

Hill Country Church - Missions Trip Application



Application

Name _____ M/F Age: _____

Occupation _____

Exactly as it appears on or will appear on your passport:

Address _____

City _____ State/Zip _____

Home or Cell Phone _____ Work Phone _____

Email _____

Medical Insurance Carrier and Phone # _____

Policy # _____

Name and phone of nearest relative or person to contact in case of emergency:

Name _____ Phone _____

Address _____

City/State/Zip _____

Do you have a passport? Yes No

If Yes: PASSPORT # _____

PASSPORT EXPIRY DATE _____

BIRTH DATE _____

Please provide us with a photocopy of your passport.

For which HCC Mission Trip are you applying? _____

Have you ever traveled with Hill Country Church Missions? Yes No

If you answered "Yes", which trip? _____



Spiritual Background

Are you born again? **Yes No Unsure** Are you Spirit-filled? **Yes No Unsure**

Are you currently living for Jesus Christ? **Yes No Unsure**

Are you willing to minister in a way consistent with Hill Country Church guidelines? **Yes No**

Are you willing to submit to being monitored and lovingly corrected, if necessary? **Yes No**

If attending without your spouse, does he or she support your participation? **Yes No**

What spiritual gift(s) do you believe God has given you? _____

Do you attend church regularly now? **Yes No**

Local Church Name _____ Phone _____

Address _____

City/State/Zip _____

Denomination, if any _____

Pastor _____ Phone _____

How long have you attended? _____

In what areas of church life have you served/are you currently serving? _____

What healing prayer ministry training have you had? _____

Have you had other ministry training? **Yes No**

Describe _____

Have you ever traveled to a foreign country for the purpose of mission work? _____

Dates and Destination _____

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Personal Details

Have you ever traveled abroad? **Yes No**

If you answered "Yes", where and when? _____

What languages are you conversational in other than English? _____

Do you have any physical disability? **Yes No**

If you answered "Yes", please describe _____

Please list any limitations that may limit your participation & any medications that you are presently taking: _____

Do you have any food allergies or any other known allergies? **Yes No**

If yes, please list: _____

How would you describe your temperament? _____

Have you ever been treated for any mental or emotional condition? **Yes No**

If so, explain _____

Do you have any skills or talents that might be helpful on this trip? _____

What experiences do you have working with internationals? _____

Explain why you would like to participate as a Hill Country Church Missions Team Member:

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Personal Details

What do you feel is the purpose of this trip? _____

What do you expect your assignment to be? _____

What do you expect to contribute other than specific task assignments? _____

Why do you want to go on this trip? _____

For roommate considerations, please circle:

Are you an early riser or late night owl?

Neat and tidy or cluttered and jumbled?

Quiet sleeper or snorer?

I have read, understand, and agree with the application and accompanying information.

Signature _____

Date _____

We Reserve the right to deny any application based on our judgment of the applicant's qualifications/experience Compared to those required for Hill Country Church Missions.



Code of Conduct

Recognizing that a life dedicated to glorifying God and valuing what He Values will be a life of success and joy, and upon being accepted to participate on a HCC Missions Team, I _____, do hereby commit myself to faithfully pursue the following code of conduct on the HCC missions trip and at all events prior to the trip:

Pursuit of God

I will position myself to love the Lord with all my heart. (Matthew 22:37)

Love of Others

I will love, honor, and serve all people, as an overflow of His love for me. (John 15:12-13)

Teachable

I will do my best to continually remain teachable, shapeable, and receptive to instruction and correction from God and others. (Psalm 25:4-5, Hebrews 12:6)

Generous

I will learn to live a life of generosity, knowing that I am a steward entrusted with the care of God's resources. (Proverbs 11:24-25, Luke 16:10-11)

Self-Control

I will seek to exhibit the fruit of self-control in my life continually allowing the Holy Spirit to empower me to walk in my full identity. (1 Corinthians 9:24-27, Galatians 5:23)

