

HILLSIDECHURCH

SHORT-TERM MISSION TRIP APPLICATION

THIS PACKET NEEDS TO BE COMPLETED IN ITS ENTIRETY AND CONTAINS THE FOLLOWING FORMS:

- PERSONAL INFORMATION – TRIP, PERSONAL, BACKGROUND, MEDICAL
- PHYSICIAN FORM
- NOTIFICATION OF DEATH
- COVENANT OF CONDUCT & FAITH
- RELEASE & INDEMNITY AGREEMENT (ADULT AND/OR YOUTH)
- YOUTH TRAVEL AFFIDAVIT (UNDER 18 OR 20 DEPENDING ON TRIP LOCATION)
- BACKGROUND CHECK RELEASE (CHEROKEE COUNTY AND HILLSIDE)
- 2 PERSONAL REFERENCE FORMS (FOR THOSE ON THEIR FIRST HILLSIDE MISSION TRIP ONLY)

IN ADDITION TO THE COMPLETED PACKET, PLEASE SUBMIT THE FOLLOWING:

- DEPOSIT OF \$_____, PAYABLE TO HILLSIDE CHURCH WITH [MISSION TRIP – LOCATION] AS THE MEMO
- COLOR COPY OF YOUR PASSPORT (FOR INTERNATIONAL TRIPS) OR DRIVER'S LICENSE (FOR DOMESTIC TRIPS)

THE REGISTRATION DEADLINE FOR THIS TRIP IS _____

TRIP INFORMATION

DATES OF TRIP: ____ / ____ / ____ TO ____ / ____ / ____ LOCATION: _____

TRAVEL (*Check all that apply*): ☐ Bus ☐ Van ☐ Air ☐ Ship ☐ Personal Vehicle ☐ Other

PERSONAL INFORMATION

FULL LEGAL NAME: _____ DATE OF BIRTH: ____ / ____ / ____

EMAIL: _____ PHONE NUMBER: (____) ____ - ____

ADDRESS, CITY, STATE: _____

OCCUPATION AND PROFESSIONAL SKILLS: _____

PASSPORT #: _____ EXPIRATION DATE: _____ ISSUING COUNTRY: _____

MINORS ONLY

PARENT(S) OR GUARDIAN NAME: _____

PHONE NUMBER(S): _____ EMAIL: _____

ADDRESS, CITY, STATE: _____

BACKGROUND INFORMATION

ARE YOU A MEMBER OF HILLSIDE CHURCH? ☐ YES ☐ NO

IF NOT, ARE YOU A MEMBER OF ANOTHER CHURCH? ☐ YES ☐ NO NAME OF CHURCH: _____

PLEASE LIST ALL PAST AND CURRENT MINISTRY INVOLVEMENT:

PLEASE LIST ANY CROSS-CULTURAL OR SHORT TERM MISSION EXPERIENCES:

PLEASE SHARE WHAT INTERESTS YOU ABOUT THIS TRIP:

PLEASE SHARE WHAT POSITIVE SKILLS, ATTRIBUTES, ETC. YOU WILL BRING TO THIS MISSION TEAM

DO YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS TRIP?

EXCLUDING MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF ANY LAW OR ORDINANCE?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

MEDICAL INFORMATION

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE NUMBER: (____) _____ - _____

ADDRESS, CITY, STATE: _____

INSURANCE COMPANY: _____ POLICY HOLDER: _____

POLICY # _____ GROUP #: _____ MEMBER ID: _____

FAMILY PHYSICIAN: _____ HEIGHT: _____ WEIGHT: _____

LAST TETANUS BOOSTER: ____ / ____ / ____ CHRONIC DISEASES: ☐ LUNG ☐ HEART ☐ KIDNEY ☐ DIABETES ☐ ASTHMA

DO YOU HAVE ANY ALLERGIES? ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN. WHAT TREATMENT IS REQUIRED?)

CURRENT MEDICATIONS (PLEASE NOTE THAT YOU WILL BE RESPONSIBLE FOR BRINGING ALL REQUIRED MEDICINES):

DO YOU HAVE ANY MEDICAL ISSUES OR CONDITIONS THAT WE NEED TO BE AWARE OF? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS THAT PREVENT YOU FROM PHYSICAL WORK? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

PLEASE LIST ANY AND ALL OPERATIONS, SERIOUS INJURIES, SERIOUS ILLNESSES DURING THE PAST 5 YEARS:

WHAT TYPE OF PAIN MEDICATION MAY BE GIVEN IF NECESSARY?

