

**TRIP APPLICATION AND CONSENT/MEDICAL FORMS TO SIGN**

REFRESHING SPRINGS CHOSEN TEENS MINISTRY OUTREACH TRIP APPLICATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: Male    Female      Birthday \_\_\_\_\_ Age \_\_\_\_\_

How long have you been at this church? \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ If yes, please provide the following information:

Name on Passport \_\_\_\_\_

Passport # \_\_\_\_\_

Expiration \_\_\_\_\_

**PERSONAL WALK**

1. Briefly describe your relationship with Christ:

2. What two events or activities have impacted you spiritually over this past year?

3. Are there any current moral issues or physical conditions that could impact your involvement on a mission project?  YES  NO

If YES, please describe:

### **CHURCH INVOLVEMENT**

1. Are you active in this youth ministry? (Please include the name and phone number of a staff member or youth leader who knows you well.)
  
2. Have you served in ministry at the church or on another outreach?

### **MISSIONS INFORMATION**

1. How are you sensing God's leading toward this project?
  
2. Why do you want to serve on a mission?
  
3. Rate yourself by 1 – 5 (with 1 being the lowest and 5 being the highest).

Flexibility            1      2      3      4      5

Adaptability        1      2      3      4      5

Team Player        1      2      3      4      5

4. Describe your:

(a) Strengths

(b) Ministry gifts or skills

5. Describe your weaknesses or areas in which you desire growth:

6. I plan on:

- a) Paying my own way/parents paying my way.
- b) Paying part of my way and trusting God to provide the balance through support-raising.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application form to your team leader with a \$100 trip deposit. Make sure your parents read and sign the attached letter and forms.

FOR PARENT(S) TO READ AND SIGN

Dear Parent,

It's an honor for us to lead your son or daughter on such a tremendous mission experience. Thank you for parenting them in such a way that they value this kind of outreach opportunity, and thank you for allowing them to join us on this journey! We're looking forward to leading them to be part of what God is doing in another corner of the world.

Please read the paragraphs below (as well as the information provided) and sign. We want to make sure you are aware of the details through the whole process. You can ask your student for information from the meetings, but you can also access the most up to date forms, meeting times, deadlines, and travel logistics by visiting our website, [www.chosenteens.com](http://www.chosenteens.com).

Thank you for trusting us with your student. Pray that God does incredible things through them.

Blessings,

Camille Perry  
Team Leader

I/We have read the information packet and am encouraging my student to pursue this trip. I/We understand that my child must participate in all of the training meetings to best prepare for this experience. I/We commit to gathering and reviewing the information missed should an absence be required. I/We also recognize that my student must participate in personal and team fund-raisers to cover the per person expenses for the trip.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Cell or Home Phone

\_\_\_\_\_  
Email

**CONSENT AND AGREEMENT FORM**

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Short-Term Trip: Cayey, Puerto Rico

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

wishes to be a short-term missionary on a Refreshing Springs Church of God short-term missions trip in partnership with Group Mission Trips which will be traveling to and staying in Cayey, Puerto Rico and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, In consideration of permission from Refreshing Springs Church of God for myself to participate in said missionary short-term trip,

I, \_\_\_\_\_(parent's name), authorize Refreshing Springs Church of God to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which Refreshing Springs Church of God deems necessary for my medical well-being for the duration of the mission. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific, consent for medical/dental treatment and care in my behalf. Any consent by Refreshing Springs Church of God shall have the same force and effect as if I had personally given the consent.

I certify I have personal health insurance, with no territorial limitation, for the providing of medical services to me which will provide coverage for me during the duration of said mission. I understand that Refreshing Springs Church of God or Group Mission Trips provides no health plan except the travelers short-term insurance provided through Group Mission Trips.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Insurance Company Phone Number

**DISCIPLINE AGREEMENT**

I understand and support the role of leadership of Refreshing Springs Church of God in overseeing and directing this trip. If my student breaks rules to the point leadership believes they need to be returned for the sake of the team and the work on the field, I agree that it is my responsibility to cover the costs occurred with my student returning early.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, and if we cannot get hold of you, whom shall we contact?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please complete the following questions:

Is your student currently taking any prescribed medication?      Yes No

If yes, please specify the medication and the dosage: \_\_\_\_\_

\_\_\_\_\_

Is your student presently under a physician's care for any illness?      Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any or has your child ever had any serious health issues that need to be factored into their participation on this trip or in the event of a medical emergency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Cell or Home Phone