



International Missions

Team Member
Application & Information



Participation Application and Testimony

Project location: _____ Dates: _____

Team Leader: _____ Project Champion: _____

Participant Personal Information

Name: _____ Gender: () Male () Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Spouse's Name: _____

Is your spouse supportive of your participation in this journey? _____

Name as it appears on your passport _____
(If applied for please write your name as it will appear on passport)

Passport Number: _____ Expiration Date: _____
(please attach a copy of your passport)

SkyMiles Number: _____

Participant Medical Information

Is Team Leader authorized to approve medical treatment? () Yes () No

In case of emergency, is participant covered by personal/family medical ins.? () Yes () No

Name of Insurance Co.: _____ Policy No.: _____
(please attach a copy of your medical insurance card)

How would you describe your present health? () Excellent () Good () Average () Poor

Please state any major illness(es) you have had in the last five years: _____

Are you presently under the care of a physician? _____ If yes, please explain: _____

Please list any medications you are currently taking: _____

Please list any allergies you have: _____

Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Cell: _____



Involvement

Church Membership: () Mars Hill Community Church () Other Church _____

How long have you been a member? _____ Are you an active member of a Small Group? _____

Have you ever been on a short-term mission trip? _____ If so, please describe your experience: _____

What are your spiritual gifts? _____

How do you think you might be able to use your gifts on this trip? _____

When was the last time you witnessed to someone one on one? _____

List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held: _____

How would you describe your daily relationship with Christ? _____

Testimony

Location and dates of the MHCC mission trip with which you were involved in the past 2 years:

How and when did you come to know Jesus as your Savior? _____

How is your life now that you know him? _____

Briefly describe why you see God calling you to participate in this trip: _____

What do you see as your role on this ministry team? _____



Participation Agreement

(Please read carefully before signing)

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts the personal financial responsibility for any bodily or personal injury sustained during the mission project. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the mission. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. **The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchase in his/her names upon cancellation.** The training meetings for this mission trip are critical for the spiritual unity and physical preparation of the entire team. The participant has read and signed the **Team Member Participation Agreement** and understands what he/she is committing to. If married, the participant also declares that he/she has clearly communicated to his/her spouse the details of this project and that his/her spouse is supportive of his/her participation. The participant also declares that he/she has read the Summary of Insurance Coverage and Insurance Requirements and understands his/her responsibilities regarding the processing of medical claims that occur on the mission. The participant commits to do his/her part in working with the missions department at Mars Hill Community Church to insure that all claims get processed in a timely manner.

Participant's Signature: _____ Date: _____

Parent/Guardian if participant is a minor _____
(name) (signature)



Parent Permission and Affidavit Waiver

In consideration for participation in the following MHCC short-term mission trip:

I hereby give my son/daughter permission to travel to and from _____ with Mars Hill Community Church and its representatives. I also authorize Mars Hill Community Church or its representatives to initiate any necessary medical care on my son/daughter's behalf in the event of an emergency and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Name of Participant

If minor, both parents/guardians must sign:

Name (please print)

Signature

Date

Name (please print)

Signature

Date

****THIS FORM MUST BE NOTARIZED****

Notary Signature _____

State of Georgia

County of _____ Expiration Date _____



Confidential Background Check Form

This application is to be completed by all applicants for any MHCC mission trip. This form is being used to help the church provide a safe and secure environment for all who minister as well as those being ministered to on all mission projects.

Full Name First Middle Last (maiden, if applicable) Date

Address Street City State Zip County

Previous Address (If moved in the last five years)

Email Address

Home Phone Cell Phone Social Security number (*REQUIRED)

This authorization and consent for release of personal information acknowledges that Mars Hill Community Church may now or at any time I am in a volunteer service, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, credential reference, personal reference, name verification, social security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (statewide, federal or extended).

I understand that these searches will be used to determine volunteer work assignment for Mars Hill Community Church. Therefore, I authorize and consent for full release of records to the authorized representatives of the church. In addition, I release and discharge Mars Hill Community Church and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report.

After reading this document, I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility.

Should my application be accepted, I agree to be bound by the Bylaws and polices of Mars Hill Community Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Please print any other names you have used

Male or Female Date of Birth (*REQUIRED)

Have you ever been convicted of, or pleaded guilty to a crime? () No () Yes

If yes, please explain:

Do you have a current driver's license? () No () Yes

Driver's License Number State of Issue Exact name on license (*REQUIRED)

Signature (*REQUIRED) Date



Team member participation agreement

1. I whole-heartedly submit to the team leader and will follow their direction and instructions.
2. I will attend all training sessions and complete all training requirements or make arrangements with the team leader if I am unable to make a team meeting. I understand that I am expected to be at each team meeting.
3. While on the mission field I will be on time and participate in all activities as a good team member.
4. Team members are expected to stay with the team at all times unless on assignment from the team leader. When an assignment requires someone to leave the team sight another team member should accompany them.
5. Due to the political instability and anti-American sentiment in various countries around the world, MHCC asks that team members refrain from expressing political opinions while out of the country.
6. Team members are required to abstain from the consumption of alcoholic beverages or any use of tobacco or illegal drugs while on the trip.
7. I am willing to work under the direction of missionaries and national pastors to accept and to perform any and all assignments cheerfully and with a God-honoring attitude.
8. I will be flexible in my deportment, adjusting my demeanor, posture and manner as needed.
9. Team members must adhere to the behavioral guidelines for each specific team set by the team leader or missionary organization with a mind toward the culture to which the team is going. This will require a servant attitude toward all nationals and team members as well as the willingness to learn from the host culture.
10. I will agree to return home at my own expense if the team leader determines that my behavior is destructive to the team, the ministry, or the host community.
11. MHCC staff are expected to follow the same rules as any other team member.

