

PATHWAY CHURCH

SHORT-TERM MISSIONS TRIP APPLICATION

Prayerfully read the “Expectations and Costs” (pages 2-3) and “Team Covenant” (page 4) before filling out the application. You can complete the application itself by hand or electronically. If you complete it by hand, please print clearly. Forward or give to your Team Leader and Short Term Missions Coordinator at:
shorttermmissions@pathwaychurchonline.com



pathwaychurch

FOLLOWING JESUS • IN COMMUNITY • FOR OTHERS

Following Jesus. In Community. For Others.
2001 N. Maize Road Wichita, KS 67212
(316) 722-8020 www.pathwaychurchonline.com

Expectations of Short Term Missions

If you are interested in participating in a short-term mission trip with Pathway Church, please read the following:

- You are to submit this completed application with a \$100 deposit before your application will be processed and reviewed. When your application is approved, the \$100 will be deposited with the team funds. It then becomes non-refundable. If the application is not accepted, the deposit will be returned to you.
- You may opt-out of the \$100 deposit if you choose to finance your own trip and not apply for the Missions Board Scholarship.
- Participants must adhere to rules outlined in the team covenant (page 4). Please read it before applying.
- No one will be considered or accepted as a team member until a completed application and deposit are received.
- Short term mission trips can be rewarding and life changing, however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team meetings. It's best to be reasonably sure that you can be available for team events which will typically occur over the 3-4 month period prior to the trip.
- All trip costs are the team member's responsibility and due two weeks prior to departure. Fund raising guidelines and suggestions will be provided at one of your team meetings.
- If you are unable to participate in your trip, notify your Team Leader as soon as possible. Monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- If you have physical limitations, please apply for a trip in which you are physically able to participate. Some trips may be prohibitive for certain physical conditions. Please make the team leader aware of these conditions and list them on the application.
- Team members will be given information regarding passports and vaccination recommendations. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member. Team members assume the responsibility and liability for their personal health decisions.
- Additional information regarding the price and dates for each mission trip is available from the team leader. Team meetings are designed to inform and prepare you for the mission.

Financial Costs of Short Term Missions

Fund raising is an integral part of your short term mission experience and an exercise of faith and obedience. Don't let money keep you from applying for a short-term trip...God could be waiting for an opportunity to show you how big He is! Detailed fund raising guidelines and materials will be provided at team meetings.

The following items may be required for you to participate, but are personal expenses and not team expenses. It is your personal responsibility to obtain the following:

DEPOSIT & BALANCE

- The \$100 deposit submitted with your application is your responsibility. If your fund-raising efforts are not entirely successful, the balance of your trip costs may become your responsibility to pay (this event has RARELY occurred for previous short term trip participants).

PASSPORT/PASSPORT CARDS

- Required for all trip destinations out of the U.S.
To obtain a passport, you will need a certified birth certificate (not the hospital record), two passport photos and another form of ID such as a driver's license. You may fill out a form from the Post Office and turn in the information to a postal clerk for processing with the U.S. Passport Agency. OR You can also apply for a passport online at: <http://www.uspassport.123.com> where you will also find further passport services and information.
Current fees* are \$99 plus \$170 in fees, depending on when you apply. You should allow six to eight weeks for your passport to arrive. Also, remember that it sometimes takes state agencies several weeks to provide a certified record of your birth if you don't currently have one and proof of citizenship, etc. Go to: <http://www.uspassport.123.com> to get all the information you need.

