Short Term Missions Trip Application (Adult)

Missions Trip Name: _____ Missions Trip Year: _____

Personal Information ***(as it appears on Passport)***

First Name: _____ Middle: _____

Last Name: _____ Date of Birth: _____

Relationship to any other traveler: _____

Cell Phone #: _____ Email: _____

Street Address: _____ Shirt Size: _____

Apt/Suite Number: _____ City/State: _____ Zip Code: _____

☐ Please attach copy of driver's license or any other government identification

Passport Information

Passport Issuing Country: _____

Passport Number: _____

Passport Issuing Date: _____ Passport Expiration Date: _____

If not a US Citizen, please list residence status with corresponding number and expiration dates:

_____

☐ Please attach copies of passport and residence documentation

Emergency Contact Information (non traveler)

Name: _____ Relationship: _____

Cell Phone #: _____ Email: _____

Address: _____

Apt/Suite Number: _____ City/State: _____ Zip Code: _____

☐ The individual that is being placed on my emergency contact information is not going on this missions

Christian Formation

trip, is aware of the mission trip and is the first point of contact in case of any emergency.

Please answer the following questions:

1. Is Viva Church your home church? ☐Yes ☐No
   If no, which is your home church? Please provide your Pastor's contact information.
   _____
   _____

2. How long have you been attending your home church? _____
   When did you accept Jesus Christ as your personal savior? _____

3. Briefly explain your ministerial experience: _____
   _____
   _____

4. On a missions trip the opportunity may present itself in which you can share with someone your testimony. It should be done in a way that is simple and understandable. Briefly share your testimony in a clear and concise fashion below: _____
   _____
   _____

5. Please list languages spoken: _____

6. Please list any skills/talents you have that may be beneficial for this mission trip (Construction, arts/crafts, dance, music instruments, singing, photography, administration, financial savviness, teaching, etc.) Please note that there are no skills/talents that are lesser than another, God uses everything for His glory. _____
   _____
   _____

Missions Experience

Please answer the following questions:

1. Is this your first Missions Trip? ☐Yes ☐No
   If no, please list your previous mission trips. _____
   _____
2. Why would you like to attend this mission trip? _____
   _____
3. When thinking about this mission trip, list one or some of the things you are looking forward to experiencing: _____
   _____
4. When thinking about this mission trip, list one or various hesitations you may have: _____
   _____

Acknowledgement by Traveler

MCC's goal is to ensure that every trip is a blessing to all parties involved while always maintaining safety as our top priority. Due to the physical demands of certain mission trips, full disclosure of any travel or mobility limitations is required to ensure that every applicant is more than capable of meeting the travel demands without compromising their health. Please note that the Viva Church will not be responsible for any type of loss due to unexpected changes including, but not limited to, flights, lodging, closures, itinerary, transportation, and public health mandates. I understand that payments are nonrefundable (except the initial deposit if application is not approved) and that my participation is subject to approval by MCC leadership. I also attest that I will meet all trip requirements and mandatory meetings. By signing below, I certify that I have answered truthfully, and I will always collaborate with the trip goals and leadership instructions.

Applicant Signature: _____ Date: _____

Pastoral Recommendation

I, Pastor _____, personally know the applicant and wholeheartedly recommend him/her for participation of this trip.

Pastor Signature: _____ Date: _____

MEDICAL INFORMATION AND RELEASE FORM (Adult)

I, _____, hereby give permission for any and all medical attention to be administered to me in the event of accident, injury, sickness, etc. during the mission's trip. I also assume the responsibility for the payment of any such treatment. This release is effective for the duration of this event, from _____ to _____.

Cell Phone of participant: _____ Cell Phone of Parent/Guardian: _____

Address: _____

Insurance Company: _____

Policy Number: _____

Known Allergies: _____

Medical Conditions: _____

Medications: _____

_____

In case of emergency, please contact the following persons:

	Name	Relationship	Cell Phone
1.			
2.			
3.			

_____ _____

Signature of Participant Date