Moral Purity

I commit myself to live a life of purity with the guidance of the Holy Spirit. (Colossians 3:5, 1 Thessalonians 4:3-7)

Work Ethic

I will develop within myself, a willingness to work and be a productive member of the team and the ministry we are serving. (1 Thessalonians 4:11, 2 Thessalonians 3:7-13)

Servanthood

I purpose to serve others and consider their interests as high as my own. (Matthew 20:25-28, Galatians 5:13, Philippians 2:3-9)

Excellence

I will pursue excellence in everything as an ambassador called to demonstrate the greatness of the Kingdom of God. (Proverbs 22:29, Colossians 3:23)

Signature _____

Date _____

Medical Release Form

Trip Dates _____ Location _____

I hereby release, acquit, and discharge Hill Country Faith Ministries and its employees, agents, and authorized representatives from all damages, injuries, claims, demands, or causes of action I or any family member, my heirs, executors, administrators, or assigns may have arising out of this short-term outreach to:

(Location) _____

Additionally, I authorize Hill Country Faith Ministries and its employees, agents, and authorized representatives to consent to any emergency medical treatment to be rendered to the participant named below should that be deemed necessary. I assume responsibility for any and all costs for such emergency medical treatment not covered by trip insurance. Payment to and responsibility by Hill Country Faith Ministries will extend to the established trip itinerary only. If I extend my travel plans or deviate in any way from the established trip itinerary I assume any and all cost and any and all liability for that portion of the trip. No refund will be issued by Hill Country Faith Ministries.

In the event emergency medical aid/treatment is required due to illness or injury during the term of my short-term mission trip I authorize Hill Country Faith Ministries to:

- Secure and retain medical treatment and transportation if needed.
- Release the above provided information to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment deemed necessary by a physician or other qualified medical personnel. This provision will only be invoked if the person(s) above is unable to be reached.

_____ Participants Name (Printed)	_____ Participants Signature
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_____ Parent/Guardian (Printed)	_____ Parent/Guardian Signature
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Please note: This form must be notarized before return.

County of _____

State of _____

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

Notary Public Signature

Liability Release Form

Short-Term Mission Trip Risk Acknowledgement and Liability Release Form

Trip Information *(To be completed by the trip sponsor)*

Sponsoring organization (Trip Sponsor): HILL COUNTRY FAITH MINISTRIES

Location of mission trip: _____ Dates _____

Name of the trip sponsor's coordinator: _____ Phone: _____

E-mail: _____

Participant Information *(To be completed by participant or an authorized guardian)*

Name of Participant: _____

Address: _____ Phone _____

Name of emergency contact: _____

Daytime Phone: _____ Evening Phone: _____

List any current allergies, illnesses, physical conditions, or medications: _____

Is sponsor authorized to approve medical treatment? **Yes** **No**

Is participant covered by personal/family medical insurance? **Yes** **No**

If yes, name of insurer: _____

Policy or group number: _____

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Liability Release Form

Participant Agreement (To be completed by participant or by parents or guardians if Participant is a minor)

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

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 alternative dispute resolution process. If the Participant (or parent/guardian) and Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ Date: _____
Participant or parent/guardian if participant is a minor

Participant Signature: _____ Date: _____

Liability Release Form



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For Minors Traveling with Parent(s)

Name _____ M/F Age: _____

Exactly as it appears on or will appear on your passport:

Address _____

City _____ State/Zip _____

Home or Cell Phone _____ Work Phone _____

Email _____

Medical Insurance Carrier and Phone # _____

Policy # _____

Parents Contact Information

Mother

Name _____ Phone _____

Address _____

City/State/Zip _____

Father

Name _____ Phone _____

Address _____

City/State/Zip _____

Do you have a passport? Yes No

If Yes: PASSPORT # _____

PASSPORT EXPIRY DATE _____

BIRTH DATE _____

Please provide us with a photocopy of your passport.

