

IRELAND MISSION 2025 APPLICATION

JULY 3-15, 2025 — Sligo Ireland

THIS TRIP IS FOR: Adults and teens 16yrs and up. (limited spots, application must be approved)

MINISTRY FOCUS: To serve Calvary Chapel Sligo, host 5 day kids club (VBS), Sligo community outreach

COST: \$2,500 includes flight, accommodations, supplies, transportation, food (excludes personal expenses)

PAYMENT DEADLINES: - \$100 deposit due with application
- \$1,000 due by April 30th to secure flights
- \$1,400 final payment due by June 15th

APPLICATION DEADLINE: Applications are due no later than Sunday April 27th (along with \$100 deposit and a copy of your passport or prof of passport process being started)

PASSPORTS: Passports are required. If you do not have one start the process immediately. Process needs to be started by April 27th. Current processing time estimates are 4-6 weeks (expedited 2-3 weeks), but can change. Visit: travel.state.gov for info.

GENERAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

Street

City

State

Zip

Cell Phone: _____ Email: _____

Complete below if you are a minor (under 18):

Father: _____ Mother: _____

Father's Cell () _____ Mother's Cell () _____

Father's Email: _____ Mother's Email: _____

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

Name: _____ Relationship: _____

Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

PASSPORT STATUS:

I have a passport:

- Attach a copy of your passport to this application.

I have applied for a passport:

- Apply for a passport through travel.state.gov or at the Post Office: usps.com
- Attach prof of process to the this application.
- Turn in a copy of your passport to us once you receive it.

MINISTRY EXPERIENCE:

1. Have you been to Ireland 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): _____

Other (specify): _____

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 if you suffer from any of the following:

Asthma Arthritis Neuro-muscular disorder

Diabetes Epilepsy Anxiety Attacks

Food allergies (Explain): _____

Other (Explain): _____

CONSENT TO TREATMENT:

Applicant's Name (herein "Team Member")

Calvary Chapel Santee

Church (herein "Organization")

July 3rd - July 15th, 2025

Travel Dates

Chris Dufour - Associate Pastor

Team Leader (herein "Agent")

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.

Applicant's Name (Print)

Applicant's Signature

Date

Parent/Legal Guardian's Name (if under 18)

Parent/Legal Guardian's Signature (if under 18)

Date

LIABILITY RELEASE:

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.

<u>Ireland Mission</u> Name of Sponsored Activity / Event		<u>7/3/2025</u> Event Dates: Begins	<u>7/15/2025</u> Ends
 _____ Applicant's Name (Print)		 _____ Applicant's Signature	 _____ Date
 _____ Parent/Legal Guardian's Name (if under 18)		 _____ Parent/Legal Guardian's Signature (if under 18)	 _____ Date

APPLICATION AGREEMENT:

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.

Applicant's Signature

Date

Parent/Legal Guardian's Signature (if under 18)

Date

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, Associate Pastor
chris@ccsantee.com

Submit This Application to The Welcome Desk in the Lobby

Calvary Chapel Santee • 10920 Summit Avenue • Santee, CA 92071 • (619) 258-1946