

HOW DO I GET STARTED?

How to GO from Here (Chepachet) to There (World)

1. PRAY

The Holy Spirit will lead you in this process. He may reveal only one step at a time, but God will be faithful to lead you.

2. FILL OUT THE MISSION TRIP APPLICATION

We want you to succeed and the trip to be effective. Your application will provide key information that will allow your Team Leader to get to know you and better understand the dynamics of the team.

3. GET YOUR PASSPORT

Start on the process now. Even if you are unsure of which trip in which to participate, get your passport.

4. GET INFORMATION

Attend an information meeting or call the Team Leader for the trip in which you are interested. Team Leaders are Glad Tidings Community Church staff members or trained volunteer leaders. The Team Leader will give you the details of dates, costs, and the trip project.

5. INTERVIEW

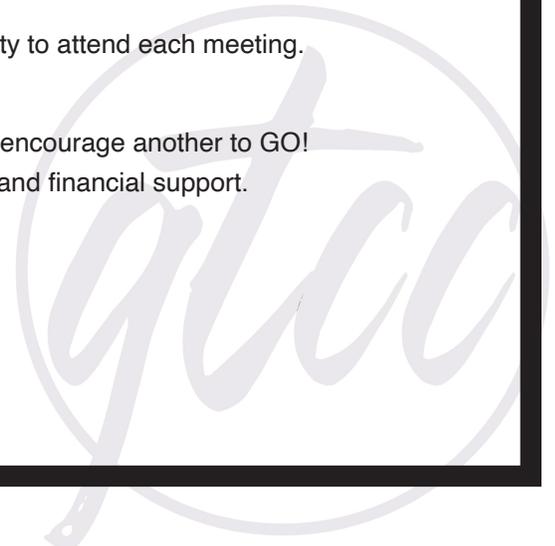
The Team Leader will interview you to review your application and hear your testimony and reasons for participating in the mission trip. Any concerns that you or the Team Leader may have will be addressed at this time. The Team Leader reserves the right to either accept or deny your participation in the team based on whether you are determined to be a good fit for the particular team for which you applied. Unfortunately, some health conditions cannot be accommodated on trips. All decisions will be made with prayer and wise counsel.

6. ATTEND TEAM MEETINGS

Team meetings will be scheduled for each team. Make it a priority to attend each meeting.

7. GO >>> COME BACK >>> SHARE

Your stories and enthusiasm will be the instrument God uses to encourage another to GO!
Send a follow-up report to all those whom you asked for prayer and financial support.



INSTRUCTIONS FOR COMPLETING THE MISSION TRIP APPLICATION

Glad Tidings Community Church

- Glad Tidings Community Church uses this application for all mission trips. Once it is completed, it is maintained on file at Glad Tidings Community Church. If this is your first trip, the entire application will need to be completed. If you have already completed an application, please speak with the Team Leader to determine what forms require completion. Please communicate changes in your information such as a name change, passport renewal, address change, etc.
- Please fill out each page completely and neatly.
- Do not omit any pages from the information packet.
- Be sure to include a copy of your health insurance card, complete the medical information section, and sign the release to be treated.
- If you already have an application on file, please provide updated medical information if there have been any changes.
- Please provide two copies of the photo page of your passport that are clear and legible. This information is used when purchasing plane tickets. We also keep a copy on file for identification should problems arise in a foreign country or if you lose your passport. The picture must, therefore, be clear enough to identify you.
- Make sure your passport is signed and that the expiration date is more than six (6) months subsequent to the trip dates.
- Provide copies of any travel visas that are required for your trip.
- On international mission trips, always put a copy of the photo page of your passport in every piece of luggage that you take.
- Make sure the liability forms are signed and notarized.



