

KINGDOM BUILDERS Application,
Release & Medical Form **2023**
Westminster Presbyterian Church

Date Received: _____
<input type="checkbox"/> Deposit Received: _____
<input type="checkbox"/> Background check completed: _____

KINGDOM BUILDERS: 11 AM Wednesday, July 12 through 11 AM Saturday, July 15

- Please fully answer ALL questions. Use Blue or Black Ink.
- Non-Refundable Deposit is required with your application.
- Deadline: June 19 / Early Bird June 5

PARTICIPANT INFORMATION

Full **LEGAL** Name as it appears on your driver's license or passport (very important!):

First: _____ Middle: _____ Last: _____

Gender: M F Date of Birth: _____

Completed Grade in June 2023: _____

T-Shirt Size: S M L XL

Complete Address: _____

Phone: _____ Cell: _____ Can Receive Texts Yes No

Student Email: _____

Parent Email: _____

Trips are open to Westminster members. Regular attenders of Westminster and members of other PCA churches are welcome to apply. Priority is given to WPC members, provided application is received by the deadline.

I have been received as a Member of Westminster Church: Yes No

If not a member of Westminster, list place of Membership: _____

- With your application, please include a letter of recommendation from your pastor.
- List one personal reference, preferably someone that you have served with in Christian ministry:

Name and Contact Info: _____

SKILLS ASSESSMENT

What is your education and work background? What special training, skills or gifts can you offer?

Participant Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (first person contacted in case of an emergency; someone NOT on the trip with you):

Name: _____ Contact Number: _____

(18 & Under) Parents' Names _____

Mom's Cell or Work # _____ Dad's Cell or Work # _____

HEALTH INFORMATION

Family Doctor _____ Phone _____

Insurance Company* _____ Phone _____

Policy # _____ Group # _____

**All short-term participants must have health insurance. If serving on an international trip, please confirm with your provider that you are covered for emergencies outside of the U.S. Childhood immunizations and Tetanus are required for trip participation.*

- I have had routine childhood immunizations (dT-diphtheria, MMR, polio). YES / NO, but I will by the project
- I have had a tetanus booster within the past 10 years. YES / NO, but I will by the project
- COVID Vaccination and Testing (check all that apply):
 - I am fully vaccinated for COVID or am willing to get a COVID vaccine if required for travel or ministry.
 - I am willing to get a COVID test if required for travel or ministry.
- List All Medications (include time of day taken, dosage, and any special instructions):
- List over-the-counter medications that the participant is **NOT** to have:
- Allergies*:
- Dietary Restrictions/Physical Limitations:

Please check any conditions for which you have been treated or seen by a physician in the past 5 years.

Heart Trouble		Cirrhosis / Liver trouble		Arthritis
Heart Murmur		Kidney/Bladder Stone or Infection		Cancer / Tumor
Abnormal Pulse		Gall Bladder Disease		Sciatica
Rheumatic Fever		Internal Bleeding		Deformity / Amputation
Chest Pain		Prostate Trouble		Skin Disorder
Stroke		Sugar/Albumin, Blood or Pus in Urine		Hernia
High Blood Pressure		Psychiatric/Emotional/Nervous Problem		Disease of Eyes
Hardening of the Arteries		Frequent Headaches		Disease of Ears
Diabetes		Epilepsy / Convulsion		Disease of Nose/Throat
Circulatory Disorder		Other Nervous System Disorder		Tuberculosis/Lung Disorder
Blood Disorder/Disease		Dizziness / Loss of Consciousness		Asthma
Hepatitis		Digestive/Intestinal Disorder		Pregnant (currently)
Anemia		Ulcer		Surgery in Last 2 Years
Thyroid/other Gland Problem		Gout		Other

** If you have an allergy that requires an epi-pen, bee sting kit, or medication, please bring it to the project.*

Please explain any conditions listed above that have been diagnosed or treated in the past five years (include date of last treatment or office visit for each item checked):

Participant Name: _____

RELEASE OF LIABILITY & MEDICAL CONSENT

The undersigned participant, and participant's guardian(s) if participant is under eighteen (18) years of age on the date hereinafter indicated, does hereby acknowledge:
(both Guardians initial below)

_____/_____ I/We are fully aware of the risks and hazards connected with the activity identified above and are aware that the activity includes the risk of injury and even death, and I/we hereby voluntarily choose to allow the participant to participate in the activity, knowing that the activity may be hazardous to me/him/her. I/We understand that Westminster Presbyterian Church does not require participant to take part in the activity.

_____/_____ I/We release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers from any and all liability and/or claims arising out of or related to any personal injury, death, or illness that the participant named above may sustain in connection with the activity identified above, including during transportation to, from or during said activity, regardless of whether such injury, death, or illness is caused by the negligence of Westminster Presbyterian Church or any of the other persons released by this Agreement.

_____/_____ I/We likewise release and hold harmless all of the above entities and persons in relation to any loss of or damage to the personal property of participant, in connection with the activity identified above.

_____/_____ I/We give permission for participant to be given, if appropriate, over-the-counter medications, such as Tylenol and Advil, provided I/we have not specifically prohibited that, elsewhere herein.

_____/_____ While I/we understand that every effort will be made in a medical emergency to contact the emergency contact at the phone number listed herein, I/we also acknowledge that in an emergency, time can be of the essence, and treatment may be necessary even if the emergency contact cannot be reached quickly. I/We therefore hereby consent to the participant's receiving any medical treatment that may be deemed necessary in the event of injury, accident, or illness during the activity. I/We further authorize the participant to be transferred and admitted to whatever hospital or medical facility is deemed necessary for diagnosis and treatment, and that such treatment may include, but not be limited to, injections, anesthesia, or surgery if deemed necessary by relevant medical professionals.

