

# Student Application for Missions Teams

## Mt. Horeb Missions & Outreach

At Mt. Horeb, we believe the movement of God in the world beckons us to participate! Thank you for your willingness to answer the call and join a team. In order to be considered for any missional team, local or global, individuals must fill out the following application and submit a non-refundable deposit (see the amount below). If the participant is under the age of 18, a legal guardian will have to review and sign as well. The Missions Department or Team Leader will notify the applicant once they have been accepted to the team.

You can find basic details about each upcoming trip, including dates, deadlines, and Team Leader contact information at [mthorebumc.com/missions](http://mthorebumc.com/missions). If you have questions about any portion of this application, please contact the Team Leader or the Missions Administrator.

In order to hold a place on any of our teams, please send the following documents applicable to the team for which you are applying to:

**Mt Horeb UMC**  
**Attn: Missions Department**  
**1205 Old Cherokee Road**  
**Lexington, SC 29072**

### **Continental U.S., Non-Airline Travel:**

All sections of this application and a \$100 non-refundable deposit.

### **Domestic Airline Travel:**

All sections of this application, a \$250 non-refundable deposit, and a copy of valid government-issued ID.

### **International Travel:**

All sections of this application, a \$250.00 non-refundable deposit, and a copy of a valid passport.  
Please speak to the Team Leader if you do not currently have a passport.



**GENERAL INFORMATION**

Today's Date \_\_\_\_\_

For what trip are you applying? Location \_\_\_\_\_ Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender: Male/Female (circle)

Date of Birth \_\_\_\_\_ Age (at time of trip) \_\_\_\_\_

Grade (at the time of trip) \_\_\_\_\_ School: \_\_\_\_\_

Student Cell Number \_\_\_\_\_ T-Shirt Size: S M L XL XXL 3XL  
(circle one)

Primary Address \_\_\_\_\_  
Street City State Zip

**Primary Parent/Guardian Info:**

Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Number: \_\_\_\_\_ Home/Cell/Work (circle one)

Secondary Number: \_\_\_\_\_ Home/Cell/Work (circle one)

**Secondary Legal Guardian:**

Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Number: \_\_\_\_\_ Home/Cell/Work (circle one)

Secondary Number: \_\_\_\_\_ Home/Cell/Work (circle one)

If you have any other legal guardians (parent/grandparent/etc), please list their name and primary phone number:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact while on trip:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

Are you a member of Mt Horeb? Yes/No

If yes, when did you join (estimate)? \_\_\_\_\_

If no, are you a member of another church? Yes/No

Name of Church and City/State: \_\_\_\_\_

If not a member, are you an active attender of Mt Horeb? Yes/No

Are you in a Small Group through Mt Horeb? Yes/No

If yes, please list Small Group Leader's name and contact information.

\_\_\_\_\_

If no, please list the name and contact information for another Ministry Leader (i.e. pastor, church staff) who knows you well, but is not related to you.

\_\_\_\_\_

*Additional references may be requested.*

### **MEDICAL/HEALTH INFORMATION**

Do you have any known medical conditions (physical and/or psychological) which may affect you when going to an area where there may be physical and/or emotional stresses, lack of adequate medical care, and where emergency services may not be readily available? Yes/No

If yes, please describe.

List all medical conditions for which you are under the care of a doctor:

\_\_\_\_\_  
\_\_\_\_\_

List all medications you currently take:

\_\_\_\_\_  
\_\_\_\_\_

What are the risks and/or complications if you do not take your medication as directed?

Date of last Tetanus shot: \_\_\_\_\_

Please list all known allergies: \_\_\_\_\_

**PLEASE NOTE** that if you are accepted as a team member, a Physician's Release Form will be required prior to departure. Your team leader will inform you of this deadline. **This information will be kept confidential unless it is needed for medical issues that arise on the trip.**

### PERSONAL INFORMATION

**How would you describe yourself?**

- A person who is interested in Christianity, but has not made a clear commitment to Jesus Christ as the leader of my life.
- I am a new follower of Jesus Christ and am beginning to grow in my knowledge and understanding of His leadership in my life.
- I have been a faithful follower of Jesus Christ for several years.
- I have been a faithful follower of Jesus Christ for many years and have been involved in Christian leadership.

**Please respond to the following questions. Attach additional sheets if necessary.**

1. Have you ever served on a missions trip before? Yes/No  
If "yes" please list the trip(s) on which you have previously served including year and team leader.
2. How and when did you come to know Jesus Christ as Lord and Savior?
3. Explain how you are growing in your Christian faith.
4. Explain how a person becomes a follower of Jesus Christ.
5. What is your current involvement at Mt Horeb?

6. Why do you want to be a part of a missions team?
  
7. What gifts and skills would you bring to the team?
  
8. How have your experiences prepared you for this trip?
  
9. You will be asked to recruit six persons as prayer partners for this trip. Please list at least six potential prayer partners.
  
10. What other information about you will help us while considering your application to join this missions team?

**If traveling outside of the Continental US:**

Yes/No Have you traveled outside of the continental US?  
If yes, where?

Yes/No Do you speak any foreign languages?  
If yes, please list.

**PERSONAL COMMITMENTS**

Yes/No Do you agree to recognize the leadership of the trip and abide by its decisions?  
Comment:

Yes/No Will you make it a priority to attend each training session prior to the trip and faithfully complete your assignments?  
Comment:

Yes/No Will you make it a priority to get to know other people who will be on your trip prior to the journey together to help form a team environment?  
Comment:

Yes/No If you are a minor, do you have the full support of all legal guardians?  
Comment:

By signing below, I, \_\_\_\_\_  
(team member or legal guardian if under 18 years of age), certify that all information on this application is accurate and complete. If I were to be approved as a team member, I am also giving consent for video/photos/audio that include my name, likeness, or voice taken by representatives of Mt. Horeb United Methodist Church to be used for promotional purposes within the church, on printed and electronic media, and on electronic platforms, including but not limited to Mt. Horeb's website, official social media accounts, and digital media. In addition, I am agreeing to treatment by medical staff if an emergency arises while on the trip.

\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

## Release and Waiver of Liability

I, the undersigned, will be participating in a short term mission trip to \_\_\_\_\_  
(hereafter the "mission trip") on or about \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_\_.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

I understand and agree that neither **Mt Horeb United Methodist Church** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **Mt Horeb United Methodist Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **Mt Horeb United Methodist Church**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service.

If I am unable to do so, I authorize **Mt Horeb United Methodist Church** through its trustees, officers, directors, employees, agents or representatives to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Student Signature \_\_\_\_\_

Parent/Guardian Printed Name (if participant is a minor) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness Name & Signature \_\_\_\_\_