MISSION TRIP PARTICIPATION AGREEMENT

Glad Tidings Community Church

PERSONAL INFORMATION—please print clearly

Name as it appears on Passport: _____

Date of Birth: _____ Citizenship: _____ Gender: Male () Female ()

Address: _____

City: _____ State: _____ Cell: _____

Email: _____

Passport Number: _____ Expiration Date: _____

Missions Experience: _____

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

Are you currently under the care of a physician for a medical condition? Yes () No ()

If yes, describe the condition: _____

Emergency Contact: _____ Phone: _____

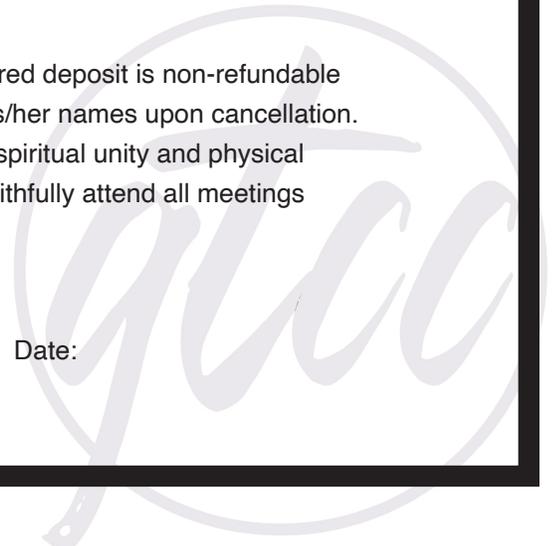
Name: _____ Relationship: _____

PARTICIPANT ACKNOWLEDGEMENT

By signing below, the Team Member understands that any required deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her names upon cancellation. The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The Team Member commits to faithfully attend all meetings at the scheduled times.

Team Member Signature: _____

Date: _____



INVOLVEMENT QUESTIONNAIRE

Glad Tidings Community Church

Church Membership: () Glad Tidings Community Church () Other Church:

How long have you been a member? _____

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

List the ministries in which you have been involved outside of your church, including time of involvement and any leadership positions held:

How would you describe your daily relationship with Jesus Christ?

What are your spiritual gifts? _____

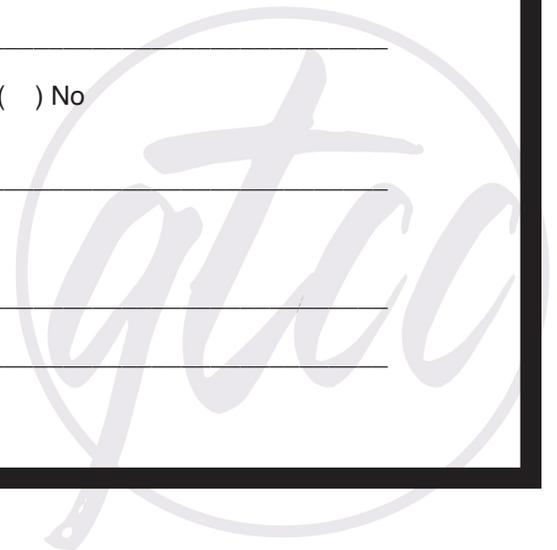
Have you had training in personal evangelism?

Are you a member of a Small Group?

Have you been on a short-term missions trip before? () Yes () No

Destination: _____

Describe your experience:



PERSONAL TESTIMONY

Glad Tidings Community Church

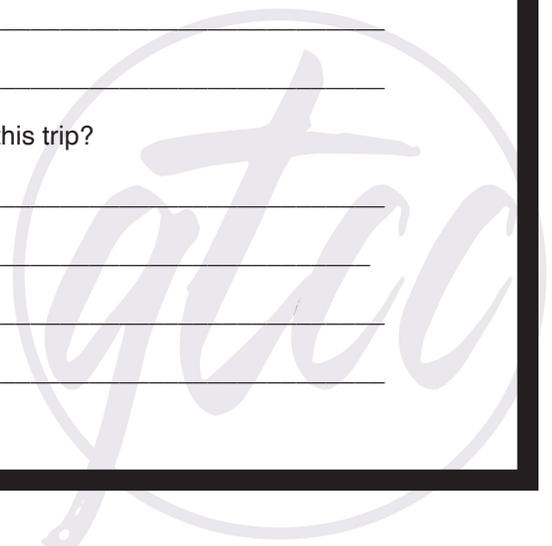
What was your life like before coming to Jesus? What got you interested in God?

