

# LOCAL Mission Trip

# Application Form

## July 8 – 14, 2018

✓ Select Your Days	Local Outreach Activity	Date / Time	Participant Age Require- ment	Participant Cost	Non- refundable Deposit	Deposit & Application Packet Due Date	Final Payment Due
	Senior Luncheon, Bingo, and Ice Cream	Monday, 9 AM - 4 PM	12+ or 6+ w/ parent	\$10	\$5	6/15/18	6/29/18
	LINK DeShong's garden	Tuesday, 9AM - Noon 1 - 4 PM	12+ or 6+ w/ parent	\$10	\$5	6/15/18	6/29/18
	* Good Shepard Alliance Background check/non- disclosure agreement required	Wednesday, 8AM - 4PM	12+ or 6+ w/ parent	\$10	\$5	6/15/18	6/29/18
	Mobile Hope Loudoun Habitat Re- Store	Thursday 9AM - Noon 1 - 4 PM	12+ or 4+ w/ parent	\$10	\$5	6/15/18	6/29/18
	Church cleanup; Grace Ministries set-up	Friday, 9AM - 5PM	12+ or 6+ w/ parent	\$10	\$5	6/15/18	6/29/18
	Grace Ministries	Saturday, 7AM - 1PM	12+ or 6+ w/ parent	\$10	\$5	6/15/18	6/29/18

**The Local Mission trip is a series of one day outreach activities for ages 6 through seniors that will work through a variety of our local agencies. Cost will be \$10/day, not exceed \$50/week and will cover expenses for a t-shirt and food.**

- **Mission trip fundraisers** subsidize a portion of the total trip costs. Therefore, participation in mission trip fundraisers is required. A minimum of 5 hours of service must be logged during any of the mission trip fundraisers.
- **Minimum age** requirements are as listed. For days that allow children, children under age 12 must be accompanied by parent or legal guardian.
- **Fundraiser dates:** Rummage Sale Sorting and Pricing—June 11-22  
Rummage Sale—June 23-24



**Sterling United Methodist Church**  
**Iglesia Metodista Unida Sterling**  
304 East Church Road  
Sterling, VA 20164  
Phone 703-430-6455





# SUMC Mission Trips 2018 Application

**LOCAL  
Mission  
Trip**

All Applicants

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

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

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

Current Grade (if student): \_\_\_\_\_ Age (on day of activity): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

### Application Checklist:

- Application /Medical Form
- Non-Refundable Trip Deposit
- Copy of Driver's License (Adults 21+ Only)
- Copy of Health Insurance Card
- Background Check Authorization (All adults 18+ by last day of trip)

*If we have your driver's license, passport, or background check on file from last year's trip, you need not re-attach them if they are still current and accurate. Copies may be made in the church office.*

*To be placed on a mission team, you must turn in the completed application and non-refundable trip deposit. Note, the deposit will be refunded if the application cannot be accepted (either because the team is full or the applicant does not meet the trip requirements).*

### **For Office Use Only:**

Date Received \_\_\_\_\_

Trip Assignment \_\_\_\_\_

**Payments:** Deposit: \_\_\_\_\_

Payments: \_\_\_\_\_

\_\_\_\_\_

- Application / Medical Form
- Insurance Card
- Passport
- Host Form(s)
- Worksite Guidelines
- License (Exp. Date \_\_\_\_\_)
- Background Check (Date: \_\_\_\_\_)
- P/C Cross-Check



# SUMC Mission Trips 2018 Application

**LOCAL  
Mission  
Trip**

All Applicants

**All Applicants:** Please write a brief paragraph explaining why you wish to participate in the selected activities.

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**Previous Mission Trips Attended:** Year: 2017 Location: \_\_\_\_\_  
Year: 2016 Location: \_\_\_\_\_ Year: 2015 Location: \_\_\_\_\_  
Year: 2014 Location: \_\_\_\_\_ Year: 2013 Location: \_\_\_\_\_  
Other \_\_\_\_\_

**Construction or Other Relevant Experience:**

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Adult Participants Only

**Adult Applicants:** Please answer the following:

**Domestic:**

Would you be willing to drive a vehicle? Yes  No   
Do you have a vehicle we can use on the trip? Yes  No   
If yes, how many seats (with seatbelts) are available (total, including the driver)? \_\_\_\_\_

**All Adults:**

Have you received UMVIM Team Leader Training? Yes  No  Date: \_\_\_\_\_  
Do you have first aid or CPR training? Yes  No  Date: \_\_\_\_\_  
Would you be willing to take photos? Yes  No



**SUMC Mission Trips 2018**  
**Medical Information and Release**

**LOCAL**  
**Mission**  
**Trip**

Name of Insurance \_\_\_\_\_ ID Numbers \_\_\_\_\_  
 Name of Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
 PCP's Address \_\_\_\_\_

**Medication(s)**

Name _____	Dosage _____	Frequency _____
Name _____	Dosage _____	Frequency _____
Name _____	Dosage _____	Frequency _____

Special storage of medication or other instructions \_\_\_\_\_

Food/Medical Allergies, Special Conditions / Restrictions, Contact Lenses or Glasses: \_\_\_\_\_

**For applicants who are minors (Under 18 years old on the first day of the trip):**

Name of Father or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

**All Applicants: Emergency Contacts: (Different from parents listed above)**

First Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

**All Applicants:** *Please sign and date after reading the following statements.*

By participating in this trip, I recognize that I am representing Sterling United Methodist Church. I will conduct myself in a manner worthy of this mission and in keeping with the highest standards of conduct. I understand that I am called to serve others and to participate fully in the activities and responsibilities of our group.

**Parent/Guardian of Minor Applicant (under 18):**

The applicant has permission to travel with the Sterling United Methodist Church (SUMC) "Mission Trips 2018." In the event of an emergency, I give permission to the adult members of the group to seek medical attention for him or her. I understand that every effort will be made to contact the parent/guardian as soon as possible in the event of such an emergency. During the Mission Activity, I authorize the SUMC Team adults to administer medication to the minor listed below in accordance with the physician's instructions as indicated.

**Signatures**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Trip Applicant*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian if applicant is under 18*