VISA

- If a visa is required, it may be obtained from the appropriate embassy or nearest consulate of the country you are planning to visit. Processing and visa fees vary, and most fees may not be refundable. Visa information and requirements can be found at: <http://travel.state.gov/visa/index.html>

IMMUNIZATIONS

- Pathway Missions Ministry supports the immunizations that are recommended by the Center for Disease Control. Please be aware that some vaccines will take 4-6 weeks for effectiveness.
- Vaccinations are not included in the price of the trip.
- Detailed health information may be obtained from your healthcare provider or by contacting the Centers for Disease Control and Prevention (1-877-394-8747) or Internet: www.cdc.gov.
- Required vaccinations for all trips: Tetanus/Diphtheria
- Suggested vaccinations: Hepatitis A/B

*quoted March 2010

Team Covenant

As a member of this team, I agree that:

1. I am representing Jesus Christ as well as Pathway Church. I will model Jesus in my behavior and attitude.
2. I am a guest working at the invitation of my hosts. I will remember the missionary's prayer, "Where you lead me I will follow; what they feed me I will swallow."
3. I have come to learn, as well as to teach. I'll resist the temptation to inform our hosts about 'how we do things.' I'll be open to learning about other people's methods and ideas.
4. I will respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
5. I will develop and maintain a servant attitude toward all nationals and my teammates.
6. I will respect my team leader(s) and his or her decisions.
7. I must refrain from gossip.
8. I will refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I'll be creative and supportive.
9. I will watch my facial expressions, knowing that people communicate a lot through our faces – disapproval, judgment, and pleasure. Remember to communicate the right thing at the right time. If someone says, "Do you like the food?" and your facial expression looks like you just swallowed a tarantula, nothing you say will come through. Your facial expression will speak for you.
10. I will (to the best of my ability) attend all team meetings before the trip as well as any follow-up meetings.
11. I will refrain from any activity that could be construed as romantic interest in a national or teammate.
12. I will refrain from illegal drugs and use moderation in the consumption of alcoholic beverages or the use of tobacco while using discretion and consideration for others while on this trip. (refer to #1)
13. I will abide by the fund-raising procedures endorsed by Pathway Church and will personally thank all financial donors that contribute to my trip.
14. I can be sent home or removed from the team if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.

Signed _____ Date _____
If student, _____ Date _____
Parent Signature _____

**PATHWAY CHURCH
SHORT TERM MISSIONS TEAM APPLICATION**

Trip Destination: _____ **Trip Date:** _____

Name (as appears on your passport): _____

Address: _____

City: _____ State & Zip: _____

Phone: _____ (home) _____ (cell)
_____ (work)

Email address: _____

Male Female Marital Status: _____

Date of Birth: _____ Passport # _____ Exp. Date: _____

Occupation: _____

If under 18 years of age names(s) of parent(s) or guardian(s): _____

Parent or guardian must co-sign at the bottom of page 6.

Church Involvement

Please mark the appropriate box:

I am: a member of Pathway How long? _____
 a regular attendee of Pathway How long? _____
 attend another church a member of another church
If attending another church - Church name: _____

Have you served as a volunteer in ministry at Pathway? Yes No

If so, which ministries at Pathway have you been involved in and for how long? Who is/was your leader/supervisor?

With what ministries/organizations outside of Pathway are you involved?

Do you have other missions experiences in which you have participated? Yes No

If yes, please list destinations and dates of those experiences:

Health

Please note any health problems, physical limitations or allergies. (This information will not be used to evaluate your ability to go on a short term mission trip; it helps to equip your team and team leader).

Are you presently taking any medications that could affect your ability to function on the team, should you be unable to take them? (Note: This information is only used to assist the team leader and to enable the team to function more effectively.) You are not required to list them, but please advise your Team Leader of these medications so that he/she can be aware of your needs on the trip.

Yes, I will speak privately with my team leader about these meds. No

Experience/Life Skills/Language Profile

What languages do you speak or read other than English? _____

Please list any skills/experiences/special knowledge or training that would help your team leader know how to place you on the team.

My Personal Relationship with Jesus Christ and Mission Goals

The following questions are helpful to the applicant as well as the Team Leader to disciple and help applicant continue his/her journey as a fully devoted follower of Christ.

Where would you place yourself on this spectrum? (place an X on the line)

New Believer

Growing in the Lord

Mature Disciple/Mentoring others



Why would you like to participate in this trip? _____

What do you consider your greatest strengths and greatest weaknesses?

