip.
   □ My weight/health may be a problem with extreme heat and strenuous activity.
   □ I have the following health issue _____
   □ I have a heart condition.
   □ I have difficulty sleeping.
   □ I have respiratory issues.
   □ I am diabetic and must take medication.
   □ I am under significant stress. Please explain _____
   □ I am willing to be assessed by a medical professional to be certain I am OK for this trip.

**Helpful Information:**

1. Is there something specific you would like to do to serve on this mission trip?

   If yes, please explain _____

   _____

2. Are you a medical professional and will you utilize those skills on this trip? □ Yes □ No

   If yes, please provide a copy of your current medical license to practice medicine.
3. Do you □ sing, □ play a musical instrument, please list_____, □ enjoy working with children, □ like to build things, □ have another skill _____?
4. Why do you think God wants you on this mission trip? _____

   _____

   _____

   _____

**Release and Hold Harmless Agreement:**

I, do hereby release and hold harmless Brookwood Church (BC) from any responsibility for any harm or loss that might come to me by any means on the Lynch, KY trip I am taking with BC. I am aware of and informed that trips, particularly trips out of the country, have inherent risks associated with them. I believe that I have been adequately and fairly informed of the risks, to the extent that they can be anticipated. I further understand that there are certain risks that can arise on such a trip that may not be fully anticipated. I hereby, for myself, my heirs, executors and assigns, release and forever discharge and hold harmless BC and any of its affiliates, subsidiaries, directors, employees and volunteers, who are acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or injury to me or my property, which may occur from any cause, including negligence of any type, during such a trip. I also release BC from any and all responsibility for any additional expenses that may arise from a mission trip or which I may incur for any reason.

☐ By signing my name below, I state that I have read, understand and agree to the above Release and Hold Harmless statement.

_____

SIGNATURE DATE

**Cancellation Policy**

A trip may be cancelled if:

- Conditions change on the mission field
- The number of people going is not sufficient
- Funds are not sufficient to meet deadlines for trip costs

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