DO YOU HAVE ANY SPECIAL DIETARY RESTRICTIONS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

EMERGENCY AUTHORIZATION

I authorize _____, or a leader from the Hillside Church Mission Team, if I am unable to do so, 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.

Signature: _____

HILLSIDE CHURCH

PHYSICIAN FORM

MISSIONARY NAME: _____

I plan to participate in a Hillside Church mission project in _____. I will be doing manual labor outdoors in a climate that is:

☐ Hot and Humid ☐ Cold and Damp ☐ Other _____

Health care facilities may be inadequate or nonexistent.

Hillside Church recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The drug of choice of diarrhea prevention is Ciprofloxin 500 mg once a day beginning the day of travel, increasing dose to 500 mg. every 12 hours if illness occurs.
3. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
4. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline, 800-232-4636.
6. In most countries where Hillside Church serves, use of a sunscreen with an SPF factor of 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above.

Medical Professional Signature: _____ Date: _____

Medical Professional Name (Printed): _____

Physical examination performed? ☐ Yes ☐ No

HILLSIDE CHURCH

NOTIFICATION OF DEATH

Name _____ Passport Number _____

In the event of my death, should my death occur outside the United States, a family member, or a representative of the US State Department/US Embassy, is to be instructed by the following:

1. Immediately contact the following (list three):

Name _____ **Phone Number** _____

Address _____ **Relation** _____

Name _____ **Phone Number** _____

Address _____ **Relation** _____

Name _____ **Phone Number** _____

Address _____ **Relation** _____

2. My wishes are as follows:

My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the US Embassy of the nation where the death occurred. My remains are to then be shipped to:

Funeral Home _____

Address _____

If cremation is not required by the host nation, ship my body to:

Funeral Home _____

Address _____

All my valuables, money, and personal possessions are to be kept in the control of the representative of the US Embassy and shipped to:

Name _____

Address _____

HILLSIDE CHURCH

COVENANT OF CONDUCT

We want everyone who participates in a mission trip, project, or event to have an enjoyable experience. These rules and guidelines ensure the safety and well-being of all individuals involved. Everyone is expected to abide by this covenant and to hold each other accountable to the highest level of Christian principles so that God's work will be honored in all that we do. The following rules and guidelines are designed to keep everyone happy, healthy, and out of trouble.

- I acknowledge that this Hillside Church Mission Trip is a group travel mission experience. And that there are numerous factors regarding schedules, in-country logistics, etc. that require it to be so. As such, I commit to fully participate in the group travel experience, including travel to and from the mission field.
- I will keep my conduct within the highest Christian standards with respect for all.
- I will submit to and respect the authority of the Mission Trip's Team Leader at all times.
- I will be present ON TIME for all scheduled sessions and activities.
- I will complete all assigned duties while participating in mission trips, projects, and events that are sponsored by Hillside Church.
- I will not visit the rooms or living areas of members of the opposite sex.
- I will not change my room assignment without the permission of the Event Coordinator.
- I will keep all curfews. Rest is required for hard work and concentration.
- I will not leave the designated project or event area without the permission of the Event Coordinator.
- I will not possess or use alcoholic beverages or any illegal substances (drug, fireworks, or anything else that I should not have).
- I acknowledge that we are all products of God's creation and that the individuality of each one of us is precious in God's sight. Because of this, I agree to show respect for the individual rights and differences of all individuals participating in the trip while maintaining Christian accountability.
- I will represent myself in the United States and foreign countries as an ideal example of a Christian American. I will try my best to recognize foreign customs and traditions when visiting a foreign country so as not to offend the citizens of that nation.
- I have read and understand the Safe Sanctuaries Guidelines for Mission Service document and will adhere to all guidelines.

As a representative of Hillside Church, I agree to assume all responsibility for my personal conduct in keeping with the principles of Christian faith found in this Covenant of Conduct. I also understand that violation of such principles will result in the notification of my parents (if a minor) and that as a consequence of such violation, I may be sent home early from the project or event at my own or my parents' expense.

COVENANT OF FAITH

As people of God, loved and forgiven through the grace of our Lord and Savior Jesus Christ, we will be faithful members of His body on earth, empowered by the Holy Spirit to do His will. We proclaim, or are seeking, Jesus Christ as our Lord and Savior. We will accept nothing in our lives above, outside, or against God's Kingdom, but will instead strive to become holy reflections of His Kingdom to our hurting and needy world.

