

BROOKWOOD CHURCH USA MISSION TRIP APPLICATION

***Applicants must be a member or attendee of Brookwood Church
except when requested by Brookwood Leadership.***

You must complete all questions on this application

***Please return completed application to Amy Mitchell, Missions Coordinator
along with copy of Driver's License and \$100 deposit***

Lynch, KY Mission Trip

Team Leader: John Howard

Trip dates: Oct. 13-16, 2021

Trip cost: \$225 per person

Trip suitable for: Men ages 25-80 years old and married couples

BROOKWOOD CHURCH USA MISSION TRIP APPLICATION

Application Information:

Full name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Preferred phone number: _____ Date of Birth (include year): _____

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

Emergency contact preferred phone: _____ Relationship: _____

Beneficiary Name: _____ 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/ Small Group you attend:

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

Please share your faith story:

Mission Trip Spiritual and Social Requirements:

To participate as a volunteer on a mission trip team, I understand that I am agreeing to:

1. Follow the leadership of the trip leader at all times and encourage others to do so.
2. Express a Christ-like attitude of humility and service, putting others first, and contributing to the unity of the mission team.
3. Stay with their mission team at all times. No one is to go off alone for any reason.
4. Attend the mandatory team meetings and training before and after the trip.
5. Dress in a modest manner, and refrain from wearing clothing, jewelry, watches, or accessories that reflect wealth, poor judgment or draw attention.
6. Respect and be sensitive to cultural differences of the region.
7. If I drink alcoholic beverages, I will refrain while on mission trip. Yes, I agree. Not applicable
8. Uphold the standards of a Christian lifestyle including sexual ethics.
I am not using pornography and will not. Yes, I agree.
I am not living with someone outside marriage. I am not.

Mission Trip Policies and Costs:

- Each team member must be a **member** or **attende** of Brookwood Church unless otherwise approved by the Mission department.
 - If allowed, minors under the age of 18 must be accompanied by parent or legal guardian.
 - **A background check will be run on all mission trip participants 18 years and older prior to the trip. Should a trip participant decide not to go on the trip the full \$100 deposit will not be refunded. A \$20 background check fee will be kept to cover the cost and the participant will receive an \$80 returned deposit.**
 - Each team member must attend mandatory pre-trip meetings and one post-trip debrief meeting.
 - Trip costs include room and food, emergency insurance, and other trip expenses. Team members provide their own transportation to and from Missions site.
 - Trip costs do not include cost of inoculations.
 - Each team member is responsible for all trip fees/expenses.
 - Brookwood Church provides a sample letter and guidelines to ask for financial contributions from family and friends.
 - Deadlines will be set for each trip for half and full payments. This is to make arrangements for the trip in advance. Deadlines are not negotiable. Generally the half payment deadline is due eight (8) weeks prior to departure and full payments are generally due four (4) weeks prior to departure.
 - Use of cell phones and ipods, etc., must be approved by trip leader who will give updates on trip. All communication of a sensitive nature regarding any trip illnesses or crisis will be handled by the team leader to avoid misinformation and be certain 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

Important Items:

1. Have you been convicted of a crime? If so, please explain

- Yes No
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 make arrangements 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 wellbeing 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 missions department or an approved medical volunteer may contact you to clarify any medical conditions or medication.

1. Are you under 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 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 Fall mission 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 which 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