

# Short-Term Mission Trip Application, Medical & Release Form 2025

## Westminster Presbyterian Church

- Please fully answer ALL questions. Use Blue or Black Ink.
- Allow one hour to gather information and complete.
- Review deadlines and NEW submission process on page 7.

Date Received: _____
<input type="checkbox"/> Deposit: _____
<input type="checkbox"/> License / Passport / Birth Certificate
<input type="checkbox"/> Tetanus Date & Immunizations
<input type="checkbox"/> Initials & Signatures
<input type="checkbox"/> Interviewed: _____
<input type="checkbox"/> Background check completed

### REQUESTED PROJECT

- Colombia, June 21–28    LEAP, June 29–July 7    Easton, July 20–26    Yakama, July 26–Aug 2  
 Lapwai, July 26–Aug 2    Other: \_\_\_\_\_

*(Kingdom Builders: Please complete the Kingdom Builders application rather than this form.)*

### PARTICIPANT INFORMATION

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

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

M  F Birthdate: \_\_\_\_\_ Age at time of trip: \_\_\_\_\_ Completed Grade in June 2025: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Can Receive Texts  YES  NO

Email where you want communications sent to: \_\_\_\_\_

*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: \_\_\_\_\_

### IDENTIFICATION

Include a clear and readable hard copy of the specified ID with your application:

- Easton: Driver's License for adults age 21 and older; ID not required for under 21
- Yakama: Driver's License (Passport or Birth Certificate accepted for youth without a driver's license)
- Colombia & LEAP: Signed Passport, valid through January 31, 2026 (Driver's License accepted if you don't have a valid passport)

### INTERNATIONAL TRIPS ONLY

I have a valid U.S. Passport:  YES  NO\*      Expiration Date: \_\_\_\_\_

I have a valid Non-U.S. Passport from: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**\*If NO and applying for Colombia or LEAP, please apply for/renew your passport by February 1, 2025. Submit a clear and readable hard copy of your signed passport once received, no later than April 15, 2025.**



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/Tdap, 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 Tdap 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. I have checked with the CDC ([cdc.gov/travel](https://www.cdc.gov/travel)), Travel Clinic, or my doctor and am aware of the immunizations/medications recommended and required for the area to which I am traveling.

YES

NO, but I will by 30 days prior to trip's departure

**Questions #6-14, please explain or check "None" where appropriate.**

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

None

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

None

8. Drug Allergies:

None

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

**9. Food / Environmental Allergies:**

None

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

None

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

None

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 Infection	Arthritis	

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

**12. 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):

**13. Mission trips and long-distance travel require physical activity, which may include extended periods of walking, standing, sitting, physical labor, and/or activity in heat. Please describe any health conditions or concerns not already listed that could affect your participation—either before or during the trip?**

None

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

None

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

## RELEASE OF LIABILITY & MEDICAL CONSENT

The participant, OR **both parents/guardians** if participant is under eighteen (18) years of age on the date hereinafter indicated, does hereby acknowledge by initialing and signing 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.

## SWIMMING RELEASE

This trip may include swimming as an activity, free-time option, or ministry component during the trip itself or during team meetings prior to/after the trip, and could occur in, but is not limited to, the following scenarios: swimming pool, pond, lake, creek, beach, etc. These areas may not have a lifeguard on duty and may be designated as "swim at your own risk."

**Only participants that can tread water for at least 30 seconds, are competent swimmers in water deeper than his/her waist, and do not ever require use of a floatation device may participate in swimming activities.**

The participant, OR **both parents/guardians** if participant is under eighteen (18) years of age on the date hereinafter indicated: Please read the following statements and respond appropriately based on your / your child's experience in water. **Initial only ONE STATEMENT**.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I / my child can tread water for at least 30 seconds, is a competent swimmer in water deeper than his/her waist, and does not ever require use of a floatation device. I/We DO give consent for myself / my child to participate in swimming activities, including areas that may not have a lifeguard on duty and are designated as "swim at your own risk."

