

YOUTH MEXICO MISSION TRIP

July 5-9, 2021 (for high School students and parents)

Calvary Chapel Santee Confidential Mission Application

TRIP COST: \$120.00: includes accommodations, transportant and most meals (eccept tacos)

MINISTRY FOCUS: Serve at an orphanage, help with Bible College work project

APPLICATIONS DUE: SUNDAY, June 27th

Submit \$120.00 with application and a copy of your passport or birth certificate to the Welcome Desk

(Yes, Students under 18 can cross with a copy of their birth certificate)

GENERAL INFORMATION:

Name: _____ Date of Birth: _____ - _____ - _____

Current Address: _____

City

State Zip

If over Age 25 – Can you drive?

Type of vehicle

Complete below if you are a minor:

Mother: _____ Father: _____

Phone Number(s): Home () _____ Parent's Cell () _____

Email: _____ Parent's Email: _____

Emergency Contact: Name of person who you KNOW will be available while you're away

Name: _____ Relationship: _____

Address: _____

City

State

Zip

Phone: _____ Secondary number: _____

PASSPORT/ID

Passports are preferred but not mandatory if you are under 18. Please select one:

☐ **I have a passport:**

- Attach a copy of your passport to this application.

☐ **I am applying for a passport:**

- Apply for a passport at the Post Office. Download application at www.usps.com
- Call ahead to find out when they accept passport applications and make an appointment.
- Turn in a copy of your passport to us when you receive it.

☐ **I do not have a passport:**

- If you do not have a passport you will need your birth certificate and a photo ID.
- Attach a copy of your birth certificate and ID to this application.

HEALTH

Please answer the following questions accurately and honestly. All information will be handled with a high standard of professional confidentiality. We are collecting and keeping this information on record so that we can provide medical personnel with complete information should a medical emergency or serious illness occur.

1. Describe your general health and physical fitness. _____

2. Do you have a physical condition that may limit your ability to perform the ministry for which you have applied? ☐ Yes ☐ No. If so, please explain. _____

3. Are you presently under medication prescribed by a physician? ☐ Yes ☐ No

If yes, please list: _____

4. Will you be taking medication while on this mission trip? ☐ Yes ☐ No

If yes, explain _____

5. Do you require a special diet? _____

6. Do you suffer from a weak stomach or motion sickness? _____

7. Have you ever been treated for a nervous, mental, or emotional disorder? ☐ Yes ☐ No

If yes, what was/is the nature of the disorder? _____

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

☐ Asthma ☐ Arthritis ☐ Neuro-muscular disorder

☐ Diabetes ☐ Epilepsy ☐ Anxiety Attacks

☐ Food allergies (Explain): _____

MINISTRY EXPERIENCE

1. Have you been to Mexico before, if so when and for what purpose? _____

2. What languages do you speak other than English? _____

3. Are you comfortable speaking in front of a group? _____

4. Have you ever been involved with any other type of outreach or ministry? ☐ Yes ☐ No

If so, when and where? _____

5. Are you currently involved in any kind of ministry? ☐ Yes ☐ No.

If Yes, describe: _____

6. How well do you react under pressure? (Explain) _____

Special skills and experience in: (check all that apply)

☐ Wireless communication

☐ Computer

☐ Photography

☐ Guitar/lead worship

☐ Journalism

☐ Videography

☐ Drama

☐ Singing

☐ Sports or Coaching

☐ Nursery Care (babies)

☐ Taught Sunday school (if yes, what age group?) _____

☐ Construction (specify): _____

By signing below I am agreeing that I have answered every question on this application to the best of my knowledge honestly and with a clear conscience.

Signature: _____ Date: _____

Applicant's Signature

Signature: _____ Date: _____

Parent or Legal Guardian's signature

Thank you for a desire to join us, We will inform you once it this application has been reviewed. Please let me know if you have any questions!

Chris DuFour, Youth Pastor

chris@ccsantee.com

Submit This Application to The Welcome Desk in the Lobby

Calvary Chapel Santee
MEXICO MISSION TRIP 2021
CONSENT TO TREATMENT

Interested Parties:

<hr/> <p>Name (herein "Team Member")</p>	<hr/> <p>Calvary Chapel Santee Church (herein "Organization")</p>
<hr/> <p>July, 5th -9th 2021 Travel Dates</p>	<hr/> <p>Chris DuFour – Youth Pastor Team Leader (herein "Agent")</p>

Consent to Treatment:

I, _____ as the team member's Legal Guardian, do hereby authorize the Agent, acting as the Team Member's agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment.

These authorizations shall remain effective through the above said dates unless sooner revoked in writing and delivered to the Agent.

PRINT NAME OF TEAM MEMBER

SIGNATURE DATE

PRINT NAME LEGAL GUARDIAN (IF ABOVE IS UNDER 18)

SIGNATURE DATE



LIABILITY RELEASE FORM

I, THE UNDERSIGNED, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE PRACTICUM, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee and/or its organizers. As part of participating in said practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Santee and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee and/or its organizers be held responsible for:

1. Illness, death, accidents or injury;
2. Delays, personal injury, property damage or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorist activities;
3. Loss of personal property, possessions or monies;
4. Any act of neglect of any person or company whose services are trained by Calvary Chapel Santee for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee;
6. Additional expenses, if incurred under any of the above circumstances, are the responsibility of the participant (yourself.)

I hereby also acknowledge the fact that Calvary Chapel Santee and any of its workers, servants, volunteers, and/or employees have the right to terminate my participation in this practicum at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

Mexico Mission Trip

Name of Sponsored Activity / Event

PRINT - Name of Participant

PRINT - Name of Parent/guardian if under 18

7/5/21

7/9/21

Event-Date

Begins

Ends

Signature

Date

Signature Parent/guardian

Date