



APPLICATION PACKET

Legacy Christian Church Global Short Term Mission Trip

Please read pages 2—3 before filling out the application.

Complete the Application, Medical Release and Release & Indemnification Agreement (pages 4—11) and return all completed forms, along with your \$100.00 deposit, to the Missions Manager, Regina Foard, rfoard@lcc.org.
Keep pages 2—3 for your records.





Team Expectations

- Participants must be an active member and very involved in Legacy Christian Church.
- You must submit a completed application and the \$100 deposit, which will be applied toward the balance of your trip if you are selected. If you are not selected, your money will be refunded.
- Participants must adhere to the Team Covenant as outlined in the application packet. Please read before applying.
- Your application will be reviewed and a personal interview may be required. You will be notified by the team leader(s) if you are approved as a team member no later than one week after the application deadline.
- 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 committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team meetings. Please check your schedule to make sure you can attend meetings before you apply.
- All trip costs are the team member's responsibility. Your team leader will provide you with information that suggests ways to raise financial support. However, if full support is not raised, the balance is your responsibility. You may not begin to raise funds until you are notified of acceptance to the team and informed of proper fundraising procedures.
- If you are unable to participate in your trip, the team leader(s) must receive cancellation notice as soon as possible. You may be responsible for certain trip costs.
- Team members will be given information regarding passports and vaccination recommendations, when required. Passport and vaccinations 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.
- Team members will be asked to build a team of prayer supporters before the trip.



Team Covenant

As a member of the team, I agree to:

1. Remember that I am representing Jesus Christ, as well as Legacy Christian Church. I will model Jesus in my behavior and attitude.
2. Remember that 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 you feed me I will swallow."
3. Remember that we have come to learn, as well as to serve. 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. 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. Develop and maintain a servant attitude toward all nationals and my teammates.
6. Respect my team leader(s) and his or her decisions.
7. Refrain from gossip.
8. Refrain from complaining. 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. Attend all team meetings before the trip, as well as any follow up meetings.
10. Remember to be inclusive in my relationships. I will make every effort to interact with all the members of the team.
11. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
12. Refrain from the teaching or the practice of any belief that would not be endorsed by Legacy Christian Church.
13. Abide by the fund-raising procedures endorsed by Legacy Christian Church and personally thank all financial donors that contribute to my trip.
14. Remember that I can be sent home, at my own expense, if I do not adhere to this covenant or if my team leader(s) believe(s) it is in my best interest to that of the team.

MISSION TRIP APPLICATION

This form is **CONFIDENTIAL** and will be used only for the purposes of this mission trip.

Personal Data *(Please print or type)*

Please print name as it appears on your passport.

Legal name _____
(Last) (First)
(Middle)

Commonly used name (if different than above) _____

Address _____

Home Phone _____ Work Phone _____ Email _____

Date of Birth _____ Age _____ Male Female

If applicant is under 18 years of age, name(s) of parent(s) or guardian(s)

Do you have a current passport? _____ Passport # _____ Exp.Date _____

Citizenship _____ Do you have a criminal record? Yes ___ No ___

If yes, please explain _____

Your occupation _____

LCC Involvement

Do you attend Legacy Christian Church worship services? ___Yes ___No How long? _____

Do you attend Legacy Student Ministries FUSE worship services? ___Yes ___NO How Long? _____

Do you attend a Covenant Group at LCC? ___Yes ___No Which one? _____

Today's Date _____ Trip Location _____ Trip Date _____

Skills and Talents

Please write the appropriate CODE next to your skills/talents.

CODES: AVG-average GOOD=better than average PROF=professional

I. CONSTRUCTION

- ___ Carpentry
- ___ Painting
- ___ Masonry/carpentry
- ___ Roofing
- ___ Electrical
- ___ Plumbing
- ___ Other

II. BUSINESS

- ___ Computers
- ___ Accounting
- ___ Other

III. SPORTS

- ___ Basketball
- ___ Baseball
- ___ Soccer
- ___ Softball
- ___ Volleyball

V. MEDICAL

- ___ Nursing
- ___ Physician
- ___ Dental
- ___ E.M.T.
- ___ C.P.R.
- ___ Therapy (P.T.; O.T.; other)
- ___ Other

