

# KINGDOM BUILDERS Application, Medical & Release Form 2024

Westminster Presbyterian Church

Date Received: \_\_\_\_\_  
 Deposit Received: \_\_\_\_\_  
 Background check completed: \_\_\_\_\_

**KINGDOM BUILDERS:** 11 AM Wednesday, July 10 through 11 AM Saturday, July 13

- Please fully answer ALL questions. Use Blue or Black Ink.
- Non-Refundable Deposit is required with your application.
- Deadline: May 26 / Early Bird April 28

---

## PARTICIPANT INFORMATION

Full **LEGAL** Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_

Completed Grade in June 2024: \_\_\_\_\_

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: \_\_\_\_\_

## 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 conditions or concerns that could affect your participation—either before or during the trip?

***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><b>Kingdom Builders Application DEADLINES &amp; DEPOSIT</b></p> <p><b>\$50 – received by the early bird deadline</b></p> <p><b>\$75 –received by the final deadline</b></p> <p><b><i>There are team size limits. Kingdom Builders may reach capacity prior to deadlines. Priority is given to applications in the order they are received. A deposit alone does not hold your spot. Both an application (with completed medical/release form) and deposit must be received.</i></b></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><b>MAY 26</b> <b>Early Bird APRIL 28</b> <b>Kingdom Builders</b></p> <p>2</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Participant Name: \_\_\_\_\_

---

## Medical & Release Form

### 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

*Personal health insurance is required for trip participation. 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 a current Tetanus booster are required for all participants. Other vaccines/medications may be required or recommended depending on the location/nature of the trip.*

**1.** Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**2.** Childhood Immunizations (check one):

- Yes, I have had all routine childhood immunizations, including: DTaP, MMR, IPV.  
 No, I have not had all routine childhood immunizations, but I will by 30 days prior to trip's departure.

**3.** Date of last Tetanus Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Tetanus Requirements: Disaster Response must be within 5 years of trip's end date.  
All other trips must be within 10 years of trip's end date.*

**4.** 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.

**5.** List All Medications (include time of day taken, dosage, special instructions; use extra sheet if needed):

**6.** List over-the-counter medications that the participant is **NOT** to have:

**7.** Drug Allergies:

**8.** Food / Environmental Allergies:

**9.** Dietary Restrictions / Physical Limitations:

Participant Name: \_\_\_\_\_

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

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

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

**11. 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):

**12. Is there anything else you would like us to know, to make this a successful trip for both you and your team?**

**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 childhood immunizations (including DTaP, MMR, IPV) and Tetanus for all trips; other immunizations or anti-malaria medication may be recommended or required for other trips.
- Have personal health insurance coverage during the dates of the trip.
- 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: \_\_\_\_\_

### 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:

**(Under 18: both parents/guardians must initial and sign 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 \_\_\_\_\_