



# Short Term Missions Team Member Application Packet

Thank you for your interest in Connection Church's Short-Term Missions.

**In this application packet you will find:**

- Short term team member application
- Short term team financial policies
- Medical information form
- Release of liability form

*It is VERY important that you read each document thoroughly and provide your signatures in the areas noted.*

Your application is not considered completed until all the above documents have been completed and submitted to Connection Church Rincon along with the required non-refundable trip deposit (payable to *Connection Church Rincon*).

# Trips for 2024

## **Thailand, June 12-21, 2024**

We will be working out of Chiang Mai, Thailand. It is the Largest city in Northern Thailand. From Chiang Mai you can reach 6 countries within a 1-hour flight. It is a city where people come from all over Asia to vacation and explore. This makes it a truly strategic location to encounter the unreached people of Southeast Asia. This trip is designed to do 2 things. The first is advance the kingdom in Southeast Asia among the unreached people. The second is to create opportunities for you to have a life-altering experience while seeing God move in and through you. Each day you will have the opportunity to speak with Buddhist monks at English corners at a temple, Share the Gospel in remote Thai villages and learn more about how to pray for the unreached peoples of the area.

Approximate Cost: *\$3,900*

## **Dominican Republic, July 14-21, 2024**

*Family & Students Trip Only*

We will be working out of Boca Chica where we will be working alongside of Holt's House of Hope ministering to girls & boys who would otherwise be involved in sex trafficking. The Dominican Republic is the 4<sup>th</sup> largest country for sex trafficking in the world and the ministry we will be working with focuses in on getting them off the street and into meaningful jobs and relationships. There will also be opportunities to work alongside church planters planting churches among Haitian refugees. There are so many opportunities to expand your worldview and get your feet wet in missions. While we don't consider this a "*missions' trip*", we do think this is a great exposure trip to help families expose their children and students to other cultures and worldviews.

Approximate Cost: *\$1,500*

# // Team Member Application //

Application Date: \_\_\_\_\_ Applying for which team/ Location: \_\_\_\_\_

## Personal Information

*Please print full legal name as it appears on your passport or driver's license.*

Name: \_\_\_\_\_  
(last) (first) (middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Marital Status (*please circle*): *Single Engaged Married Widowed Separated Divorced*

Passport Number/ Issue Date: \_\_\_\_\_

Place of Issue (city, state): \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

## Relationship to Connection Church Rincon

*Select one and complete requested information.*

- Heart and Soul since (mo./yr.) \_\_\_\_\_ attended since (mo./yr.) \_\_\_\_\_
- Regular attender and active in the church since (mo./yr.) \_\_\_\_\_
- Occasional or non-involved attender
- Involved in another church (*specify Church*) \_\_\_\_\_

## References (*if needed*)

1. \_\_\_\_\_  
(name) (email) (phone) (relationship)
2. \_\_\_\_\_  
(name) (email) (phone) (relationship)
3. \_\_\_\_\_  
(name) (email) (phone) (relationship)

List the Connection Church ministries that you have been involved with, both past and present (include length of involvement for each ministry and ministry leader).

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### **Missions Experience**

List any past short-term missions experience you have had, the length of each, the organization's name, and the team leader. If this is your first trip, just note that below.

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List any foreign languages you speak and how well (*i.e., little, conversational, fluent*):

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### **Personal**

Describe how you came to know Jesus as Lord. This doesn't have to be a detailed life story. But we do want to know ***how*** Jesus' Lordship has changed your life.

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Describe your current time in the Word and in prayer—describe your personal growth in Christ.

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What impact are you anticipating that this trip will have on your relationship with God and others?

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How do you think your involvement will strengthen the team?

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Describe the type of relationships you hope to build with the people you will be ministering to.

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What impact do you expect the team will have?

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Since we will be traveling and ministering as a team, what are some ways you plan on helping maintain unity within the team?

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## // Medical Information //

Mission trips can be extremely strenuous and stressful. They may include long rides in the back of a truck or on a bus. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food may not be what you are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting locations may not have air conditioning and may not have adequate heating/cooling. There can be a considerable amount of walking involved in your trip, as well as climbing hills and/or several flights of stairs. During the winter months, walking may be on snow or ice-covered walkways and stairs. Summer months in many parts of the world can be very hot. The air quality is poor in many locations. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel may provide inadequate care.

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions above? (*i.e., have you experienced any knee or back problems?*)

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Have you had any surgery or major health problems in the past two years?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Are you currently taking, or do you regularly take any medications?

Yes  No

If yes, please explain and indicate which are prescription and which are non-prescription: \_\_\_\_\_

\_\_\_\_\_

4. Are you currently under a doctor's care or have you been in the past year?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Do you have any special dietary needs?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



**Medical Information** *(continued)*

6. Please summarize your health. (Any hearing, vision, mobility limitations?)

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**// Emergency Information and Liability Waiver //**

IN CASE OF EMERGENCY, CONTACT:

**EMERGENCY CONTACT 1**

Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

**EMERGENCY CONTACT 2**

Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

## // Liability Waiver //

In being accepted and allowed to participate in activities associated with Connection Church Rincon Missional Strategies, I assume responsibility for my actions. I release Connection Church Rincon, it's Elders, Deacons, Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, or damage to my property or myself. Nothing contained herein shall excuse Connection Church Rincon, its employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release Connection Church Rincon, its Staff, Elders, Deacons, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for injury or illness that I may sustain during this activity.

In the event of emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a license physician, surgeon, or dentist.

In the event of my death, I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in Gospel work in other countries.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_  
*(if applicant is under 18 years of age)*

## // Authorization and Consent for Medical Treatment //

In the event the applicant is less than 18 years of age at the time of the anticipated trip or is otherwise legally in- capacitated or disabled (*consult counsel if you are unsure of this*), it is absolutely necessary for the parent/guardian to sign this portion of the agreement. If the applicant is 18 years of age or older, and is legally capable, he/she must sign the consent for medical treatment for himself/herself.

### **Medical Release for MINOR**

(17 years of age or younger - or otherwise incapacitated or disabled):

*I hereby give to (name of individual in charge of group) \_\_\_\_\_ permission to authorize whatever medical treatment may be necessary in the case of (name of participant) \_\_\_\_\_, a minor of whom I am the parent or legal guardian, while on a mission trip with Connection Church Rincon.*

*If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above-named person, or anyone connected with Connection Church Rincon, responsible in case of adverse results or problems that arise from such treatment.*

*It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above-named person is given my permission to do whatever is necessary.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

### **Medical Release for ADULT**

(18 years of age or older):

*I hereby give to (name of individual in charge of group) \_\_\_\_\_ permission to authorize whatever medical treatment may be necessary for me, \_\_\_\_\_, while on a mission trip with Connection Church Rincon.*

*If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold the above-named person, or anyone connected with Connection Church Rincon, responsible in case of adverse results or problems that arise from such treatment.*

*It is understood that this release is valid only in an emergency situation where I am unable to consent to the medical treatment deemed appropriate for my care.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*