



Application Packet Baja Mission Trip -- February 2020

The trips can fill up quickly so if you would like to join us, please complete the application and attached forms and return to the church office (Attn: Mission Trips) by **September 27**. Applications may be accepted after the deadline if the trip is not full. For further information, go to belpres.org/impact and scroll to Mexico section.

BELPRES CHURCH

Thank you for your interest in our BelPres Mission Trip ministry to Baja, Mexico. These trips are a full-blown cross cultural “Missions 101” experience and are scheduled in the fall and during mid-winter break in February. A third trip is possible in April during spring break or anytime 10 or more people feel called to go. Our next trip will be **February 19-23, 2020**.

Here are the basics of the trip:

- Trips are ideal for families and work best for kids 10 years or older.
- Teams usually include a mix of families, singles, couples, parent/teen pairs, seniors, friends, kids’ friends. Bible study/life groups, etc.
- Teams are open to individuals at any stage of their faith journey who agree to the BelPres Mission Trip behavioral standards as outlined in the attached “Participant Covenant.”
- The **February trip leaves late Wednesday afternoon and returns Sunday evening**.
- Teams fly to San Diego, pick up a van at the airport, cross the border to Rosarito (1 hour drive), stay in comfortable lodgings, build (assemble) a basic 480 sf house for a deserving family, do neighborhood outreach after completing the house and visit a local church before returning home.
- **Total Cost is \$1500 per adult and \$950 per child under 18**. The majority of the cost pays our host, Baja Christian Ministries, for the materials provided to build the house. The rest covers airfare, van rental, lodging and meals. With courage and prayer, funds for the trip can be easily raised from family and friends. Sample support letters are available. Upon approval of your application and background check, a non-refundable payment of \$100 will be due immediately. \$300 per person is due 3 months before departure for airfare. Final balance of \$1100/adult or \$550/child is due 1 month before departure. A passport (or enhanced driver license-EDL) is required for each team member. If you do not have one, apply at least 8 weeks in advance to assure you will receive your passport in time. Passports must be valid for at least 6 months beyond the dates of the trip.
- There are typically 4 required training meetings starting 4-5 months before departure. Commissioning Sunday is scheduled 1-3 weeks before departure in all 5 worship services. A debrief or reunion dinner is held a few weeks following the trip.

The trips Can fill up quickly so if you would like to join us, please complete the application and attached forms and return to the church office (Attn: Mission Trips) by **September 27**. Applications may be accepted after the deadline if the trip is not full. For further information, go to belpres.org/impact and scroll to Mexico section.

May the Lord prepare your heart and guide you as you prayerfully seek His will.

BELPRES CHURCH

Application Form BelPres Mission Mission Trip to Baja, Mexico Dates: **February 19-23, 2020**

PLEASE PRINT (all information will be kept confidential and only made available to appropriate staff and ministry team leaders)

General Information

Full Legal Name: _____
(As on Passport)

Address/City/Zip: _____

Preferred Phone: _____ Gender _____

Cell Phone during on Trip: _____

Email: _____

Date of Birth (MM/DD/YYYY) : _____ Age _____

Employer/School : _____

Profession : _____

Church you attend? _____ Member? Yes/No

Beneficiary for trip insurance (provided by Belpres) _____

Passport Information

Full Name exactly as it appears on Passport: _____

Are you a citizen of the United States? Yes/No

Passport # _____ Country/State of Issue _____ Expiration Date _____

Attach a copy of your passport or enhanced driver license to this application

I don't have a passport; I will apply for one at least 8 weeks before trip (initial): _____

Short Answer Questions (Attach additional sheets if needed)

1. Have you been on a short-term mission team before? Yes/No If YES, with whom, where, and when?

2. List any skills, talents, hobbies or interests which you can contribute to this mission trip or add to the team experience (i.e. construction, medical/first aid, counseling, working with children, music, photography, Bible teaching, etc.):

3. Do you speak Spanish? Yes/No If YES, at what level? _____

4. How did you learn about this Mission Trip? Why are you interested in serving on this team? What are your goals for the trip?

5. Please describe your faith/church involvement.

5. This trip can be physically and emotionally demanding and require sacrifices for the benefit of the team and those being served. How have you handled such challenges in the past?

6. List any health conditions or physical challenges that might impact your ability to fully participate.

DEADLINES & TRAINING DATES COMMITMENT

Please acknowledge that you have received and read the Bellevue Presbyterian Church **Mission Trips Financial Guidelines** and understand the financial commitments of this trip.

