

**SUBMIT APPLICATION, DEPOSIT, and PASSPORT COPY (if applicable)
TO PC3 OFFICE**

**Port City Community Church
Short Term Mission Application**

APPLICANT INFORMATION:

FULL NAME (as it appears on passport) _____
Make a note if this is any different than your current legal name and/or if there is a passport amendment and attach a complete explanation of both full names.

Street Address _____ Date of Birth _____

City, State, Zip _____ Primary Phone # _____

E-mail _____ Alternate Phone# _____

Passport Number _____ Expiration Date _____

GUARDIAN INFORMATION (if applicant is under 18 years of age):

Name _____ Relationship _____

E-mail _____ Phone #s _____ / _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Street Address _____ Primary Phone # _____

City, State, Zip _____ Alternate Phone# _____

E-mail _____

MISSION INFORMATION (the mission for which you are applying):

Destination _____ Dates of mission, _____ to _____

PERSONAL INFORMATION AND HISTORY:

List all short term missions in which you have participated (give year, organization, brief description) _____

Do you regularly attend church? _____ If yes, specify church _____ How long? _____

Are you in a small group? _____ If yes, list your small group leader _____

If no, list names/phone #s of people at PC3 who know you _____ / _____

_____	Name	_____	Phone #	_____
_____	Name	_____	Phone #	_____

List ministries in which you serve (within or outside of PC3) _____

Describe your abilities, skills, and gifts, and how you think you may be able to use them on this mission _____

Port City Community Church

Short Term Mission Application

How would you describe your relationship with God? _____

Why are you planning to participate in this mission? _____

Describe what you think it means to be out of your comfort zone; describe a time you were out of yours and how it felt _____

MEDICAL INFORMATION:

Describe any health conditions and/or physical restrictions you have _____

List all medications you are currently taking (or plan to use while on the mission) and reasons for use _____

Specify your vaccinations Hepatitis A Date: _____ Hepatitis B Date: _____

Tetanus Date: _____ Typhoid Date: _____ Yellow Fever Date: _____

Polio Date: _____ Meningitis Date: _____ Specify any other vaccinations and dates, e.g., MMR, diphtheria/pertussis, influenza, rabies): _____

HEALTH INSURANCE:

Each day there are risks to our health and life. Specific to mission trips, there are dangers inherent to traveling and/or performing work and other associated tasks as well as increased dangers for certain diseases. We cannot anticipate when or how illnesses or accidents will occur. Port City Community Church requires that you have personal health insurance that covers you from the date and in the country of your departure, in the country of your destination and throughout the duration of your trip and date of return; this can be a permanent or temporary/travel policy. You may also consider purchasing a travel policy that includes evacuation coverage. Provide your health insurance policy information:

Name of Insurance Company: _____ Policy #: _____

Insured's Name: _____ Policy Holder's Name: _____

Does this policy cover you out of the country (if applicable)? _____

Other policies/numbers _____

Applicant's Signature _____ Date: _____

Guardian's Signature (if applicant is less than 18 years of age) _____ Date: _____

Port City Community Church

Short Term Mission Application

MEDICAL RELEASE:

WHEREAS, (I) _____,

Wish to be a member of the mission trip organized by Port City Community Church which will be traveling in the US and to and in other countries, and WHEREAS, certain circumstances and situations may occur resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for myself to participate in said mission, I,

_____ being of legal age (or with my guardian's signature as agreement), authorize any agent of Port City Community Church to act in my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.

2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my behalf.

3. Any consent by Port City Community Church shall have the same force and effect as if I had personally given the consent.

4. I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance or other extraordinary means.

5. I hereby release and hold harmless Port City Community Church, its officers, employees and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this mission trip.

Applicant's signature: _____ Date: _____

Guardian's Signature (if applicant is less than 18 years of age) _____ Date: _____

CERTAIN LIMITATIONS:

In the event of any crisis – political, natural, or missions related, any political unrest or natural disaster, Port City Community Church decides if and where to send individuals on this mission trip.

Port City Community Church is an organization with policies and expectations relevant to the areas of the world we are traveling in, including dress and lifestyle requirement. These will be explained. All individuals participating in the Port City Community Church mission trip will adhere to PC3 policies and expectations and are subject to dismissal for non-compliance, without refund or reimbursement.

All individuals on the Port City Community Church mission trip serve at their own risk and Port City Community Church is not liable in the event of sickness, accident, death, or terrorist acts, or for transportation or any other expenses beyond that of normal involvement.

