

MEXICO MISSION 2025 APPLICATION

MAY 2-5, 2025 — Rosarito Mexico

FOR: All ages and skill sets (application must be approved)

MINISTRY FOCUS: Serve at an orphanage, possible work project, and encourage missionaries

COST: \$120.00: Includes accommodations, supplies, transportation and most meals (except tacos & snacks)

APPLICATIONS DUE: SUNDAY, APRIL 13th

Submit completed application and a copy of your passport to the Welcome Desk

GENERAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

Street

City

State

Zip

Cell Phone: _____ Email: _____

I am over age 25 and can drive. Type of vehicle: _____

Complete below if you are a minor:

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 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.

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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Wireless communication | <input type="checkbox"/> Computer | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Guitar/lead worship | <input type="checkbox"/> Journalism | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Singing | <input type="checkbox"/> Sports or Coaching |
| <input type="checkbox"/> Nursery Care (babies) | <input type="checkbox"/> Taught Sunday school (if yes, what age group?) _____ | |
| <input type="checkbox"/> Construction (specify): _____ | | |
| <input type="checkbox"/> 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:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Neuro-muscular disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anxiety Attacks |
| <input type="checkbox"/> Food allergies (Explain): _____ | | |
| <input type="checkbox"/> Other (Explain): _____ | | |

CONSENT TO TREATMENT:

Applicant's Name (herein "Team Member")

Calvary Chapel Santee
Church (herein "Organization")

May 2nd - May 5th, 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>Mexico Mission</u>	<u>5/2/2025</u>	<u>5/5/2025</u>
Name of Sponsored Activity / Event	Event Dates: Begins	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