

The Rock Covenant Church Mission Trip Application

Project/Country Name Applying For: Uganda Summer Trip 2010

Applicant Information

First	Last	Nickname	
Street Address	City	State	Zip
Phone 1	Phone 2	Email	
Date of Birth	Age During Project	Occupation	

Student Information

Are you a student? Yes No If yes, major? _____

Permanent Address (Students only) City State Zip

Permanent Telephone (Students only) _____

Emergency Contact Information

Name Relationship Phone Number

Street Address City State Zip

Other Questions

Marital Status: Single Married

Do you hold a U.S. Passport? Yes No Passport Number _____

What is your passport expiration date? _____

If no, what is your country of citizenship? _____

Languages (besides English)? _____

Do you have any special dietary requirements? _____

What skills do you have that you feel would be beneficial to this project? _____

What are your spiritual giftings (if known)? _____

Medical Questions

List any major medical procedures or illnesses you've had in the last 3 years. _____

What is your present level of physical activity? Light Moderate Heavy

Do you have any physical disabilities? Yes No

If yes, please explain: _____

List any medications you take regularly, prescription or non-prescription: _____

List any allergies you have, food or environmental. _____

Are you willing and able to get the necessary immunizations for your trip? Yes No

If no, please explain: _____

Have you undergone any psychiatric treatment? Yes No

If yes, please explain: _____

General Questions

Do you belong to a church? Yes No If yes, please provide the following:

Church Name Head Pastor Church Phone Number

Street Address City State Zip

How long have you been attending? _____

Do you have support from church leadership to go on this trip? Yes No

If you are not a professing Christian, are you sympathetic to our aims as stated on our website? Yes No

During the project, are you willing to attend all of the meetings knowing they will have explicitly Christian content and goals? Yes No

If you are a professing Christian, please tell us how you came to follow Christ. _____

Briefly explain why you would like to go on this particular project. _____

Have you spoken with your family about your decision to go on this trip? Yes No

How do they feel? _____

Preparation Questions

Will you read and study the necessary materials? Yes No

Will you give priority to attending the necessary meetings in the Los Angeles area at a time to be announced?

Yes No

Will you accept the project leader's authority and project regulations if you are accepted for this project?

Yes No

Personal References

Please list **at least two** names and contact information of people other than your church leadership who will be willing to answer questions, should we have any.

Name	Phone	Relationship
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Street Address	City	State	Zip
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Deposit and Cost of Trip

It is the policy of The Rock Covenant Church that the entire cost of the trip in which you are applying to participate must be paid to The Rock Covenant Church by the date of departure. A \$200 non-refundable deposit is due with this application. (Exception: If an applicant is not accepted to go on a trip, the \$200 deposit will be refunded.) The Rock Covenant Church will communicate your acceptance to participate in a trip through email, phone or mail. If for any reason a team member needs to cancel or postpone their trip, it must be done in a timely and clear manner. All monies submitted to The Rock Covenant Church are considered a charitable donation and cannot be refunded.

EMERGENCY RELEASE AND RIGHT OF REPRESENTATION In consideration of my participation on this mission trip to Uganda.

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.

2. I grant to any of The Rock Covenant Church or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.

3. I hereby grant any of The Rock Covenant Church leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Rock Covenant leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.

4. I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at: http://travel.state.gov/travel/cis_pa_tw/cis/cis_1051.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.

5. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.

6. I waive any and all claims for damages against The Rock Covenant Church, its leaders or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of The Rock Covenant Church, The Rock Covenant Church leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

* Before signing this form, please make sure you are at peace with complying with these conditions. The nature of our projects demands that we take these issues seriously.

** I have read the above paragraph regarding The Rock Covenant Church deposit and fundraising policies and my commitment and agree to these terms as stated. I also state that all the information is truthful and accurate, to the best of my knowledge.

Signed _____ Date _____