VI. MUSIC

- ___ Vocal
- ___ Instrumental _____
- ___ Other _____

VII. OTHER PERFORMANCE

- ___ Juggling
- ___ Clowning
- ___ Puppetry
- ___ Other _____

What position do you play? _____

Coaching experience? _____

Personality Profile

Describe how OTHERS view your personality:

Describe your personal STRENGTHS:

Describe your personal WEAKNESSES:

Are you comfortable sharing your faith with others? _____ Yes _____ No

How would you describe yourself (check any that apply)

___ introvert ___ extrovert ___ intuitive ___ perceptive



Previous Experience

Previous Trips

Outline the mission trips you have taken, if applicable. Include how long you were on each trip, where you went and what impact each trip had on your life.

Trip location _____ Trip Date & Duration _____

Lessons learned _____

Trip location _____ Trip Date _____

Lessons learned _____

Trip location _____ Trip Date _____

Lessons learned _____

Language Skills

Language	Number of years	Conversational fluency (fluent, fair, poor)
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Personal Relationship With Jesus Christ and Mission Goals

When did you become a Christian?

Circle all the words below that describe your spiritual life?

Boring Vital Neglected Invigorating Plateau
Passionate Stale Inspiring Other: _____

Why would you like to participate in this trip?

Do you have any questions or concerns regarding this short-term mission trip?

Have you spoken to your family (parents/spouse/children) regarding this trip? ___Yes ___No

How enthusiastic was their response to your decision to go on this trip?

___Enthusiastic ___Skeptical ___Negative ___Supportive ___Uncertain



Character References

Please include friends, co-workers, etc. NO RELATIVES, PLEASE.

Name_____

Address_____

Phone_____ Relationship_____

Name_____

Address_____

Phone_____ Relationship_____

I understand and agree with the following:

I have included my \$100 deposit that is due with this application.

I understand that I cannot raise support until I have been officially notified of acceptance on the trip and have had my support letter reviewed by the team leader(s).

I have read and accept the Trip Expectations.

I have read and signed the Team Covenant. I will adhere to the Team Covenant if accepted to this team.

If I cancel, I may be responsible for certain trip costs.

I commit to attending and participating in the mandatory team meetings.

I understand that all members of the team will be required to submit to the authority of the team leader(s), participate in all events, display a servant attitude and be respectful of the visiting culture.

Signature

Date

This form can be mailed to the church (*ATTN: Global Missions Department*), delivered to the church office, or submitted to a trip leader. If you have any questions, please don't hesitate to ask. Let's serve HIM together!

Legacy Christian Church
10150 Antioch Road
Overland Park, KS 66212



Medical Information and Release

This form must be completed for you to participate in a Short-Term Mission Trip with Legacy Christian Church.

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____

Home Phone: (____) _____ Work Phone: (____) _____

Medical Insurance Provider: _____

ID# _____ Group# _____

Will your medical insurance cover you out of the country? Yes____ No____

Name of primary physician: _____

Address: _____

City: _____

Phone: (____) _____

Emergency Local Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please check if you suffer from any of the following medical conditions:

Hypertension Hypoglycemia Bleeding Disorders Heart Disease Migraines

Seizures Insect Allergies Asthma Chronic Anxiety Arthritis

Depression Glaucoma Diabetes

Physical limitations—Please list: _____

List any medications (prescription or OTC) taken on a regular basis:

List Medical and Food Allergies: _____

Blood Type: ____ Have you had any surgery in the past three years: _____

If so, please explain: _____

Are you pregnant? ____ Due Date? _____

In an emergency, I give my permission to a license physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ Date: _____

Release and Indemnification Agreement

LEGACY CHRISTIAN CHURCH CONTINUING WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I desire to participate in various programs and activities, including any transportation and other ancillary activities related thereto (collectively "Activities"), sponsored by Legacy Christian Church ("Church"). In consideration of permitting my participation in the Activities, I agree to all of the terms and conditions of this CONTINUING WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ("Release").

I have read any rules and conditions applicable to the Activities, agree to pay any costs and fees for the Activities, and acknowledge my participation is at the discretion of the Church. I hereby authorize the Church, its employees or agents, to render or obtain such emergency medical care or treatment on my behalf as such persons may deem necessary or desirable. As a condition of participating in the Activities, the Church may further require a medical power of attorney or such other documentation it deems appropriate.