Signature

Date



Mission Trip Insurance Information

Mars Hill Community Church carries emergency insurance that provides for personal injury or illness in the church facilities, on the church grounds, in church owned and leased vehicles, and during international travel sponsored by the church (see details below).

Primary Health Insurance

Primary personal health insurance coverage is **required** for each team member who participates in a Mars Hill Community Church sponsored mission team that is traveling **locally or nationally**. Team members who are uninsured may purchase a short-term coverage for the period of time the team will be in service, at their own expense. The mission team leader will provide information on sources of short-term health insurance, which are generally available for periods of as little as 30 days for \$100 or less. Mission team member applications will include health insurance policy information needed to verify personal coverage.

International Group Coverage

Mission teams traveling outside the United States are provided a secondary coverage under the church insurance policy. This policy provides for emergency medical care and evacuation while serving or in travel status outside the US. Team leaders will provide the documentation of each individual participant's international coverage. All medical care provided once back in the United States are the responsibility of each team member.



Mission Trip Support

Raising support, whether it's prayer or financial, for short-term mission trips is an extremely important part of any missions program. This should not be dreaded or looked upon as less important than any other part of the mission effort.

As we implement the missions program at MHCC, one of our main objectives is to replace the perceived impersonal church/missionary relationships with that of a personalized missions program where each person can feel a kinship with the missionaries, churches, and Christians outside our area.

Fervent prayer and financial gifts allow the body of believers to be an integral part of the missions program by channeling their efforts directly to the mission field and receiving immediate feedback on how their partnership helped to further the cause of Christ. It is therefore extremely important that an open line of communication be maintained to all that are part of your support team.

Consider these important aspects of raising support:

- Prayerfully trust the Lord to motivate a group of friends and family to support you.
- Do your part by letting them know of your need. Be open and unashamed-you are offering the opportunity for a blessing and joy through partnership of your mission trip.
- Raising support must be specific as to the purpose, time, and place of the mission trip.
- Paul asked for assistance in carrying out his vision to share the Gospel.
Romans 15:20-24 and 2 Corinthians 1:16

Support Policy for MHCC Missions team members:

- Team members are expected to raise 100% of their financial support for the trip.
- Funding must be completed by the due date set by the team leader.
- All support must be accompanied by an MHCC support form and be sent to the mission office for record keeping before being turned in for deposit into the mission trip account.
- If a team member raises financial support that exceeds the required amount, or if the team member cannot participate on the trip for any reason, it is the preference of the MHCC Missions Ministry and team leadership to reallocate the funds within the team account.

"Whatever you ask in prayer, believe you will receive it and you will." Mark 11:24



Support Letter Guidelines

The goal of your support letter is to let your family and friends know of your plans and desire to serve on the mission field through the MHCC Short-term Mission Program. You are offering them the opportunity of a partnership in a particular mission project through either prayer or financial support. After composing your letter, ask yourself whether you would be encouraged to give after reading it.

The basic format of a support letter should follow this outline:

First Paragraph: Greetings, and an explanation of what the project is and plans to accomplish it.

Second Paragraph: The reason behind your personal calling to be a part of the mission project. What you hope to accomplish there both with ministry and personally.

Third Paragraph: An explanation of your support needs and how you are raising that sum. Asking that individual if he would like to partnership with the mission project by prayerfully or financially supporting you. Some explanation of how to support you

Fourth Paragraph: Thanks to that person for considering being a partner of your mission project. Indicating that you will continue to be in contact with him/her as your mission project progresses.

Sincerely,

(Your Name)

Tips:

- Your letter should be no more than one page (front only).
- Make the reader feel they have an important role in your mission project.
- Be sure to edit your letter. You may have a fellow team member or leader read and appraise your letter.
- Let your supporters, both financial and prayer, know that you will be sending them a follow-up letter when you return from the project to share about your experiences.
- Always write a thank you letter to everyone who partners with you financially or in prayer. Make sure you do this with in 3 weeks after your arrival home.



Mission Trip Support Form

Please complete this form and designate how you feel God is leading you to support.

_____ Mission Trip.
(Name of Project)

Contributor's Name _____

Address _____

Phone # _____ Email Address _____
(Required if you wish to be a prayer partner)

Are you a member of Mars Hill Community Church? _____

_____ I/We will commit to pray for _____ and the entire mission team.
(Name if team member)

_____ I/We will financially commit to give \$_____ in support of _____
(Name of team member)
and the mission trip team.

The MHCC Missions Team would like to thank you in advance for your willingness to partner in our mission efforts. Please carefully read our contributions policies.

All contributions to MHCC Missions are non-refundable. IRS regulations prohibit the church finance office from giving you tax credit for donations designated for individuals. Contributions received which designate persons will be deposited but no tax credit will be given. **To be tax deductible, you must:**

- Make checks and money orders payable to **Mars Hill Community Church**. **DO NOT** write an individual's name anywhere on the check.
- Make sure that you include a completed support form with your check. Make sure that you note on the support form the individual or mission project that you are supporting.
- Mail the support form and your contribution to the following address:

