



Short-Term Mission Trip Application and Participation Agreement

June 7-14, 2025 | Tegucigalpa, Honduras

General Instructions for Applicant:

- Fill out hard copy of form or fill out on computer.
- After you have printed out the document, please remember to go back and sign & date the necessary pages.
- Drop off signed form or scan form and email electronic copy to Christ Church PCA Office
- If you have any questions or concerns, please contact the Christ Church PCA Office.
- **Please note that filling out this application does not guarantee approval**

Today's Date: _____

Full Name of Applicant: _____
(First, Middle, Last)

Preferred Name/Nickname: _____ Birth Date _____ Gender: _____

T-Shirt Size (Adult: S, M, L, XL, XXL):

Contact Information

Street Address: _____

City, State, & Zip Code: _____

Daytime Phone: _____ Home Phone: _____

Email Address: _____

In case of an emergency, please provide primary and alternate contact information along with your primary care physician information:

Primary Contact: _____ Relation: _____

Primary Phone Number: _____

Alternate Contact: _____ Relation: _____

Alternate Phone Number: _____

Primary Care Physician: _____ Phone: _____

Church/Missions Background Information

Current church membership: _____

How long have you been a member of the above-mentioned church? _____

How long have you been attending Christ Church? _____

Please specify foreign countries you have visited, length of stay, and purpose of visit:

Specify language abilities (other than English) and indicate appropriate level (*beginner, understand some, can respond intelligently, fluent*):

Do you have a passport? YES NO Expiration Date:

Have you attended a Short-Term Mission Trip in the past? If Yes, please provide details of trip (*such as organization, location visited, and year*):

Please state your reason(s) for wanting to participate in this Short-Term Mission Trip with Christ Church:

What are some particular skills, gifts, or talents that you would be willing to use as part of the Mission Trip (*such as music, speaking, working with young children, etc.*)?

What are some present ways you are making use of God's ordinary means of grace (*such as attending worship, prayer, fellowship, etc.*) to grow in your walk with Christ?

Describe a recent experience of service to the church (e.g. VBS, sound booth, nursery, youth ministry, or other Christian organizations, etc.), including the length of service:

Describe your personal relationship with Jesus Christ. Please comment upon your conversion, your walk over the last few years, and your habit of Bible reading and prayer. *(if you need additional space, please attach another sheet):*

Medical/Background Information

The following questions are required to be on file for legal and insurance purposes:

1. Do you have any health restrictions, known allergies, medical problems, or limiting physical conditions that would restrict your ability to participate fully or that the team leader should be made aware of? YES NO
(If "Yes," please explain)?

2. List any medications that you are presently taking (only if continuing through dates of participation):

3. List the vaccinations that have been received :

4. Have you ever been arrested or convicted for a crime? (If "Yes", please explain)? YES NO

5. Have you ever been arrested or convicted for sexual child abuse (If "Yes", please explain) ? YES NO

Short-Term Mission Trip Participant Agreement ("Agreement")

I, the undersigned, as a participant of the 2025 Mission Trip to Tegucigalpa, Honduras ("Trip") agree as follows:

1. I acknowledge and represent that my participation in the Trip is strictly in a volunteer capacity and accept the conditions of this Agreement freely and voluntarily, and ASSUME ALL RISKS ASSOCIATED WITH THE TRIP.
2. I will attend all meetings and training sessions, and satisfy all scheduling requirements (i.e., application in on time, support letters sent out on time, personal prayer team set up, follow up and thank you notes for support, etc.).
3. I will submit to the authority and direction of the Christ Church Katy ("CCK") staff, team leader, missionaries, and national pastors/workers during the Trip.
4. I will participate in any church-sponsored activities designed to raise funds for the trip.
5. I will cover my share of the cost for the trip after church fundraising efforts (whether from personal funds or by support-raising) and will meet all the deadlines for monies due. I recognize that failure to meet any deadline related to finances may prevent me from going on the trip.
6. I accept that if for any reason the Trip is cancelled any expenses I may have incurred may be deducted against contributions raised specifically for my participation in the Trip, up to the amount raised. No contributions given to the CCK will be returned or used to offset personal expenses incurred, but will be kept in an account for use on a future approved trip. I HEREBY WAIVE AND RELEASE CCK FOR ANY CLAIM TO COMPENSATION FOR EXPENSES INCURRED ABOVE AND BEYOND THE AMOUNT SPECIFICALLY RAISED FOR MY PARTICIPATION IN THE TRIP.
7. I acknowledge that the vaccines listed below in paragraph 8 are prerequisites and preconditions to participation on the Trip. Failure to obtain the vaccinations listed will result in my disqualification for participation in the Trip.
8. I represent that my vaccinations are current, in whole or in part, and where not current, I will obtain, AT MY SOLE COST AND RISK, the vaccinations listed below:
 - 8.1. dT-diphtheria (may also be known as Tdap and Td, or DTaP and DT, depending on the child's age)
 - 8.2. MMR (or any such individual or combined vaccinations for: Measles, Mumps, & Rubella).
 - 8.3. Polio
 - 8.4. Tetanus booster
9. I, ON BEHALF OF MYSELF AND ANY OF MY HEIRS, ADMINISTRATORS, EXECUTORS, OR ASSIGNS, WAIVE, RELEASE, AND SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS CCK, MISSION TO THE WORLD ("MTW"), THE PRESBYTERIAN CHURCH IN AMERICA ("PCA"), ALL PRESBYTERIES AND CHURCHES OF THE PCA, AND EACH OF THEIR RESPECTIVE OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, REPRESENTATIVES, AND VOLUNTEERS (COLLECTIVELY, THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL DEMANDS, LIABILITY, CLAIMS, INJURIES, DAMAGES, LOSSES, EXPENSES, FINES, PENALTIES, OBLIGATIONS OF ANY KIND, ATTORNEY'S FEES, JUDGMENTS, AND CAUSES OF ACTION ARISING FROM OR IN ANY WAY RELATED TO THE TRIP, INCLUDING BUT NOT LIMITED TO, LOSS OR DAMAGE TO PROPERTY, INJURY TO (INCLUDING ILLNESS, DISEASE, OR REACTION TO VACCINATION(S)) OR DEATH OF PERSONS, AND OTHER TORTIOUS INJURY ("CLAIMS"), REGARDLESS OF WHETHER SUCH CLAIMS ARISE OUT OF OR RESULT IN WHOLE OR IN PART FROM THE SOLE OR CONCURRENT NEGLIGENCE (OF ANY DEGREE), STRICT LIABILITY, OR OTHER LEGAL FAULT OF ANY OF THE INDEMNIFIED PARTIES.
10. I ACKNOWLEDGE THAT THE TRIP COULD EXPOSE ME TO SITUATIONS INVOLVING NATURAL DISASTER OR CIVIL UNREST AND HEREBY WAIVE AND RELEASE THE INDEMNIFIED PARTIES FOR ANY CLAIMS RELATED THERETO.
11. I will provide my own insurance in case of accident, illness, injury, or death and acknowledge that the Indemnified Parties do not provide insurance for volunteers. By my signature below I attest to the fact that I have adequate medical insurance for the Trip.
12. I authorize, allow, and permit CCK, MTW, the PCA, and presbyteries and churches of the PCA to use any photographic or video images taken of myself related to the Trip for future publications, whether print, video, or electronic media, for any purpose.

X- (Signature of Participant) _____ Date: _____

X- (Signature of Parent if Participant is under 18) _____ Date: _____