



Short Term Missions Trip Participant Application

Sponsored by

Pequea Brethren in Christ Church
Pequea Church . . . Local Church, Global Vision

Note: The information requested on this application helps 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 is maintained. Once your application and references are turned in, Pequea's short-term missions trip selection committee reviews your file and makes a recommendation concerning your participation on the requested trip. The team leader will notify you of the decision.

Please return your completed application to the Go Global mailbox.

Pequea Church
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Lancaster, PA 17603
(717) 872.5679
FAX (717) 872.5813
www.pequeachurch.com
Email: dcharles@pequeachurch.com

For Office Use Only

Date Rec'd _____

GENERAL INFORMATION

Name (as it appears on your passport):

Last

First

Middle

Address:

City:

State:

Zip:

Email:

Home Phone:

Work Phone:

Age:

Cell Phone:

Occupation:

Employer or School:

Social Security Number:

Male
 Single

Female
 Married

Do you attend Pequea Church?

Yes

No

If yes, are you a member? _____

If no, church home: _____

TRAVEL INFORMATION

- *If you do not have a passport, or your current one expires within six months of your return from this trip, you will need to apply for a passport as soon as possible.*
- *If you are in the process of obtaining your passport let us know this information as soon as you know it.*

Passport Number:	Citizenship:
Date of Issue:	Date of Expiration:
Date of Birth:	Place of Birth:

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	
Email:	Home Phone:	Work Phone:

HEALTH QUESTIONS

Do you have any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physician Name & Phone Number:
Describe any health problems requiring regular medical care:	
List any chronic disease, medical restrictions, special dietary needs, or allergies:	

HEALTH INSURANCE INFORMATION (REQUIRED ON ALL PEQUEA TRIPS)

Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it applicable outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Phone Number:
Group Number:	Policy Number:
Name of Insured:	

FIELD MINISTRY EXPERIENCE

What languages (other than English) do you speak, read or write?

(Please indicate your proficiency level)

Previous short term missions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location and dates of last 2 trips 1. 2.
Have you traveled outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location and dates of last 2 trips 1. 2.
Are you involved with Pequea ministries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which ones and for how long? 1. 2. 3.

TESTIMONY

Include a **single separate sheet** with your personal testimony, addressing the following:

1. Describe your faith journey.
2. Why would you like to participate on this mission trip?
3. What spiritual gifts & skills do you have that will help you serve effectively on this mission trip?

REFERENCES

List two character references.

One should be a pastor or ministry leader and one should be a person who knows you well.

Name & Relationship	Phone Number
1	
2	

PERSONAL COVENANT

As a member of a Pequea missions team, I understand I represent not only Pequea Church but also the Brethren In Christ World Missions. If selected to be a part of a Pequea short-term missions team, I agree to:

1. Be committed to the Lordship of Jesus Christ and the authority of scripture.
2. Actively participate in trip activities as directed by BIC team leaders.
3. Be adaptable to different cultural and social environments and be sensitive to local believers regarding dress codes and standards of living.
4. Be committed to emotional, social and spiritual growth, adhering to a life-style based on biblical teaching.
5. Return home at my own expense, if at any time, while on this trip, my behavior constitutes a problem as determined by the team leader.
6. Affirm that living consistently with biblical teaching is essential for BICWM workers.
7. Refrain from any destructive sexual behavior.
8. Abstain from the use of tobacco, alcoholic beverages, non-medical drugs and other destructive behaviors while on this trip.
9. Honor each other, remembering that God has created us differently and has given each of us gifts differing according to His purpose.
10. Bring unity to the team through taking time to be with the Lord to renew ourselves daily in His presence, that flowing from our love to Him we will cherish each other.
11. Support and minister to each other and enjoy each other, resolving personal differences, and forgiving each other daily just as God in Christ Jesus has forgiven us so that Satan will not be given a foothold in our team.
12. Submit to the authority structures we have over us on the team and in the indigenous church family we are going to serve.
13. Strive to be faithful to the task by preparing ourselves spiritually, mentally and physically; pursuing an attitude of servanthood to each other and our group; and striving to be faithful servants, as God directs us, to the unchurched of this region.

MEDICAL WAIVER

1. If a medical emergency should arise regarding myself or my child, I hereby give permission to the pastors, counselors, or representatives/chaperones of Pequea Church to select a physician and/or hospital for care and to administer any emergency medical treatment that I/my child require, including anesthesia. I also give such medical personnel and/or hospital my permission to treat myself/my child at the request of representatives of Pequea Church.
2. I understand that Pequea Church cannot assume responsibility for medical expenses for myself/my child and agree to bear such responsibility and pay any such expenses incurred with respect to such medical emergency.
3. I also relieve Pequea Church, its pastors, counselors and representatives from any claim, liability or damages as a result of any illness or injury, including death, or any property damage, which may be suffered by myself/my child during scheduled activities of Pequea Church. I also understand that these activities have an element of risk and that I/my child must listen carefully to all instructions and obey all rules.

SIGNATURES

For a Pequea missions team to be successful, each person on the team needs to submit themselves first to the Lord and then to their appointed team leader(s). By signing below, you affirm that the above information is true and that you willingly submit to your team leader(s) and uphold them in prayer for this trip.

Printed Name: _____

Signature: _____	Date: _____
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Parent or Guardian Name if under 18: _____

Parent or Guardian Signature: _____

FOR USE BY MISSIONS TRIP LEADERSHIP TEAM ONLY (PLEASE INITIAL AND DATE)

Date			
_____	Team Leader: _____	Approved: <input type="checkbox"/>	Declined: <input type="checkbox"/>
_____	Pastor: _____	Approved: <input type="checkbox"/>	Declined: <input type="checkbox"/>
_____	Missions Chair: _____	Approved: <input type="checkbox"/>	Declined: <input type="checkbox"/>