BROOKWOOD CHURCH INTERNATIONAL MISSION TRIP APPLICATION

***Applicants must be a member or attendee of Brookwood Church**
except when requested by Brookwood Leadership. *
You must complete all questions on this application
***Please return completed application to Michelle Stoudemire, Missions Coordinator**
along with a photocopy of your Passport and a $100 deposit*

India-Andhra Pradesh

Team Leader: Julio Samayoa
Trip dates: July 20- August 1
Trip cost: Approx $3,250
50% of the trip funds are due 10 weeks prior to departure, and full payments will be due to Brookwood 30 days prior to trip departure.

Name: _____

Full Legal name as it appears on your Passport: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Preferred phone number: _____Date of Birth (include year): _____

Passport #: _____ Expiration date: _____
Emergency contact name: (Emergency contact may not be on this trip) _____

Emergency contact preferred phone: _____ Relationship: _____

Beneficiary Name: _____ Relationship: _____

Who would you like us to contact for team updates during travel: Email: _____ Phone: _____

Have you been on a mission trip in the past? □ Yes □ No
If yes, please list previous trips and approx. dates: _____

Please list which Brookwood Ministries you serve in/ Small Group you attend:
_____
_____

Please list reference from Small Group Leader/ Ministry Leader and/or Brookwood Friend: (name/phone/email)
_____

Please share a summary of your faith story:
_____
_____
_____

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PASSPORT: You must have a current, valid passport to participate in a Brookwood Mission Trip. Your passport must be renewed if its expiration date is less than six months from the trip dates. You must pay for your passport. To apply for or renew your passport, contact your local post office or online at http://travel.state.gov/passport/passport_1738.html. Please attach a copy of your **valid passport along with this application.**
VACCINATIONS: Brookwood requires each volunteer to study the CDC recommendations for safe travel and vaccinations: http://wwwnc.cdc.gov/travel/. Brookwood requires all CDC-mandated vaccinations. You must pay for your vaccinations.

Mission Trip Commitment Statement

I understand that by joining this mission trip, I am serving on behalf of Brookwood Church and as a representative of Christ. I commit to uphold and reflect the values of Brookwood Church and to align my conduct with biblical principles. To the best of my ability, I will demonstrate humility, respect, cultural sensitivity, and a Christ-like spirit of service in both my words and actions throughout travel and all mission trip activities.

To review Brookwood's essentials of Faith, please visit Brookwood-Church-OUR_BELIEFS.pdf

Mission Trip Policies and Costs:

- Each team member must be a **member** or **attendee** of Brookwood Church unless otherwise approved by the Mission department.
- If allowed minors under the age of 18 must be accompanied by a parent or legal guardian.
- All mission trip participants 18 years of age and older will be subject to a background check prior to the trip.
- Each team member must attend any pre-trip meetings(March-July) and one post-trip debrief meeting.
- Trip costs as advertised include air and ground transportation, 1 checked bag per person, room and most meals, and emergency insurance for the trip. But they will be responsible for any personal snacks and any meals on their own. Trip leaders will discuss these details at pre-trip meetings.
- Trip costs do not include Evisa fees, passport fees or the cost of inoculations.
- **Each team member is responsible for all trip fees/expenses. Once airline tickets are purchased, the team member is responsible for the cost of their ticket regardless of trip attendance.**
- Brookwood Church provides a sample letter and guidelines to ask for financial contributions from family and friends.
- Deadlines for half and full payments will be set for each trip. This is to purchase air travel and make other arrangements for the trip in advance. Deadlines are not negotiable. Generally, the half payment deadline is due 10-12 weeks prior to departure, and full payments are generally due four (4) weeks prior to departure.

☐ I have read and understand the Mission Trip Spiritual and Social Requirements and Trip Policy Statements. By signing my name below, I agree with the requirements set forth above.

_____ _____

SIGNATURE DATE

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Helpful Information:

1. Is there something specific you would like to do to serve on this mission trip?

   If yes, please explain _____

   _____

2. Are you a medical professional, and will you utilize those skills on this trip? □ Yes □ No
   If yes, please provide a copy of your current medical license to practice medicine.
3. Do you □ sing, □ play a musical instrument, please list_____, □ enjoy working with children, □ like to build things, □ have another skill _____?
4. Why do you think God wants you on this mission trip? _____

   _____

   _____

   _____

Important Items:

1. Have you been convicted of a crime? □ Yes □ No If so, please explain
   _____
   _____
2. Have you talked with the trip leader? □ Yes □ No
3. Do you intend to pay for the trip □ personally, □ write letters seeking support from family and friends, or □ both
4. Are you dealing with any current life crisis causing you stress? □ Yes □ No
5. If you are married, is your family supportive of your going on this trip? □ Yes □ No
6. If you have children, have you been able to make plans for their care while you are away? □ Yes □ No
7. If you are employed, have you been able to make arrangements with work to be away? □ Yes □ No

Release and Hold Harmless Agreement:

I do hereby release and hold harmless Brookwood Church (BC) from any responsibility for any harm or loss that might come to me by any means on the Kenya mission trip I am taking with BC. I am aware of and informed that trips, particularly trips out of the country, have inherent risks associated with them. I believe that I have been adequately informed of the risks, to the extent that they can be anticipated. I further understand that there are certain risks that can arise on such a trip that may not be fully anticipated. I hereby, for myself, my heirs, executors and assigns, release and forever discharge and hold harmless BC and any of its affiliates, subsidiaries, directors, employees and volunteers, who are acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or injury to me or my property, which may occur from any cause, including negligence of any type, during such a trip. I also release BC from any and all responsibility for any additional expenses that may arise from a mission trip or that I may incur for any reason. To the extent that insurance proceeds are available for any injury, loss or damage, the parties waive subrogation as to any additional claims.

☐ By signing my name below, I state that I have read, understand and agree to the above Release and Hold Harmless statement.

_____ _____

SIGNATURE DATE

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Cancellation Policy

A trip may be cancelled if:

- Conditions change on the mission field
- The number of people going is not sufficient
- Funds are not sufficient to meet deadlines for trip costs

Health Information:

It is very important that the health of each team member be accurately disclosed. Your health and well-being have a direct effect on the team. All medical information will be treated with the utmost confidence and respect for your privacy. The mission's department or an approved medical volunteer may contact you to clarify any medical conditions or medication.

1. Are you under the care of a doctor for an illness or medical condition that requires medication?
   □ Yes □ No
   If yes, please explain _____
2. Please list all medications prescribed by your doctor [Dr's name_____] that relate to the treatment of a medical condition regarding your health or fitness:

   Medication: _____

   Medication: _____

   Medication: _____

   Medication: _____
3. Please list any allergies _____
4. Please assess your fitness for us to help us make sure you are applying for the right trip.
   □ My weight/health may be a problem with extreme heat and strenuous activity.
   □ I have the following health issue _____
   □ I have a heart condition.
   □ I have difficulty sleeping.
   □ I have respiratory issues.
   □ I am diabetic and must take medication.
   □ I am under significant stress. Please explain _____
   □ I am willing to be assessed by a medical professional to be certain I am OK for this trip.