In consideration of acceptance of this request to participate in the Port City Community Church mission trip, I hereby waive any and all claims for myself and my heirs against the sponsors, contributors, other participants or any other individuals, organizations, charitable organizations or churches involved in any way in the commencement, arrangement, planning or carrying out of this mission trip for any injury, illness, disability or death which may directly or indirectly result from my participation and I further agree to save and hold said parties harmless and agree to indemnify each said party, whether individual or organization, harmless and agree to indemnify each such party against all liability for any loss, costs, injury, damage to person or property, or death which may arise by virtue of my involvement in this mission trip. I further state that I am in proper physical condition to participate in such a trip. I understand and accept that this trip may require that I travel into a war zone, through restricted air space and that I may be required to subject myself to difficult physical trials, including but not limited to extreme environmental conditions, close contact to contagious diseases and limited sustenance. In short, no one, be they individual, organization or church can guarantee my safety on this trip. I acknowledge all of this and indicate that I request to go, and that I will in no way, financially or otherwise, hold anyone responsible for anything that may occur to me or any person on any portion of this trip.

I also give Port City Community Church permission to use my picture, voice, and/or testimony in any type of media form used by Port City Community Church. My enclosed signature signifies my approval of all limitations listed above.

Applicant's signature: _____ Date: _____

Guardian's Signature (if applicant is less than 18 years of age) _____ Date: _____

Port City Community Church Short Term Mission Application

FINANCIAL AGREEMENT:

I understand that I am responsible for the team member cost of this mission which is _____. I understand that my completed application and a non-refundable deposit of _____ is due on _____. Once this application is completed and submitted, I understand that I have committed to provide this amount in full either through my own investment in the mission or by inviting and allowing others to participate in the mission with me through their financial contributions towards it, on the following schedule:

I agree to provide half of the amount of my team member cost in the PC3 office by four weeks prior to departure.

I agree to provide the remainder/total of my team member cost in the PC3 office by two weeks prior to departure.

I agree that, once airline tickets are purchased (if applicable), even if I cancel my participation on the mission I am responsible for the costs incurred for my ticket.

I understand that if people want to participate by making a donation to the mission, there is a process that must be adhered; donor information cards must be submitted with each donation. Financial supporters must make their checks payable to Port City Community Church. They are eligible to receive charitable contribution tax credit. Financial support received for this mission will be used for PC3's mission in this field. This may include this particular mission trip expenses, expenses for future mission trips to this field, projects and/or other support in this field. If I contribute or raise more than the amount needed, I will not be reimbursed and the amount will only be applied towards PC3's mission in this field.

I understand the integrity, character, and responsibility involved in seeking and accepting donations from people toward this mission. I agree to send a note of gratitude to each person who contributes..

I understand that there are additional expenses incurred that are not included in team member costs, such as the costs related to passports, vaccinations, and any other medical measures. I agree and accept the responsibilities – financial and otherwise – for obtaining the required documents and medical measures. These are not items for which charitable contributions received for Port City Community Church short term missions may be used.

FOR ANY MISSION OUTSIDE THE U.S., I UNDERSTAND THAT I AM RESPONSIBLE FOR OBTAINING, AND HAVING A VALID PASSPORT IN-HAND NO LATER THAN TWO WEEKS PRIOR TO DEPARTURE DATE.

Applicant's signature: _____ Date: _____

Guardian's Signature (if applicant is less than 18 years of age) _____ Date: _____

TEAM MEMBER COVENANT:

As part of a Port City Community Church short term mission team, and as a representative of the body of believers of Jesus Christ, I accept and agree to the following:

- I will submit to the authority of the leadership of this team and will adhere to all instructions they give. I will not respond to requests (financial or otherwise) made by others without the knowledge and agreement of the team leader, and will notify the team leader of anything I become aware of that is out of the ordinary course of actions of this mission.
- I will not share personal contact information with anyone unless directed by the team leader.
- I will not bring on this trip and/or engage in consumption of any tobacco products, alcoholic beverages, and/or any other illicit substances.
- I will bring on this trip only clothing that is considered appropriate by the team leadership and at all times dress in accordance with guidelines provided by the team leadership. While on the trip I will adhere to any requests made by team leadership that I change what I am wearing if they do not feel it is appropriate.
- I will not venture out on my own at any time during this trip. I will not engage in activities – outside specified mission activities – with anyone other than team members without permission from the team leader. I will not go anywhere or engage in any activities the team leader instructs me against. I will make sure that the team leader knows my whereabouts at all times and I will accept and agree to any instructions given by the team leader in these regards.

Applicant's signature: _____ Date: _____

Guardian's Signature (if applicant is less than 18 years of age) _____ Date: _____