I agree to the above Covenant of Conduct AND Covenant of Faith. _____

RELEASE & INDEMNITY AGREEMENT-ADULT

HILLSIDECHURCH

Name _____

Address _____

City, State, Zip _____

Cell phone and email _____

FOR AND IN CONSIDERATION of the foregoing and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned hereby agrees as follows:

I, the undersigned, desire to participate in the following event (the "**Event**") with Hillside Church, Inc. (the "**Church**"), which Event is more commonly known as _____ on the following dates, including _____, 20____. It is my understanding that the Event and the activities of the Event are approved by the Church and are attended by Church staff and/or other volunteers.

Accordingly, I hereby release, waive, discharge, and covenant not to sue the Church and its staff, officers, and volunteers as well as their respective heirs, agents, legal representatives, successors-in-interest, and assigns (collectively referred to as the "**Releasees**") from all liability to me and/or my agents, heirs, legal representatives, assigns, and next of kin for any and all charges, complaints, claims, damages, actions, causes of action, suits, rights, costs, losses, expenses (including attorneys' fees and court costs), liabilities, and obligations therefore, on account of, or in any way related to, any accident, injury, or illness to me or my property, or resulting in my death, arising out of or related to the Event, including, but in no way limited to, any transportation to, from, and during the Event, although this does not release the Church or its agents from any gross negligence and any intentional wrongful conduct.

Further, I hereby indemnify and hold harmless the Releasees from any loss, liability, damages, or bodily injury, including, but not limited to, bruises, lacerations, broken bones, or other serious injury or illness resulting in pain or paralysis to me, or in my death, and/or in damage to my property due to the actions, inactions, or negligence of any third-parties. I acknowledge that the Releasees are not additionally insured for any claims, damages, actions, causes of action, suits, costs, losses, expenses (including attorneys' fees), liabilities, and obligations therefore, on account of, or in any way related to, accident, injury, or illness to me or damage to my property, or resulting in my death, while I am participating in, or traveling to, from, or during, the Event. I further agree, promise, and covenant to hold harmless and indemnify the Releasees from all defense costs, including reasonable attorney's fees, and from any other costs incurred in connection with any claims for bodily injury or property damage that I may negligently or intentionally cause to other third-parties in the course of the Event.

I further expressly agree the foregoing release & indemnity agreement is reasonable and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and, if any portion thereof is held or found invalid, it is agreed that the balance, notwithstanding any other invalidity, shall continue in full legal force and effect.

I also understand that photos or images of me may be used in publicity and/or social media within the Church's ministries, as appropriate. I have initialed here _____ if I do not give permission for photos to be used.

I have read and do hereby voluntarily sign this release and indemnity agreement and further agree that no oral representations or inducements apart from the foregoing written agreement have been made to me by any other person or party. By voluntarily signing below, I warrant that I have read this entire agreement and understand all of the foregoing. In signing this document, I fully recognize that if anyone is hurt or any property is damaged while I am participating in, or traveling to, from, or during, the Event, I will have no right to make a claim or file a lawsuit against the Releasees even if they or any of them negligently caused the bodily injury or property damage.

Signature: _____

Printed Name: _____

IN WITNESS WHEREOF, I, the undersigned, understand and hereby agree to the terms herein and have hereunto set my hand and seal as of this _____ day of _____, 20____.

Notary:: _____

RELEASE & INDEMNITY AGREEMENT-YOUTH

Name of minor child _____

Name of parent or legal guardian _____

Address _____

City, State, Zip _____

Cell phone and email _____

HILLSIDECHURCH

FOR AND IN CONSIDERATION of the foregoing and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned hereby agree as follows:

I, the undersigned (including any Parent and/or Guardian and Minor Child signing below), understand that my child named above ("**My Child**") desires to participate in the following event (the "**Event**") with Hillside Church, Inc. (the "**Church**"), which Event is more commonly known as _____ on the following dates, including _____, 20____. It is my understanding that the Event and the activities of the Event are approved by the Church and are chaperoned by Church staff and/or other volunteers.

Accordingly, I, the undersigned, hereby release, waive, discharge, and covenant not to sue the Church and its staff, officers, and volunteers as well as their respective heirs, agents, legal representatives, successors-in-interest, and assigns (collectively referred to as the "**Releasees**") from all liability to My Child and/or any of My Child's agents, heirs, legal representatives, assigns, and next of kin for any and all charges, complaints, claims, damages, actions, causes of action, suits, rights, costs, losses, expenses (including attorneys' fees and court costs), liabilities, and obligations therefore, on account of, or in any way related to, any accident, injury, or illness to the person or property of, or resulting in the death of, My Child arising out of or related to the Event, including, but in no way limited to, any transportation to, from, and during the Event, although this does not release the Church or its agents from any gross negligence and any intentional wrongful conduct.