My participation in the Activities may expose me to a variety of hazards and risks, foreseen or unforeseen. These risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages"), and Church has not tried to contradict or minimize my understanding of these risks.

By my participation in the Activities, I hereby fully and forever release, waive, and discharge (and agree not to bring or cause to be brought) any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever, including, without limitation, claims for personal injury, wrongful death, attorney's fees, or property damage, whether or not absolute, known or unknown, or otherwise (collectively "Claims"), against the Church or any of its elders, officers, employees, representatives, agents, independent contractors, or volunteers, and affiliated persons and entities (collectively "Releasees") by reason of, arising out of or relating to my participation in the Activities ("Released Claims"). I further agree to indemnify, defend and hold the Releasees harmless from all Claims and related damages incurred, assessed, incurred or sustained by or against the Releasees by reason of, arising out of, or relating to my participation in the Activities.

I give the Church, and its agents or representatives, permission to publish, distribute, broadcast, televise, promote, license, sell, reproduce, modify, distort, and copyright for all purposes, any photograph, videotape, motion picture or sound recordings produced by such person, which may include my image, likeness, voice, or instrumental music or other sound effects produced by me. I further hereby assign all such rights and property to the Church. In addition, I release all claims against the Church with respect to copyright ownership, publication and right to privacy. I understand and agree that these materials may be duplicated or distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity. I have read and understand this Release; my participation is voluntary; and all information provided by me in connection with the Activities is true, complete and correct in all respects. This Release is continuing in nature and will be effective from the date signed until the date a written declaration revoking this Release that is signed by me is received by the Church. Any such revocation must be sent to the Church at 10150 Antioch Road, Overland Park, Kansas 66212, attn: Mr. R. James Schools, and will be effective only with regard to Activities that commence after the date of receipt.

I understand that this Release is binding even if the risks and liabilities being released arise out of, or are related to, the negligence or carelessness of one or more of the Releasees. This Release is binding on my legal representatives, heirs and assigns. By signing this Release, I acknowledge the possibility that I may not fully know the number or magnitude of all the Released Claims, but nevertheless intend to assume the risk associated in any way with participating in the Activities.

I intend to make a complete, general, and unconditional release of any and all claims whatsoever against the Releasees. This Release is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Release is held to be invalid or legally unenforceable for any reason, the remainder of this Release shall not be affected thereby and shall remain valid and fully enforceable.

ALL PARTICIPANTS MUST COMPLETE AND SIGN PAGE 2, SECTION 1 IF YOU ARE A MINOR (UNDER AGE 18) OR ARE DISABLED, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS RELEASE ON YOUR BEHALF ON PAGE 2, SECTION 2

SECTION 1 PARTICIPANT INFORMATION AND SIGNATURE

I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I desire to participate in the Activities.

Printed Name of Participant: _____

Address: _____ Street City,
State, Zip

Phone: _____ Email: _____

Date of Birth: _____ Year of High School Graduation: _____
Month/Day/Year (If Currently in Grade School) ALLERGIES AND/OR

SPECIAL MEDICAL CONDITIONS: _____

Emergency Contact: _____

_____ Name & Relationship Emergency Contact Number

Participant Signature: _____

Date: _____ If you are a minor (under age 18) or are disabled, your parent or legal guardian must complete Section 2 (below) in addition to Section 1 (above).

SECTION 2 PARENT/GUARDIAN INFORMATION AND SIGNATURE

I have read this Release in its entirety. On behalf of the minor or disabled person shown above, I freely and voluntarily assume all risks of such Injuries and Damages, and notwithstanding such risks, I desire for such person to participate in the Activities. I hereby acknowledge, agree, and consent to the terms of the foregoing Release on behalf of the minor or disabled person shown above, and state that I am duly authorized to sign this Release on such person's behalf. I agree to timely pay all costs and expenses for the Activities, as well as any medical care incurred pursuant to this Release.

Printed Name of Parent/Guardian: _____

Address: _____ Street City,
State, Zip

Mobile Phone: _____ Email: _____

Parent/Guardian Signature: _____

Date: _____ OTC MEDICATION MAY BE GIVEN TO MY CHILD (please initial) _____ YES _____ NO