Are significant family members supportive in your desire to participate in this trip? yes no

The above information has been completed honestly and to the best of my ability.

Name

Date

Signature of Parent or Guardian if applicant is under 18

Date

**Pathway Church
Short Term Missions
Reference Form 1 –to be completed by a Church Leader**

Instructions:

This is a guide you may use to communicate your knowledge of this applicant. If you so choose, you may use a different format. Please respond to the following areas of the applicant's spiritual walk:

Your Name and Title/Position: _____

Name of Applicant: _____

How long have you known the applicant? _____

What is your current relationship with the applicant? _____

- Where on this spectrum would you place the applicant?

New Believer

Growing in the Lord

Mature Disciple/Mentoring others

- What spiritual gifts have you observed the applicant using? _____

- How has the applicant exhibited a teachable spirit? _____

- How has the applicant worked well with others? _____

Would you recommend this person as: a team leader a team member both

I give you permission to contact me in regards to this applicant.

Signed: _____ Date: _____

Please print: Your email: _____ Phone: _____

**Please return this form to:
Pathway Church or shorttermmissions@pathwaychurchoonline.com
Missions Coordinator
2001 N. Maize Road
Wichita, KS 67212**

**Pathway Church
Short Term Missions
Reference Form 2 – to be completed by a personal friend or co-worker**

Instructions:

This is a guide you may use to communicate your knowledge of this applicant. If you so choose, you may use a different format. Please respond to the following questions with observations you have made personally of him/her:

Your name/relationship to applicant: _____

Name of Applicant: _____

How long have you known the applicant? _____ In what context? _____

Comment on the applicant's strengths: _____

Skills: _____

Passions: _____

Do you see this person better as a team leader, or a team member? _____

I give you permission to contact me in regards to this applicant.

Signed: _____ Date: _____

Please print: Your email: _____ Phone: _____

***Please return this form to:
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Medical Release Form-Adult

Participant Information:

Name: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____ Home Phone: _____
Email: _____ Cell Phone: _____

Emergency Contact Name(s):

Name: _____ Relationship _____
Address: _____
City: _____ Zip _____
(If different from above)
Phone (cell): _____ (home): _____ Phone (cell): _____ (home): _____
Email: _____

Medical Information for Participant:

Date of last physical: _____
Doctor's Name: _____ Doctor's Phone number: _____

Are you currently taking medicine or treatment? (Please circle) Yes No
If yes, explain _____

Any restrictions from physical activity: Yes No
If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? (Please circle) Yes No
If yes, please explain _____

Do you have? (Please circle) List any Allergies:
Sinus Trouble Food _____
Hay Fever _____
Heart Trouble Drugs _____
Epilepsy Do you have other medical needs? _____
Asthma _____
Diabetes _____

Insurance Information:

Insurance Company _____ Policy Number _____ Group Number _____

If emergency contact can't be reached, please notify: _____ (relationship to participant) _____

Phone: _____ or _____

I give my authority and consent Pathway Church's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named participant in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred during this activity. **Further, I authorize Pathway Church to use photographs & video footage of the participant for promotional purposes.**

Signature of Participant _____ Date _____

**Pathway Church
Waiver and Indemnity Agreement
(Participant/Parent/Guardian)**

Short-Term Mission Trip to _____

Dates: _____

In consideration of your accepting me or my child for participation in this above named Short Term Mission Trip, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Pathway Church and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named Short-Term Mission Trip sponsored by Pathway Church.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Pathway Church harmless of any and from any and all liability of whatever nature which may rise out or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the church for damages arising out of the above mentioned Short Term Mission trip, I will personally indemnify, defend, and hold harmless the church and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fee.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signatures:

Participant _____ Date _____

Parent _____ Date _____
(If Participant is a minor)

Guardian _____ Date _____
(If Participant is a minor)