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

How is your life now that you know Him?

Briefly describe how you see God calling you to participate on this trip.

What are your talents and how do you see them being used on this trip?



LIABILITY ACKNOWLEDGEMENT

Glad Tidings Community Church

I, _____, in consideration of my acceptance as a Team Member in a short-term mission trip sponsored by Glad Tidings Community Church (Glad Tidings Community Church) to _____ represent that:

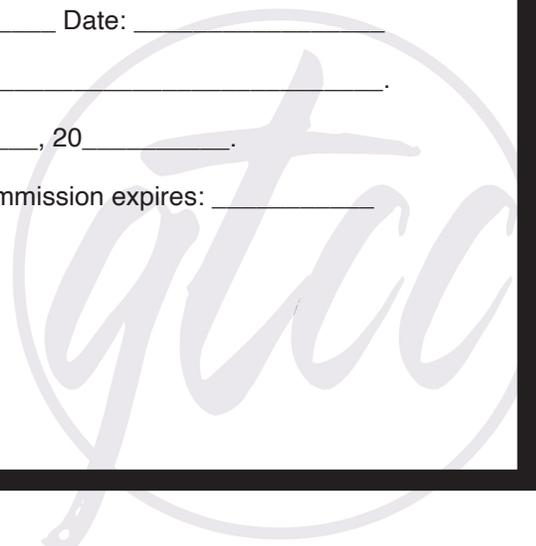
1. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury or death by accident or intent, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, and criminal activity and acts. I choose to go on this trip with full awareness of these risks and I will rely upon my personal insurance coverage for anything the travel insurance does not cover. I accept these risks, recognizing that Glad Tidings Community Church would not be able to offer the opportunity for missions service without a release such as this. With respect to Glad Tidings Community Church and its agents, officers, volunteers, directors, and employees, I voluntarily assume all risks of death, injury, illness or loss associated with such risks, and any damage to my personal property, and I release Glad Tidings Community Church and its agents, officers, directors, and employees from any liability that I may suffer or claims I may have as a result of participation in the missions project even if resulting from the negligence of Glad Tidings Community Church, its agents, officers, volunteers, directors, and employees. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)
2. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
3. I give permission to be photographed, and/or recorded, with video and/or sound, for promoting Glad Tidings Community Church and its activities, and/or for creating an audio or video product of the trip for sale.
4. I understand that travel insurance may or may not be provided for the trip in which I am participating, and it is my responsibility to determine if travel insurance is provided.
5. I expressly agree that this Liability Acknowledgement is intended to be as broad and as inclusive as permitted by law. I further state that I have carefully read the foregoing and understand its contents, and I voluntarily sign this Liability Acknowledgement as my own free act. I also understand that this is a legal document and I have the right to consult with an attorney before signing it.

Team Member Signature: _____ Date: _____

State of _____, County of _____.

Sworn to and subscribed to me this _____ day of _____, 20_____.

Notary Public signature: _____ My commission expires: _____



MEDICAL RELEASE

Glad Tidings Community Church

Policy No.:

Date of Hepatitis A inoculation (this is not required, but recommended):

Have you fainted or passed out? Why?

If you are under the care of a physician for any condition or medication, have him/her complete the following:

and find him/her to be in good general health and
physically able to take part in the mission project to on (date)

.

: Date:

In an emergency, illness, injury, or accident which requires medical attention, I give my
permission to Glad Tidings Community Church, its representatives and all attending health care
professional

treatment,

hospitalize, anesthetize, or surgery. I, _____, the

undersigned, do release, acquit, discharge and covenant to hold harmless Glad Tidings Commu-
nity Church and

its representatives from all actions, damages or liabilities arising out of the treatment of

any illness, injury, or accident incurred during my participation in the trip. It is the intention of

this release that Glad Tidings Community Church and its representatives incur no liability whatso-
ever while

attempting to meet all medical needs that my I may require during the short-term missions trip.

Date:

, County of . Swore to and subscribed to me this

Day of , 20 .

SHORT-TERM MISSION PROJECTS POLICIES