Initials: _____

Please read and complete the following items AND attach to this application:

- Medical and Liability Release Form
- Participant Covenant AND/OR Student/Parent Covenant
- \$100 non-refundable deposit made out to BelPres Church

PLEASE READ CAREFULLY BEFORE SIGNING

- I commit to full participation with the team in all aspects of the mission trip.
- I agree to provide the deposit and full payment of the above costs by the deadlines provided.
- I agree to follow the leadership and authority of the team leaders.
- I agree to attend and participate in all training and preparation activities listed below for This mission team.
I agree to complete a Background check Authorization (Unless on file with in last 3years) as needed by Belpres

BelPres reserves the right to publish photographs, video recordings, or other memorializing of BelPres events of you or your minor child for the purpose of promotion, communications or public relations. This may include, but is not limited to, use on the BelPres website, posters and/or emails. To opt out, you must complete an 'Opt-Out' form and provide a recent photograph of your child. Find the Opt-Out form at BelPres.org/FLM/

Signature _____

Date__/____/____

Please return this completed application and forms via mail or in person to the church:

BelPres Church
Attn: Mission Trips , Baja
1717 Bellevue Way NE
Bellevue, WA 98004

BELPRES MISSION TRIP PERSONAL & MEDICAL **INFORMATION**

(Please Print Clearly)

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Student Cell Phone: (____) _____ - _____ Students Email Address: _____
Age: _____ Gender: M F Grade: _____ School _____ T-Shirt size: _____
Parent's Names: _____
Home Phone: (____) _____ - _____ Parent work/cell Phone(s): (____) _____ - _____
Parent preferred email address: _____

IN CASE OF EMERGENCY

Contact Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email Address: _____ Beneficiary (for travel insurance): _____

MEDICAL INFORMATION:

Allergies (please list Reactions):

Medicines & Drugs _____
Foods _____ Environmental _____

Regular Medications:

Prescriptions _____
Over the counter _____
Herbs _____ Occasional Medications _____

Vaccinations (please list the date of the last vaccine if you have had it): Tetanus/diphtheria/Pertussis _____

Measels/Mumps/Rebella _____ Chickenpox _____ Polio _____ Typhoid _____
Hepatitis A _____ Hepatitis B _____ Malaria _____ Rabies _____

Blood Type (if known): _____ Date of last Physical Exam _____

Physician's Name & Phone# _____

Medical Insurance Company: Group # _____ Member # _____

Do you have any history of the following? Tuberculosis Epilepsy Seizures Asthma ADHD Diabetes

Please list any medical restrictions you have: _____

Recurrent health issues: _____

Acute Health Problems _____

Special dietary needs: _____

BELPRES MISSION TRIP LIABILITY & RELEASE FORM (ADULT)

(Please Print Clearly)

By signing this form, I give my informed consent to Bellevue Presbyterian Church staff & volunteers, who are certified in a minimum of CPR and First Aid by a nationally recognized provider, to provide basic first aid and comfort measures through standardized first aid treatment which includes over-the-counter medications. I understand it is my responsibility to ensure that I am physically fit and capable of taking part in any activity that I participate in at Bellevue Presbyterian Church. I will make this determination on the basis of advice given to me by my duly licensed medical doctor within the last twelve months. I understand that it is my responsibility to make arrangements if I have greater health care needs than Bellevue Presbyterian Church can provide within their individual certifications, licenses and scopes of practice. I authorize Bellevue Presbyterian Church to arrange for and provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment of such treatment. If unable to give consent, I hereby give permission to the attending physician to secure and administer any and all medical treatment deemed necessary for me, including hospitalization.

I understand that some circumstances will require that all medications, over-the-counter medications, vitamins, and herbal products that I am taking be provided to the staff and volunteers of Bellevue Presbyterian Church in their original containers with labels and dispensing instructions in English. I understand that the determination about whether or I maintain control of any medications will be made by the staff member in charge without my input. Individuals requiring injections should provide medications, syringes and written instructions signed by a physician. I understand that some circumstances will not allow me to maintain possession of my medications during Bellevue Presbyterian Church activities and that they must be securely stored. Exceptions will be made for inhalers and epinephrine auto-injectors. Other exceptions will be made on a case by case basis by the staff member in charge.

I understand it is my choice to participate in Bellevue Presbyterian Church activities, and I understand that my participation in these activities can expose me to dangers from both known and unanticipated risks. Acknowledging that such risks exist, I do hereby forever release and discharge, indemnify and hold harmless Bellevue Presbyterian Church, its affiliates, officers, directors, agents, employees, insurers, attorneys or any other person or persons associated with any or all who might be liable from and against any and all claims, causes of actions, actions, suits, demands, losses, damages, expenses, costs or liability arising from or in connection with my participation in Bellevue Presbyterian Church's activities, including losses arising from negligence (active or passive) of any of the entities or individuals named or described above

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all released claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true and to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Participant: _____ Date: _____

Notarization of BelPres Mission Trip Liability & Release Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

_____ *County*
State of _____

My Commission Expires: _____

BELPRES MISSION TRIP LIABILITY & RELEASE FORM (MINOR)

