



Missions Ministry Trip Application

www.parkviewchurch.com/missions

Thank you for showing interest in Parkview Christian Church's Missions Ministry. Below are the steps to take if you are seriously considering going on a missions trip. Please contact us at any time if you have questions about the process.

- Sean Mixson, Missions Ministry Pastor (sean.mixson@parkviewchurch.com)
- Kathy Glenn, Missions Ministry Leader (kathy.glenn@parkviewchurch.com)
- Debra Krygier, Missions Ministry Assistant (debra.krygier@parkviewchurch.com)
Phone # 708-478-7477, Ext. 222

Step One: Review the various trips and begin praying about which opportunity God is stirring your heart to pursue.

Step Two: Trip participants must attend a *What We Believe* class. Please check *The ParkView* or www.parkviewchurch.com for upcoming dates and times.

Step Three: Complete the **Trip Application Form on page 2**. Please return completed application by the assigned date to the Parkview Missions Ministry at 11100 Orland Parkway, Orland Park, IL 60467, along with any initial deposit. (See page 4 for the late fee rule - #22.)

Step Four: Contact the Missions Ministry via email with any questions you might have concerning your chosen trip.

Step Five: Make sure you have an up-to-date passport. Your passport needs to be valid for 6 months following your return. Visit their website at http://travel.state.gov/passport/passport_1738.html, or visit Travel Document Systems (TDS) at www.traveldocs.com to expedite the service. The average turn around time for TDS is only three days, but it does cost more for the service. Also, if you are over 18 years of age, you will need to file a background check.

Additional information can be found at the following websites:

Center for Disease Control: <http://www.cdc.gov/travel>

Background Checks: www.ministryopportunities.org/Application.aspx?oid=2775



Short Term Mission Trip Application

Notice of understanding:

- Completion of this application does not guarantee a place on the mission trip.
- Each applicant will be reviewed for trip placement.

Please return this application to the attention of the Missions Ministry.

General Information

Date: _____

Full Name (as it appears on passport) _____

Passport # _____ Exp. Date: _____
(Passport must be valid 6 months after your return to USA)

Street Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email : _____

Occupation: _____

Marital Status: Married Single Date of Birth: ____/____/____

Ministry Information

Specific trip you are interested in: _____

1. How long have you attended Parkview Christian Church? _____

If no, where do you attend? _____

2. Do you belong to a small group? No Yes

3. What areas of service are you currently involved in? _____

4. In what ministries have you previously served? _____

5. What is the maximum number of days you can serve (including weekends)?
_____ One week _____ Two weeks

6. Primary Areas of Interest: (Check all that apply)

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bible/Theology | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Medical | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sports | <input type="checkbox"/> Children |
| <input type="checkbox"/> VBS | <input type="checkbox"/> Other _____ | |

7. Specialized ministry skills and talents:

- Drama
- Foreign Language (which ones?) _____
- Leadership Development
- Music (vocal, instruments, tech) _____
- Organization
- Teaching (Grade Level) _____
- Other _____

8. List previous mission trip experience:

	Year	Country	Church	Trip Purpose or Goal
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

9. Write a brief statement of how you came to know Jesus Christ personally.

10. Why do you want to go on a short term mission trip?

11. What are your trip expectations?

12. What are some things you are doing now to grow in your intimacy with Christ?

13. In your opinion, what are your strengths? (character traits/abilities/skills)

14. In your opinion, what are your weaknesses? (character traits/abilities/skills)

15. Are you willing to raise the funds needed to cover the cost of the trip and meet payment deadlines? Yes No

16. Are you willing to attend all of the required training sessions and team building events?
 Yes No

17. On the mission field, do you agree not to use alcohol, tobacco, public displays of affection between sexes (married or single), profane language, inappropriate dress deemed disrespectful of the culture you are serving in, and/or critical or complaining attitude or words? Yes No

18. I understand it is my responsibility to check with my physician concerning immunizations.
 Yes No

19. I understand it is my responsibility to check with my health insurance provider regarding out-of-country coverage. Yes No

20. I understand that all funds donated/collected for the trip are non-transferable/non-refundable once turned over to the church. Yes No

21. Are you willing to follow Parkview's Mission Policies (questions 15-20) and leadership even though you might not totally agree with them in every situation? Why or why not?
 Yes No

22. I understand that if my deposit or payments are late, a fee of \$50.00 will be added to my trip cost. Yes No

Medical Background

1. Do you have any limiting physical conditions which would hinder the safety or efficiency of you or the team? (i.e. serious allergies, back problems, limited mobility, poor eyesight, poor hearing, etc.) If yes, please explain. Yes No

2. If you are on medication, can you bring enough for the duration of the trip? Yes No
3. Have you been under a doctor's care within the last year? Yes No

Emergency Contact Information

Who may we contact in case of an emergency?