_____/_____ I/We assume the responsibility for the payment of any such transfer and treatment. I/We represent and warrant that I/we maintain health insurance on behalf of the participant. I/We release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers from any and all liability and/or claims arising out of or related to any such medical treatment.

_____/_____ I/We consent to appropriate photographs and/or video recordings being taken of the participant while participating in the above activity. These photos and/or video recordings may be published in Westminster Presbyterian Church's materials, including but not limited to bulletin boards, flyers, mailers, web site, social media and the like. I/We give permission to Westminster Presbyterian Church to use such photos or recordings as indicated herein and release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers for any action taken as stated herein, from any and all claims, losses, or injuries which could or may result from such publications, including from any acts of negligence or carelessness related thereto.

Furthermore, I state that, to the best of my knowledge, the information I have provided on this Application, Release and Medical Form is true and complete. **Under 18: must be signed by both parents.**

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The following is applicable only where participant has only one legal guardian:

I hereby certify that I am the participant's **sole legal guardian**, and that no one else has the right to make legal or medical decisions for participant.

Sole Legal Guardian Signature _____ Date _____

Participant Name: _____

COVID-19

Each participant (parents/guardians will ensure if applicant is under the age of 18) agrees to:

- Receive a COVID-19 vaccine and/or be tested for COVID-19 if required for travel or ministry.
- Contact Melissa White if the participant tests positive, shows symptoms of COVID-19, or is knowingly exposed to someone who tests positive in the 14 days prior to the trip. Church leaders will review the situation and determine whether the applicant must withdraw from the trip or may still participate, in accordance with CDC guidelines and travel and mission agency requirements. If the applicant needs to withdraw, application deposits will be refunded.
- Over the course of the trip, the participant will be in close contact with many people where social distancing of 6 feet per person is not possible. The participant understands and appreciates both the known and potential dangers of participating on this trip and acknowledges that in doing so the participant may be exposed to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. The participant (and guardians) understands the risks of COVID-19 on this trip and that they fall under the release of liability & medical consent in this application.
- Wear a mask whenever required, including but not limited to team meetings, travel, and ministry.
- Contact Melissa White should the participant develop COVID-19 symptoms within 14 days after the trip.

I, the applicant (and both parents if under age 18), have read the above statements regarding COVID-19 and am aware of my responsibility to contact Melissa White should I test positive, show symptoms, or be knowingly exposed to COVID-19 within 14 days prior to the trip. I understand that I may need to withdraw from the trip under these circumstances. I also understand the possible risks for myself (or my child) as I come into contact with team members, leaders, and the people that we serve on the trip. I accept the responsibility to notify Melissa White if I (my child) test positive or show symptoms of COVID-19 within 14 days after the trip.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

STM REQUIREMENTS

Each applicant (parents/guardians will ensure if applicant is under the age of 18) agrees to:

- Submit to a personal interview by the Great Commission Committee of Westminster Church, if requested. Each applicant must be approved by the Great Commission Committee and Session before being accepted on a team.
- Complete background check (if 18 years or older), as required by Pennsylvania State law.
- Be up to date on required immunizations (Tetanus, dT-diphtheria, MMR, polio for all trips; other immunizations or anti-malaria medication may be recommended or required for other trips).
- Enlist at least five prayer partners who will uphold me to the Lord before, during, and after the project.
- Submit to the team leadership and follow their instructions while preparing and serving on the team. If my behavior is deemed unacceptable by the team leader, I may be sent home at my (or my parents') own expense.
- If I withdraw or am disqualified from a team, all funds collected on my behalf will go towards the expenses of the team. Also, I (or my parents) will pay for expenses already incurred on my behalf if I withdraw or am disqualified (excluding withdrawal for positive COVID test or quarantine within 14 days of the trip).

I, the applicant (and both parents if under age 18), have read the above requirements and am willing to abide by them. I have prayed about my involvement on a short-term mission trip and am committed to serving God, my team members, and those to whom my team will minister.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Participant Name: _____

Application Questions

Fully answer the following questions below or on a separate sheet of paper (one-sentence answers are not sufficient.) For those scheduled for an interview, these questions may be discussed during the interview.

1. Please write your Christian testimony (use a separate sheet if necessary).

2. Why have you selected this short-term project? Describe what you hope to see the Lord do in and through you on this project.

3. How are you currently involved in God’s Great Commission? (Ex. ministry involvement, local outreach, support of a missionary, etc.) Which missionary(ies) do you routinely pray for?

4. Mission trips and travel require physical activity. Do you have any health concerns or conditions that would prevent you from successfully contributing toward the project?

Your application tells us that you are committed. You have prayed about this trip, have support from your family and checked your calendar. You are responsible for costs incurred on your behalf if you withdraw your application.

<p>Application DEADLINES & DEPOSIT</p> <p>\$75 – by the deadline</p> <p>\$50 – if received by the early bird deadline</p> <p><i>There are team size limits. Priority is given to applications in the order they are received. A deposit alone does not hold your spot. A completed application and deposit must be received.</i></p> <p><i>Submit application to Jillian Rogers (jillian@westpca.com). Non-refundable deposit (unless trip is canceled) for each application is required. Submit deposit with your application or pay online at westpca.com/outreach/stm.</i></p>	<p>JUNE 18 Early Bird JUNE 4 Kingdom Builders</p>
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