Further, I hereby indemnify and hold harmless the Releasees from any loss, liability, damages, or bodily injury, including, but not limited to, bruises, lacerations, broken bones, or other serious injury or illness resulting in pain, paralysis, or death and/or property damage to My Child due to the actions, inactions, or negligence of any third-parties. I acknowledge that the Releasees are not additionally insured for any claims, damages, actions, causes of action, suits, costs, losses, expenses (including attorneys' fees), liabilities, and obligations therefore, on account of, or in any way related to, accident, injury, or illness to the person or property of, or resulting in the death of, My Child, while My Child is participating in, or traveling to, from, or during, the Event. I further agree, promise, and covenant to hold harmless and indemnify the Releasees from all defense costs, including reasonable attorney's fees, and from any other costs incurred in connection with any claims for bodily injury or property damage that My Child may negligently or intentionally cause to other third-parties in the course of the Event.

I further expressly agree the foregoing release & indemnity agreement is reasonable and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and, if any portion thereof is held or found invalid, it is agreed that the balance, notwithstanding any other invalidity, shall continue in full legal force and effect.

In the event of an emergency, I hereby authorize an adult leader from the Church youth ministry to act as an agent for me and to consent for My Child to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury requiring medical attention.

I also understand that photos or images of My Child may be used in publicity and/or social media within the Church youth ministry, as appropriate. I have initialed here _____ to indicate I do not give permission for photos to be used.

I have read and do hereby voluntarily sign this release and indemnity agreement and further agree that no oral representations or inducements apart from the foregoing written agreement have been made to me by any other person or party. By voluntarily signing below, I warrant that I have read this entire agreement and understand all of the foregoing. In signing this document, I fully recognize that if anyone is hurt or any property is damaged while My Child is participating in, or traveling to, from, or during, the Event, I will have no right to make a claim or file a lawsuit against the Releasees even if they or any of them negligently caused the bodily injury or property damage.

"MINOR CHILD"

By: _____

Printed Name: _____

"PARENT(S)" OR "GUARDIAN(S)"

By: _____

Printed Name: _____

By: _____

Printed Name: _____

IN WITNESS WHEREOF, the undersigned Minor Child, and such Child's parent(s) or legal Guardian(s) on behalf of the Minor Child, understand and hereby agree to the terms herein and have hereunto set their hand and seal as of this ____ day of _____, 20____.

Notary:: _____

HILLSIDE CHURCH

YOUTH TRAVEL AFFIDAVIT

IF INTERNATIONAL TRIP, BOTH PARENTS MUST SIGN.

YOUTH PARTICIPANT: _____

Function: _____

Date of Trip: _____

Location: _____

Travel: _____

We, the parent(s) of _____, age _____, give our (my) permission for our (my) child to travel to _____ with the adults of Hillside Church from Woodstock, Georgia, USA for the dates of _____ to _____.

(if international mission trip, both parents must sign form. If one parent is deceased, please attach death certificate)

In the event of an emergency, I hereby authorize a leader from the Hillside Church group to act as an agent for me and to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

PRINT SIGNATURE RELATIONSHIP DATE

PRINT PARENT NAME

PARENT SIGNATURE RELATIONSHIP DATE

PRINT PARENT NAME

NOTARY SIGNATURE DATE MY COMMISSION EXPIRES

CHEROKEE COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM

In order for the Cherokee County Sheriff's Office to better serve you; please fill out this form completely. Please print neatly, if your information cannot be read you will be asked to fill out another consent form which will take an additional 48 hours to process. Do not change, strikethrough, or white out any information. If a change or correction is necessary, a new consent form must be completed.

Section 1: Authorization

I hereby authorize the Cherokee County Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state or local criminal justice agency to the individual I have specified below.

If this information is being released to a business, agency, or organization, the Cherokee County Sheriff's Office must have a *specific* person's name at the business, agency, or organization and the *address* and *title* of the business, agency or, organization.

If this information is being released to an individual, the Cherokee County Sheriff's Office must have the individual's *name* and *address*.

Please release my criminal history record information to:
Hillside Church
4474 Towne Lake Parkway
Woodstock, GA 30189 Attn:
Angela Tepe

☐ I need the results of this background check on letterhead with a notary stamp. Number of letters: _____

Section 2: Reason

Please circle the appropriate reason for your background check or specify the reason for your background check in the blank.