Name: _____

Relationship to Applicant: _____

Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email (if checked regularly): _____

I hereby certify that all statements in this application are true
and complete to the best of my knowledge.

Signature

Date

- Please keep my information on file for future trips.

Missions Trip Volunteer/Team Member Code of Conduct

- As an individual who is committed to working with Parkview's Missions Ministry, you are valued and supported by this congregation. The following standards are for you and your protection, as well as that of the people you will be coming in contact with. These standards apply during any event that is developed, promoted, and supported by Parkview Missions Ministry on or off-site.
- All Missions volunteers/team members working with children under the age of 18 will complete the following process: an application, background check, possible interview, and team training.
- Volunteers and team members will be given a job description of their responsibilities and will perform the services within the limits of that description. Volunteers/team members will be under the direction of a staff person or team leader who must have attended Parkview for at least six months and have adequate background experience for the event.
- Adults who have been convicted of either physical or sexual abuse will not be accepted as volunteers or team members within the Missions Ministry.
- Volunteers/Team members must observe the "two adult/open door" rule, which requires an adult working with anyone under the age of 18 to be accompanied by another adult or to provide visual access to the room (through an interior window or open door).
- Relationships of a romantic nature, or inappropriate relationships between volunteers or team members, is strictly prohibited. If the volunteer/team member is found to be in an inappropriate or romantic relationship with another volunteer/team member, they will be dismissed from serving in the Missions Ministry's events/trips and the church leadership and the appropriate authorities will be made aware of this decision.

Participant Agreement

I understand that if I am able to participate in this trip, I will be required to attend any and all functions pertaining to the missions trip. I also understand that if I am absent from any of the functions relevant to the missions trip and have not been excused by the leaders, I may be asked to forfeit my ability to participate and will not receive a refund for registration costs. If I am excused from attending a fundraising activity, any monies collected during that activity will not be credited to my account. I further understand some tools and supplies may be required at the site, and I may be responsible for bringing some or all of the required items.

By signing below, I promise to attend any and all functions pertaining to the missions trip, and I will take care of all costs of the trip related to my attendance. I agree to all that is required of me, and I understand that my registration money is non-refundable.

I understand that all raised monies (whether through fundraisers or support letters) cannot be refunded to me, but will be kept in a general mission's fund. Any monies raised over and beyond the needed amount cannot be returned to me, nor can they be used for future trips. Also, funds are NOT transferrable.

(Printed name of participant)

(Signed name of participant)

The following contractual area needs to be completed if the minor is traveling without parental supervision.

Parental Participant Agreement for Minor

I have read through the information and understand that my son/daughter will be attending a missions trip, if able. I am aware of the type of activities that will take place during the week of the missions trip. I understand what is required of my son/daughter in relation to attending any functions that pertain to the trip. I give permission for my son/daughter to be considered for the trip. I furthermore understand that all raised monies and any monies over the needed amount cannot be refunded, they are non-transferrable, nor can they be carried over to the following year.

(Printed name of parent or guardian)

(Signed name of parent or guardian)

Consent for Treatment of a Minor

This form **MUST** be completed and notarized for the participant's application to be processed. Notary Publics are on staff at Parkview, but you must make an appointment with them to have it signed and stamped. Notary Publics are also on staff at your local bank, law office, and courthouse.

To be completed by Parents / Guardians:

I, _____,
(Printed name of parent / guardian)

being the parent or legal guardian of

_____,
(Printed name of participant)

give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"):

My consent is effective for the following time period: _____

(Printed name of parent / guardian)

(Signed name of parent / guardian)

(Date)

To be completed by a Notary Public:

County of: _____ State of: _____ Country of: _____

On this, the _____ day of _____, 20_____, before me, the undersigned Notary Public,
(Date) (Month) (Year)

personally appeared the above named individuals for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

(Notary Public Signature)

(Commission Expiration Date)

PERMISSION FOR A MINOR TO TRAVEL

(Note – Both parents must complete two (2) copies of this form and have each copy notarized (photocopies are not acceptable). If a parent has sole custody of the minor, than a copy of the proof of sole custody must also be presented with this form.)

I hereby grant permission to _____,
Name of Minor

age _____ years, who is my _____ and who was born at
Son, Daughter, Ward, etc.

_____, on _____, to make a
City, State, Country Birth Date

tourist visit to _____.
Name and Location to Be Visited

My child will be accompanied by: _____ to whom I grant
Name of ministry leader

permission to make emergency medical decisions in the event of injury of my child.

Printed name of mother or guardian

Printed name of father or guardian

Signed: _____

Signed: _____

This _____ day of _____, 20_____

Notary Public in and for country of: _____

State of: _____