Short-Term Mission Trip Application, Medical & Release Form 2027

Westminster Presbyterian Church

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

Kingdom Builders: Please complete the KB application rather than this form.

Date Received: _____
☐ Deposit: _____
☐ Application Is Complete
☐ Needs Interview
☐ Interviewed & Approved
☐ Background Check Completed

REQUESTED PROJECT

☐ Colombia, June 19–26 ☐ London, July 3–12 ☐ Wilmington, July 4–10 ☐ Poland, July 23–31

☐ Sacred Road, July 24–31 → *Indicate Site Preference* ○No Preference ○Yakama ○Umatilla

☐Other: _____

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 2027: _____

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—the church office can make a copy of your ID if needed (do not email). ID varies by trip; age indicated is participant's age on first day of trip. **If you do not have the necessary ID for travel, you must apply for/renew by January 15, 2027,** and submit clear and readable hard copy once received, no later than April 1, 2027.

☐ **Wilmington:** Age 21 and older: Driver's License *(Under 21: ID not required)*

☐ **Sacred Road:** Real ID Driver's License★ (preferred) OR

- *Age 25 and older: Passport or Military ID plus Regular Driver's License*
- *Age 18–24: Passport or Military ID*
- *Age 16–17: Regular Driver's License, Passport, Military ID, or Birth Certificate.*

Age 18 and over: Regular Driver's License accepted if that is your only form of ID; you will need to get a Real ID or Passport for travel.

☐ **Colombia, London, & Poland:** Passport, valid through January 31, 2028 *(Driver's License accepted only if you don't have a valid passport; you will need to get a passport for travel)*

I have a valid U.S. Passport: ☐YES ☐NO Expiration Date: _____

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

Participant Name: _____

SKILLS ASSESSMENT

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

Indicate your level of experience in the following areas:

(3) Highly Skilled (2) Some Experience (1) No Experience

_____ Roofing	_____ Electrical	_____ VBS/Children's Ministry	_____ Medical
_____ Drywall	_____ Construction	_____ ESL	_____ Theo. Education
_____ Plumbing	_____ Heavy Equipment	_____ Teaching	

Other Skill: _____

DISASTER RESPONSE TRIPS ONLY

Mission to North America requires DR volunteers to register on their web site. (www.pcamna.org/dr-volunteer). *If you have registered within the last 3 years, you do not need to register again.*

I have registered as a Disaster Response Volunteer on Mission to North America's website. ☐ YES

I am aware that mold is present at flood sites. ☐ YES

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. If this is your first senior high/adult mission trip with Westminster Church, please write your Christian testimony (use a separate sheet if necessary).

2. How are you currently growing in your relationship with Christ?

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

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

5. List your previous short-term mission trips, including where, when and the nature of the project.

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 expenses and emergencies outside of the U.S.

Each applicant should consider his/her physical ability for the nature of the trip and review international health and travel information/advisories prior to applying (cdc.gov/travel and travel.state.gov).

Immunizations or medications may be required or recommended depending on the location/nature of the trip.

1. Family Doctor_____ Phone_____

   Insurance Company_____ Phone _____

   Policy # _____ Group # _____

2. Immunization Requirements:
   - **Colombia, London, Poland:** *MMR required; Tdap highly recommended*
   - **Sacred Road:** *MMR, IPV, & Tdap Booster within 10 years required*
   - **Wilmington:** *No required immunizations*

   ☐ YES, I am up to date on required immunizations for the trip to which I am applying.

   ☐ NO, I am not up to date on required immunizations, but I will be by 30 days prior to trip's departure.

3. Specific Date (MM/DD/YYYY) of last Tdap Tetanus Booster: _____/_____/_____
   Date needed for ALL trips, even if tetanus is not required.
   Please communicate new date to the office if you get a booster before your trip.

4. **International Trips:** I have checked with the CDC (cdc.gov/travel), Travel Clinic, or my doctor and am aware of recommended immunizations/medications and health notices for the area to which I am traveling.