1. PERSONAL INSPECTION
2. ADOPTION
3. APARTMENT
4. EMPLOYMENT WITH THE MENTALLY ILL/MENTALLY RETARDED
5. EMPLOYMENT WITH ELDER CARE
6. EMPLOYMENT WITH CHILDREN
7. OTHER: Volunteer with Children

Section 3: Personal Information

This consent for criminal history expires **90 days** after being signed by the person whose record is sought.

Full Name: First , Middle, & Last PLEASE PRINT LEGIBLY

Street Address City State Zip Code

Date of Birth Sex Race (White, Black, American Indian, Alaskan Native, Asian, Pacific Islander) Social Security Number

Your Signature Date

Notary Signature & Stamp Date Driver's License Number (NOTARY USE ONLY)

Section 4: Results

If an employment, licensing, housing, or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law. (O.C.G.A. 35-3-34, 35-3-35) If this form is stamped, no record could be found in the Georgia Criminal History Database for the record subject. Please see attached printouts if this form is not stamped. Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further.

Section 5: Agency Use Only

Date Processed: SID: FBI:
Operator Initials: Mailed Picked Up



Hillside Church Volunteer and Staff Background Check

For the safety of our children, youth and volunteers, a criminal background check is required of all volunteers and staff. The information on this page is required for the National background check, and the following page is required by Cherokee County. Please fill out both forms completely and clearly and return them to your ministry leader or to the church office. ***Please note that the Cherokee County consent form must be notarized.***

Thank you for your willingness to serve Christ and His Church!

Full name: First, middle, last

Maiden name

Cell phone no.

Email

Driver's License or State ID no.

State issued

Signature

Ministry Area

For office use only

Ministry Account Number: _____

SHORT TERM MISSION TRIP REFERENCE FORM

PLEASE GIVE THIS REFERENCE FORM TO TWO INDIVIDUALS WHO KNOW YOU WELL. IF UNDER 18, ONE SHOULD BE FROM A PARENT/LEGAL GUARDIAN.

PLEASE RETURN THIS FORM TO SARAH SCHUENEMEYER, DIRECTOR OF MISSIONS AND OUTREACH, BY EMAIL TO [SSCHUENEMEYER@HILLSIDEGMC.ORG](mailto:sschuenemeyer@hillsidegmc.org)

NAME OF APPLICANT: _____

RELATIONSHIP: _____

TRIP LOCATION: _____

TRIP DATES: _____

It is important that you be as candid as possible in your responses. If you need more than the space provided, please feel free to use a separate piece of paper and write the applicant's name at the top of the sheet. If you would like to further discuss an issue, please contact Sarah at the email address above. We are not looking for perfect people on these trips, but we do want to identify potential conflicts and issues that may be a detriment to the team or may put the individual and/or other team members in a risky or uncomfortable situation. Traveling with a group, especially internationally, is a large responsibility, and we want to do everything possible to protect the integrity of the individual, team, trip, and ministry. Please answer questions with helpful explanations. Thank you in advance.

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

DO YOU BELIEVE THE APPLICANT IS READY FOR THIS TRIP (SPIRITUALLY, EMOTIONALLY, MENTALLY, SOCIALLY)?

HOW DOES THE APPLICANT RESPOND TO AUTHORITY FIGURES?

HOW DOES THE APPLICANT RESPOND WHEN THEY DO NOT GET THEIR WAY?

IS THE APPLICANT COMFORTABLE WITH ADAPTING AND BEING FLEXIBLE?

WHAT DO YOU SEE AS THE APPLICANT'S GREATEST ASSETS IN REFERENCE TO THIS TRIP?

HOW WOULD YOU CHALLENGE THE APPLICANT TO IMPROVE?

DOES THE APPLICANT DISPLAY SERVANT-LIKE CHARACTERISTICS IN YOUR RELATIONSHIP?

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW ABOUT THE APPLICANT?

YOUR NAME: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

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NAME OF APPLICANT: _____

RELATIONSHIP: _____

TRIP LOCATION: _____

TRIP DATES: _____

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HOW DOES THE APPLICANT RESPOND TO AUTHORITY FIGURES?

HOW DOES THE APPLICANT RESPOND WHEN THEY DO NOT GET THEIR WAY?

IS THE APPLICANT COMFORTABLE WITH ADAPTING AND BEING FLEXIBLE?

WHAT DO YOU SEE AS THE APPLICANT'S GREATEST ASSETS IN REFERENCE TO THIS TRIP?

HOW WOULD YOU CHALLENGE THE APPLICANT TO IMPROVE?

DOES THE APPLICANT DISPLAY SERVANT-LIKE CHARACTERISTICS IN YOUR RELATIONSHIP?

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW ABOUT THE APPLICANT?

YOUR NAME: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____