

**First Presbyterian Church of Bryan
2018 Mission Trip
May 18-27, 2018
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 Mission 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 carefully read the following information and, if interested, return the application that follow.

Each potential team member needs to complete this application form and send it to:

Trish Burk
2018 Peru Mission Challenge
First Presbyterian Church
1100 Carter Creek Parkway
Bryan, Texas 77802

- A \$250 deposit must accompany your application in order to reserve a place for you on the Mission Team. This fee will be reimbursed if the application cannot be approved.
- The application deadline is April 1st.
- Submitting an application does not guarantee inclusion - first come will be first served.
- The Team Coordinator, will notify you when you have been accepted.

Cost to participate: approx. \$2,000. This includes the application deposit, round-trip airfare between Houston, and Lima, transportation, accommodations and meals during the mission trip.

The cost of passports, required/recommended vaccinations, medications or emergency medical procedures while on the trip, **are not included and are the sole responsibility of the mission trip participant.** Trip insurance is recommended.

Requirements: 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 2-3 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 and signature page must be provided to your Trip Team Leader at the time of departure. In case of emergency, these may need to be made available to local embassies or hospital officials.

Questions: All questions regarding this mission trip should be directed to the Team Leader:

Trish Burk – phone: (979)220-4955 / email pagburk@suddenlink.net

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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's Signature: _____ Date: _____

Employment or Educational Information:

Please share employment, school or pertinent information regarding work experience related to missions. If a student, please let us know what school you attend 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-Above 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 (please specify)

Business & Communications

- Computers
- Accounting
- Other (please specify)
- _____
- Web / Internet
- Photography/videography
- Graphic Design
- Journalism

Ministry

- Teaching
- Preaching
- Bible Study
- Vacation Bible School
- Other
- _____

Medical

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

Music

- Instrument (please list)
- _____
- Vocal
- Other (please specify)
- _____

Performance

- Juggling
- Clowning
- Puppetry
- Drama
- Other (please specify)
- _____

Please describe any other special skills not included above that you could bring to the mission. (i.e. medical supplies or equipment, sign language, arts & crafts, photography, videography, 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.

Licensed medical providers must include with their application - 2 copies each of:

Curriculum Vita
License to practice medicine

Medical School diploma
(pages 2/3) of their passport

- (1) One copy will be mailed to the Peruvian Embassy; and
- (2) Second copy will be secured during the trip in case of loss of documents.

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 (*not required for participation*):
_____ Policy #: _____

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.

Printed Name of Mission Trip Participant

Signature of Mission Trip Participant

Date Signed

Printed Name of Mission Trip Participant

Signature of Witness

Date Signed