   ☐ YES

5. **International Trips:** I have reviewed travel information and advisories provided by the U.S. Department of State (travel.state.gov) for the area to which I am traveling.

   ☐ YES

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		**Other**
	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, sleeping on the floor, physical labor, and/or activity in heat. Describe any health conditions or concerns that could affect your participation—either before or during the trip.

☐ None

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

☐ None

Participant Name: _____

RELEASE OF LIABILITY & MEDICAL CONSENT

The participant, OR <u>both parents/guardians</u> 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 release of any and all portions of this application to team leaders and medical professionals, including personal medical and health information, and 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 <u>both parents/guardians</u> 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 <u>ONE STATEMENT</u>**.

_____/_____ 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. **<u>I/We DO give consent</u>** 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. **<u>I/We DO NOT give consent</u>** 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 immunizations for the trip which I am applying for, within 30 days of the start of the trip.
- Have personal health insurance coverage during the dates of the trip, including coverage for expenses and emergencies outside the U.S. if participating in an international trip.
- Attend at least 75% of all team preparation meetings and events in person, understanding that disqualification from the team may result if this provision is not met. Meeting absences must be approved by the team leader in advance.
- Travel and participate with the team for the full duration of the trip (departure from PA through return to PA). Travel deviation requests must be submitted at time of application and be approved by the Great Commission Committee and team leader prior to acceptance on a team.
- 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, my application deposit and 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—my application deposit and 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.

2027 Short-Term Mission Trip Application

Find trip information at westpca.com/stm

Contact Jen Barrall with questions (barrall@westpca.com)

DEADLINES & DEPOSIT

The application period is Sunday, November 8–Sunday, December 6.

$75 – received by the early bird deadline NOVEMBER 22

$100 – received by the final deadline DECEMBER 6

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

Submit hard copy application and ID in person* at the church office during the listed times. 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 applications accepted for out-of-town applicants only. Send SCANNED application in PDF format beginning November 8; pictures will not be accepted.)*

Non-refundable deposit submitted with the application or paid online by the time application is submitted (westpca.com/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 are 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.

Submit Application in person to a staff member in the church office. Do not drop off applications in the office mailbox.

SUNDAYS
9:15–10:45 AM
Nov. 8, 15, 22, 29
Dec. 6

WEDNESDAYS
5:30–6:30 PM
Nov. 11, 18

WEEKDAYS
8 AM–4 PM
Monday–Friday

CHECKLIST

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

- ☐ **Deposit** is included or paid online prior to application submission—westpca.com/stm
- ☐ **ID:** Clear and readable hard copy is included—the church office can make a copy of your ID if needed (do not email). ID varies by trip; age indicated is participant's age on first day of trip. If you do not have the necessary ID for travel, you must apply for/renew by January 15, 2027, and submit clear and readable hard copy once received, no later than April 1, 2027.

  Wilmington: Age 21 and older: Driver's License *(Under 21: ID not required)*

  Sacred Road: Real ID Driver's License★ (preferred) OR

  - *Age 25 and older: Passport or Military ID plus Regular Driver's License*
  - *Age 18–24: Passport or Military ID*
  - *Age 16–17: Regular Driver's License, Passport, Military ID, or Birth Certificate.*

  Age 18 and over: Regular Driver's License accepted if that is your only form of ID; you will need to get a Real ID or Passport for travel.

  Colombia, London, & Poland: Passport, valid through January 31, 2028 *(Driver's License accepted only if you don't have a valid passport; you will need to get a passport for travel)*
- ☐ **ALL questions** are answered, *pages 1–4*
- ☐ **Tetanus:** Specific Date (MM/DD/YYYY format) is included for ALL TRIPS, even if it is out of date *(an up-to-date tetanus is not required to submit your application; if outdated and required for your trip, you must get it updated and report the new tetanus date no less than 30 days prior to your trip), page 3*
- ☐ **Release of Liability and Medical Consent:** All statements are initialed (by BOTH parents if under 18), *page 5*
- ☐ **Swimming Release:** Only ONE statement is initialed (by BOTH parents if under 18), *page 5*
- ☐ **STM Requirements:** 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*