

First Presbyterian Church of Bryan 2017 Missions Trip Application

"After this I looked and there before me was a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and in front of the Lamb."
—Revelation 7:9a

The First Presbyterian Church of Bryan's Missions Committee is pleased to learn of your interest in serving on one of our short-term mission trips. Participation in a Mission Trip can truly change your life, draw you closer to God and God's people. Please read the following information and complete the application that follows.

- Please note that submitting an application does not guarantee inclusion on the trip requested.
- The Team Leader will notify you when you have been accepted for the trip.
- A \$250 deposit must accompany this application in order to reserve a place for you on the Mission Team. This deposit will be reimbursed if: your application is not approved.
- Each potential team member needs to complete this application form and send it to:

Trish Burk
2017 Peru Mission Challenge
First Presbyterian Church of Bryan
1100 Carter Creek Parkway
Bryan, Texas 77802

- Cost to participate: approximately: \$2,000. This includes the application deposit, round-trip airfare between Houston, Texas and Lima, Peru (approximately \$1200); in-country costs for transportation, hotels and meals (\$550).* The expense of passports and required or recommended vaccinations, medications or emergency medical procedures while on the trip are not included and the sole responsibility of the mission participant. Trip insurance is recommended.
- Once selected, Team members are expected to attend a team meeting prior to the trip, where they will receive additional information regarding vaccination recommendations from the Center for Disease Control, what to pack, the availability of optional side trips and emergency contact information
- If, after applying, you find that are unable to participate, please notify the Team Leader as soon as possible. You may be able to receive a refund depending on the timing, reason, and whether or not there is enough time to find a replacement for you.
- Passports take several months after application to obtain, and must remain valid for at least 6 months after the proposed return date from the trip. Two laminated copies of your passport's photo page must be provided to your Trip Team Leader at the time of departure. In case of emergency, these may be made available to local embassies or hospital officials.
- All questions regarding this mission trip should be directed to the Team Leader:
 - Trish Burk – phone: (979)764-1197 / email: pagburk@suddenlink.net.

***Young adults:** A limited number of partial scholarships are available from FPC Bryan and United Campus Ministry at Texas A&M to help defray the travel costs of their participating members. If interested in a scholarship, please include a letter of request with your application.

2017 Peru Mission Challenge

July 19, 2017 – July 29, 2017

SECTION I

The information on this form will be kept confidential and is for use by the Team Leader and any necessary Medical Professional while on the trip

Personal Information (Please type or print clearly)

Last Name: _____ First Name: _____

Name exactly as it appears on your passport: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: () _____

Date of Birth: __/__/__ Passport #: _____ Passport expiration __/__/__

Gender: Male____Female____ Marital Status: Single____Married____Divorced____Widowed____

Ages of children (if applicable): _____

References: (church staff, or leaders) familiar with your skills, and your ability to serve on a mission team:

Name: _____ Relationship _____

Phone & Email: _____

Name: _____ Relationship _____

Phone & Email: _____

If you are a member of a church please complete the following:

Home Church: _____ Denomination: _____

Address: _____ City: _____ State: ____ Zip: _____

Pastor: _____ Phone: _____ Email: _____

Pastor Signature: _____ Date: _____

Employment or Educational Information:

Please share employment, school or pertinent information regarding work experience related to missions. If you are a student, please let us know where you attend school and what year you are in:

Home Church Involvement:

(This information will help us to know how you might provide needed skills and experience)

Do you attend Worship Services? Yes_____No_____ Regularly:_____ Irregularly:_____

Are you a church member? Yes___No___ If “yes,” for how long?_____

Are you, or have you served as, a church officer? Yes_____No_____ Terms:_____

If you are involved in a church ministry, please describe your participation there (Sunday school, committees, Ministries, etc.).

_____ How long _____

_____ How long _____

_____ How long _____

Skills, Talents and Experiences

Have you participated in any mission trips?

Please tell us about your most recent mission trips:

Destination: _____

Dates/Year _____ Nature of mission: _____

Destination: _____

Dates/Year: _____ Nature of mission: _____

Please share highlights of any previous mission experience or cross-cultural experiences you have had. (*i.e.*, living overseas, travel abroad, etc.):

Language Fluency (Example: Spanish – Fluent, Fair or Basic)

Please write the appropriate code next to the skills/talents you possess.

Codes: 1-Average 2-Better than average 3-Professional. Please note that all of these areas may not be applicable on all trips. Having this information, however, will help us in the planning.

Construction
Experience

- Carpentry
- Painting
- Masonry/Carpentry
- Engineering
- Roofing
- Electrical
- Plumbing
- Other (pls. Specify)

Business & Communications

- Computers
- Accounting
- Other (pls. Specify)
- _____
- _____
- Web / Internet
- Photography/videography
- Graphic Design
- Journalism

Ministry

- Teaching
- Preaching
- Bible Study-
- VBS
- Other
- _____
- _____

Medical

- Nursing
- Physician
- Dental
- EMT
- CPR
- Therapy (PT, OT, other)

Music

- Instrument (pls. list)
- _____
- Vocal
- Other (pls. specify)
- _____

Performance

- Juggling
- Clowning
- Puppetry
- Drama
- Other

Please describe any other special skills not included above that you could bring to the mission experience. (Sign language, construction expertise, arts & crafts, recreation, etc.)

Tell us a little about yourself...(interests, hobbies, work or recreational experiences)

How would others describe your personality? _____

Describe why you feel called to participate on this mission trip, including what you hope to gain from the experience and what you would like to contribute.

Thank you for providing this information.

SECTION II
(FOR REVIEW BY A MEDICAL PROFESSIONAL)

Confidential Information for use in Medical Emergencies & Assessment

Full Name: _____

Medical Insurance Provider: _____ Policy # _____

International/travel insurance Provider: _____ Policy # _____
(not required for participation)

Name of your Physician: _____

Address: City: State: Zip: _____

Office Phone: () _____ After hours Phone () _____

Please list all the drugs/medications you are presently taking indicating the generic name, exact strength / dosage and, time administered..

List medical problems for which you have received medical care in the past 12 months:

List any history of major illness or surgery: _____

Date of most recent tetanus immunization: _____

Have you received hepatitis A and hepatitis B vaccine? ___yes ___no

Have you had ___Measles ___ Chicken pox ___Hepatitis A / B / C / other? (circle)

List any known allergies (including food allergies) : _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip:

Some mission trip work will require physical exertion at an altitude of 11,000+ feet.

List any physical limitations to walking, climbing, carrying your suitcase or supplies.

Emergency Authorization

_____ (Please initial) I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is deemed necessary and I am not able to make such a decision.

_____ (Please initial) I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

In Case of Emergency - Contact 1:

Name: _____

Address: _____

City: State: Zip: _____

E-mail Address: _____

Relationship to Applicant: _____

Home Phone: () _____ Work Phone: () _____

Cell: () _____

In Case of Emergency - Contact 2 (optional):

Name: _____

Address: _____

City: State: Zip: _____

E-mail Address: _____

Relationship to Applicant: _____

Home Phone: () _____ Work Phone: () _____

Cell: () _____

Section III

State Department Country Advisory Confirmation

The undersigned has received the State Department Country Advisory for his/her designated country of travel and therefore agrees to not hold the church liable for injury or unanticipated expense on a mission trip. Advisories can be located by going to www.travel.state.gov and locating the destination country. Medical advisories are available at www.cdc.gov and locating the destination country.

Name of Mission Trip Participant

Signature of Mission Trip Participant

____/____/____
Date Signed

Name of Witness

Signature of Witness

____/____/____
Date Signed