

EUROPE'S CHILD MISSIONS TRIP APPLICATION INSTRUCTIONS

(ADULT)

1. **Read all of the enclosed materials.** _____
2. **Complete, sign, and submit the application.** _____
3. **Enclose the \$100 non-refundable application fee.** _____
4. **Attach a recent photograph.** _____
5. **Complete and submit the Medical History Form.** _____
6. **Complete, notarize, and submit the Liability Release form.** _____
7. **Complete, notarize, and submit the Medical Release form.** _____
8. **Send the pastor recommendation** _____
9. **Copy of passport.** _____
10. **Copy of COVID 19 Vaccination (If Vaccinated)** _____

Attach
Recent
Photo

January 27, 2022

Cross-cultural study/experience: _____

List any extracurricular activities you participate in: _____

FAMILY INFORMATION

(For those 18 years and younger)

Father _____

Occupation _____ Church Membership _____

Mother _____

Occupation _____ Church Membership _____

Parents address if different from applicant: _____

RELIGIOUS INFORMATION

Has the born-again experience occurred in your life? ☐ Yes ☐ No If so, at what age _____

Have you been baptized in water? ☐ Yes ☐ No If so, at what age _____

Have you experienced the baptism of the Holy Spirit? ☐ Yes ☐ No If so, at what age _____

Are you a member of a local church? ☐ Yes ☐ No

Give name of church, name of pastor, and church location.

Church name _____

Senior pastor _____

Church location _____

List the areas of Christian service where you have or are presently serving: _____

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MISSIONS EXPERIENCE

Have you ever traveled out of the continental USA? ☐ Yes ☐ No

If so, for what purpose? _____

Where? _____ When? _____

List experience in personal or group witnessing: _____

Have you participated in other short-term missions programs? ☐ Yes ☐ No

Name program and sponsoring religious organization, if any _____

What year(s)? _____ Where did you travel? _____

Have you ever been convicted of or pleaded guilty to any crime and/or felony (other than a traffic violation)? ☐ Yes ☐ No

Have you ever been convicted of or pleaded guilty to any charge of sexual misconduct? ☐ Yes ☐ No

If yes, please explain:

APPLICATION FEE

Attach a \$100 **non-refundable** and non-applicable deposit in the form of a check or money order made out to Europe's Child Missions, Inc., and send with application materials. This deposit will be applied to the cost of your Trip and will be reduced from your balance owed.

I hereby apply for acceptance as a missions trip team member. I have read and understand the application materials regarding the application process and participation in the missions trip. If accepted, I will work in harmony with the mission of the Europe's Child Missions leadership. As a team member, I will seek to spread The Good News of Jesus Christ to the world.

I hereby affirm that the above information is true and correct to the best of my knowledge.

Applicant's Signature

_____/_____/_____
Month Day Year

MISSIONS TRIP

SENIOR PASTOR RECOMMENDATION

Give this recommendation form together with an addressed stamped envelope to your Senior Pastor.
The envelope should be addressed to Europe's Child Missions, Inc. P.O. Box 5575; West Columbia, SC 29171

Part I (to be completed by the applicant, *please print*)

Name of applicant _____
Last First M.I.

Applying for _____ Date of trip _____
(Specify trip)

Date submitted _____

Part II (to be completed by Senior Pastor, *please print*)

This recommendation is confidential.

Date: _____

Name: _____

Address: _____

Phone () _____ Fax () _____

Church Name: _____

Church Address: _____

Based upon your association with the applicant, respond to the following statements in the left column by checking the appropriate evaluation in the right column.

PERSONAL TRAITS

	Excellent	Above Average	Average	Questionable	No opportunity to observe
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Excellent	Above Average	Average	Questionable	No opportunity to observe
Conduct with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to resist compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How long have you known the candidate? _____
- In what relationship have you known and observed the candidate? _____
- State briefly your opinion of the applicant's dedication to his/her faith. _____

- What leadership ability has the applicant evidenced? _____
- What special talents has the applicant demonstrated? _____
- Does he/she have any emotional, mental or physical handicaps? _____
- Please state any other information you feel would be of value to the application review committee. _____

- Overall, how would you rate the applicant as a potential Europe's Child Missions participant?