(Please Print Clearly)

By signing this form, I give my informed consent to Bellevue Presbyterian Church staff & volunteers, who are certified in a minimum of CPR and First Aid by a nationally recognized provider, to provide basic first aid and comfort measures through standardized first aid treatment which includes over-the-counter medications. I understand it is my responsibility to ensure that my child is physically fit and capable of taking part in any activity that they participate in at Bellevue Presbyterian Church. I will make this determination on the basis of advice given to me by their duly licensed medical doctor within the last twelve months. I understand that it is my responsibility to make arrangements for my child if they have greater health care needs than Bellevue Presbyterian Church can provide within their individual certifications, licenses and scopes of practice. I authorize Bellevue Presbyterian Church to arrange for and provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment of such treatment. I hereby give permission to the attending physician to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization.

I understand that all medications, over-the-counter medications, vitamins, and herbal products that my child is taking will be provided to the staff and volunteers of Bellevue Presbyterian Church in their original containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by a physician. I understand that my child cannot maintain possession of their medications during Bellevue Presbyterian Church activities and that they must be administered by a staff member or volunteer. Exceptions will be made for inhalers and epinephrine auto-injectors. Other exceptions will be made on a case by case basis by the staff member in charge.

I authorize my child to participate in Bellevue Presbyterian Church activities, and I understand that my child's participation in these activities can expose them to dangers from both known and unanticipated risks. Acknowledging that such risks exist, I on behalf of my child, and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Bellevue Presbyterian Church, its affiliates, officers, directors, agents, employees, insurers, attorneys or any other person or persons associated with any or all who might be liable from and against any and all claims, causes of actions, actions, suits, demands, losses, damages, expenses, costs or liability arising from or in connection with my child's participation in Bellevue Presbyterian Church's activities, including losses arising from negligence (active or passive) of any of the entities or individuals named or described above

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all released claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true and to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Participant: _____ Date: _____

Signature of Parent of Minor: _____ Date: _____

Notarization of BelPres Mission Trip Liability & Release Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

_____ County

State of _____

My Commission Expires: _____

BELPRES MISSION TRIP PARTICIPANT COVENANT

I realize the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As a participating team member of this mission trip, I agree to abide by the following statements:

- ✓ Share the love of Jesus Christ.
- ✓ Lift up Jesus Christ with my thoughts, words, and actions.
- ✓ Develop and maintain a servant's attitude toward the people I serve (Local residents, local missionaries, short-term team members, interns, leaders or BelPres staff).
- ✓ Pray for and support my leaders and their decisions.
- ✓ Seek out the positive in the local culture.
- ✓ Accept the ministry that is going on in the area where I am serving as well as the local approach to the mission, though it may differ from my personal approach.
- ✓ Be flexible and realize that God also works in spontaneous ways.
- ✓ Abstain from the use of alcohol, tobacco, illegal drugs, offensive clothing, and profanity from my departure until I return home.
- ✓ Refrain from negativity and complaints. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment while complaining and negativism will destroy the moment and offend others.
- ✓ Refrain from gossip. If it is not true, good, and positive, I will not say it.
- ✓ Remember an impact team member is to learn and serve, not to teach and boss. I will resist the temptation to inform our hosts about how I normally do things.
- ✓ Remember that I am a servant of Jesus Christ called to be in ministry with the host church.
- ✓ Serve as best I can in whatever is asked of me so that both the purpose and the task of the impact team will be accomplished.

I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the trip and mediation during the trip has failed to correct my behavior, the staff of Bellevue Presbyterian Church reserve the right to terminate my participation in this impact team. I will be financially responsible for the extra costs to return home. I will not be reimbursed or refunded for any part of my trip.

I agree to abide by the statements listed on the Covenant Form.

Student Signature

Date

I understand and agree that in the event that my &/or my child's conduct is considered so unsatisfactory that it jeopardizes the success of the trip, the staff of Bellevue Presbyterian Church reserve the right to terminate my &/or my child's participation in this mission trip. I will be financially responsible for the extra costs to send me &/or my child home. I will not be reimbursed or refunded for any part of the trip.

Parent Signature (for team members under 18 yrs old)

Date

BELPRES MISSION TRIP PERMISSION FOR A MINOR TO TRAVEL

I hereby grant permission to _____, _____ years old,
(Name of Minor) (Age)

who is my _____ and who was born in _____,
(Son, Daughter, Ward, etc.) (City) (State)

_____ on _____ to make a tourist visit to _____
(Country) (Date) (Country)

_____ will be accompanied by _____
(Name of Minor) (Leader's Name)

Signature of Parent or Legal Guardian: _____ Date: _____

Notarization of Permission for a Minor to Travel Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

State of _____ *County*

My Commission Expires: _____