



YOUTH STM APPLICATION

APPENDIX F-6b

Youth Short Term Missions Application



YOUTH STM APPLICATION

Youth Applicants Short Term Missions Trip

Word of Grace Church
837 Buffalo Street, Sheboygan Falls, WI 53085

For Office Use Only
Date Rec'd _____
Status _____
Applicant Notified _____

I am applying for the WOG Short Term Mission Team going to: _____

Dates: _____ to _____

Please return your completed application to WOG, Attention: Missions Office. Note to Applicant: This application is designed to better ensure that you, your team leaders, and our foreign contacts all have a positive missions experience. It is therefore essential that this be completed in its entirety. Confidentiality will be maintained. By submitting your application, and once approved, 1) you have indicated your commitment in participating on the short-term mission trip, 2) you are responsible for all trip related expenses incurred on your behalf, 3) will review, complete, and sign the Risk Acknowledgment and Release of Liability form, and 4) will submit a \$100 non-refundable deposit within two weeks of approval.

PERSONAL INFORMATION:

Name (as it appears on your passport):

_____	_____	_____
First	Middle	Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Age: _____ Male ___ Female

Date of Birth: _____

Passport number (only for Int'l trips): _____ Expiration date: _____

Names of Parent/Guardian _____

Home/Cell Phone: () _____ Work Phone: () _____

Email: _____

In the event of an emergency, notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____



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MEDICAL INFORMATION (Confidential):

Your current health:

Excellent _____ Good _____ Fair _____ Poor _____

If fair or poor, please explain: _____

Are you currently taking any medication: Yes _____ No _____

If yes, please specify: _____

Any medical restrictions/handicaps that we need to make special provisions for? Yes ___ No ___

If yes, please explain: _____

Do you have any dietary restrictions? Yes _____ No _____

If yes, please explain: _____

Health Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

OTHER INFORMATION:

Are you affiliated with WOG Church? Yes _____ No _____ WOG Regular Attender: Yes _____ No _____

If yes, for how long? _____

If no, which church? _____

City: _____ State: _____

For Non-WOG applicants, provide two references on a separate sheet (one pastoral).

Why do you want to go on a mission trip? _____

What best describes your prayer life: Occasional ___ Daily ___ Prayer Warrior ___

Have you ever been on a mission trip before? Yes _____ No _____

Where? _____ When? _____

Organization? _____

What other international experiences have you had? _____

What do you feel will be one of your greatest contributions to this trip?



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Do you work better alone, in a small group, or a big group? _____

What might be an area of difficulty or weakness for you? _____

All trip costs are the responsibility of the team member. How are you planning to cover the cost of this trip?

Indicate your skills in languages other than English: _____

Do you play a musical instrument, if yes, please list? _____

PARTICIPANT'S PLEDGE:

The last part of your application is perhaps the most important. We are asking you to sign a pledge of participation, the points of which are listed below. These are the common expectations we have of every team and every team member.

I pledge the following:

- To participate in all pre-field preparation meetings and events over the next few months as determined by your team leader(s) and a debriefing upon return.
- To cover all costs of the trip, fundraising opportunities may be available to assist team members.
- To sign and agree to the STM Team Covenant and Risk Acknowledgement & Release of Liability forms (separate documents). Failure to agree and sign these two documents will disqualify me from participating on this trip.
- To be a team player rather than an independent operator of this short-term mission, submitting to the team leadership and the needs of the group.
- To be submissive to our national hosts or local project leaders in a way that honors them and the Gospel.
- No use of alcohol, tobacco and illegal drugs are permitted.
- To submit a \$100 non-refundable deposit within two weeks of application approval.
- Once application is approved, to be fully committed to participating in on trip.

Cancellation policy: You can cancel your participation in the short-term mission trip at any time. Submit in writing your cancellation to the team leader and WOG. You will be responsible for any expenses incurred on your behalf up to the acknowledged cancellation date by the team leader including but not limited to deposits, airfare, rental vehicles, team t-shirts, team books/study materials, etc.

Signature of Applicant: _____ Date: _____

By Signing Below, I give my permission for my child to participate in this Short-Term Mission:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____