☐ Good ☐ Fair ☐ Poor

Senior Pastor Signature

Date

Send completed form to:
Don R Chavis
Europe's Child Missions, Inc.
P.O. Box 5575, West Columbia, SC 29171

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Liability Release Form

Release of All Claims

I being ____ years of age or older, do for myself do hereby release, forever discharge and agree to hold harmless Europe's Child Missions, Inc. and/or Church of God International Offices and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in this trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

This form must be SIGNED and NOTARIZED

Participant's Signature

Date

Participant's Name (PLEASE PRINT)

I _____ have read and understood the above Liability

Participant's name (please print).

Release.

This document signed at _____ County in the state of _____,

this _____ day of _____, 20____.

NOTARY SIGNATURE

My commission expires _____, 20____

Send completed and notarized form to:

Don R Chavis

Europe's Child Missions, Inc.

P.O. Box 5575, West Columbia, SC 29171

MEDICAL RELEASE AGREEMENT

I _____ do further give my consent
Participant's Name (Please print)

for the director or properly appointed staff member of **Europe's Child Missions** to secure the administration of medical treatment in case of emergency. And I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for myself.

This form must be SIGNED and NOTARIZED

Participant's Signature

Date

Participant's Name (PLEASE PRINT)

I _____ have read and understood the above Medical
Participant's name (please print)

Release.

This document signed at _____ County in the state of _____,
this _____ day of _____, 20____.

NOTARY SIGNATURE

My commission expires _____, 20____

Send completed and notarized form to: **Don R. Chavis**
Europe's Child Missions Inc.
P.O. Box 5575, West Columbia, SC, 29171

January 27, 2022

MEDICAL HISTORY FORM

Name _____ Date _____

Birthdate _____ Birthplace _____

Family Physician _____

Address _____

Physician telephone number: _____ Fax: _____

Provide the following information:

Please indicate any other medical conditions that we should know about (Use the back of this page if necessary):

Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kidney Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Digestive Disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Physical Handicap	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

If you have checked any of the above, please explain _____

Are you presently receiving any other prescribed or over-the-counter medication? ☐ YES ☐ NO

Specify: _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

I hereby certify that this information is an accurate representation of my medical history. Should any changes in this occur, I will notify the GE office immediately.

Applicant's Signature

Date

Send completed form to:
Don R Chavis
Europe's Child Missions
P.O. Box 5575, West Columbia, SC 29171

MISSIONS TRIP

REGULATIONS AND SAFETY GUIDELINES

As a precautionary measure, we are asking each participant to review the following information and abide by them at all times. It is the responsibility of the missions trip coordinator to see that this trip operates in a safe and effective manner, therefore, your cooperation is necessary.

1. All missions trip team members will work under the leadership and supervision of their Team Leader(s) and missionary hosts.
2. All team members must work as a team during their missions trip experience, from departure to return. There is no room for individualism with the missions trip.
3. All missions trip team members must uphold the rules of dress and conduct denoted by the team leader.
4. All missions trip team members will uphold the Practical Commitments of the Church of God as stated in the Church of God Minutes and in the booklet "Our Statements of Faith." This includes refraining from the use of profanity, tobacco, alcohol, or any non-prescription narcotic.
5. No missions trip team member may independently separate from the group during travel.
6. Absolutely no dating within the team or with any individual from the host area is permitted. Inability to observe this rule will result in immediate travel home at the participant's added expense. There will be no second warning with this rule.
7. All missions trip team members will be required to spend at least thirty minutes per day in personal prayer and devotions aside from the scheduled prayer, devotions, and Bible studies with the missions trip team.
8. All missions trip team members will maintain a Christian attitude, demonstrating the love, joy, peace, compassion, and understanding of Christ with the missions trip team and with all individuals encountered during the trip.
9. All missions team members should encourage one another and help one another through the experiences on the trip.
10. All missions team members should give spiritual and practical encouragement and support to their team leader(s), understanding the responsibilities that are involved in this position. Team members should seek to assist the team leader(s) everyday in any way possible to facilitate the ministry of the mission.
11. Absolutely no mode of weaponry will be allowed.

I HAVE READ AND UNDERSTOOD THE ABOVE REGULATIONS AND SAFETY GUIDELINES.

Applicant's Signature _____ Date _____

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