**OR**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ I / my child cannot tread water for at least 30 seconds, is not a competent swimmer in water deeper than his/her waist, and does/may require use of a floatation device. I/We DO NOT give consent for myself / my child to participate in swimming activities.

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

## 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 (DTaP/Tdap, MMR, IPV) for all trips; and be up to date for other immunizations that may be required for the destination to which I am applying (reference [cdc.gov/travel](http://cdc.gov/travel)). I recognize that other immunizations or anti-malaria medication may be recommended for some trips.
- Have personal health insurance coverage during the dates of the trip, including coverage for emergencies outside the U.S. if participating in an international trip.
- Attend at least 75% of all team preparation meetings and events, understanding that disqualification from the team will be the result if this provision is not met.
- Enlist at least ten 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.
- Assist in raising financial support with the team and trust God by faith to provide the necessary funds. Some financial assistance may be provided by Westminster Church to its members, but I am ultimately responsible for raising the full amount of support needed. Non-members of Westminster may seek financial help from their own church but are responsible for raising the full amount of their support.
- 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—raised funds will not be applied to these expenses.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ I, the participant (AND **both** parents/guardians if the participant is under eighteen (18) years of age on the date hereinafter indicated), have read the above STM 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.

The participant, AND **both** parents/guardians if under eighteen (18) years of age on the date hereinafter indicated, do hereby acknowledge that, to the best of my knowledge, the information I have provided on this Application, Release and Medical Form, Swimming Release, and STM Requirements is true and complete.

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 the participant.

Sole Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# 2025 Short-Term Mission Trip Application

Find trip information at [westpca.com/outreach/stm](http://westpca.com/outreach/stm)

Contact Jen Barrall with questions ([barrall@westpca.com](mailto:barrall@westpca.com))

## DEADLINES & DEPOSIT

The application period is Sunday, November 3–Sunday, December 1.

**\$50 – received by the early bird deadline NOVEMBER 17**

**\$75 – received by the final deadline DECEMBER 1**

*There are team size limits. Teams may reach capacity prior to deadlines.*

**NEW: Submit hard copy application and ID in person\* at the church office during one of the listed times. Please allow a few minutes for your application to be reviewed for completeness; it will be returned back to you if information, ID, initials, signatures, or deposit are missing. (\*Emailed/Mailed applications will be accepted for out-of-town applicants only.)**

*Non-refundable deposit submitted with the application or paid online by the time application is submitted ([westpca.com/outreach/stm](http://westpca.com/outreach/stm)). Both a complete application and deposit must be received to be considered for a trip.*

*Applicants are reviewed and approved by the Great Commission Committee and Session. Applicants will be approved based on trip needs/skills, applicant's prior missions experience and demonstration of Christian maturity and responsibility, and the order in which applications are received.*

Applications Submitted in Person to the Church Office:

### SUNDAYS

9:15–10:45 AM

Nov. 3, 10, 17, 24,  
Dec. 1

### WEDNESDAYS

6–7:45 PM

Nov. 6, 13, 20

### WEEKDAYS

8 AM–4 PM

Monday–Friday

## CHECKLIST

Confirm that these frequently missed items are complete before submitting your application:

- All questions are answered, *pages 1–6*
- Clear and readable hard copy of ID is included; *see page 1 for what type of ID is needed (this is different based on the trip)*
- Date of last tetanus is included (*an up-to-date tetanus is not required to submit your application, but you must get it updated and report the new tetanus date no less than 30 days prior to your trip*), *page 3*
- All statements are initialed on the Release of Liability and Medical Consent (by BOTH parents if under 18), *page 5*
- Only ONE statement on the Swimming Release is initialed (by BOTH parents if under 18), *page 5*
- STM Requirements are initialed by the participant (AND by BOTH parents if under 18), *page 6*
- Application is signed by the participant (AND by BOTH parents if under 18), *page 6*
- Deposit is included (or paid online prior to application submission—[westpca.com/outreach/stm](http://westpca.com/outreach/stm))