

2019 MISSION APPLICATION FORM

To begin your application process, please fill out the following form. When stating applicant's name, **please submit your name as it appears on your driver's license.** Applications are given preference in the order received.
One registrant per form, please

NOTE: Application MUST be filled out completely to process.

Dates of the trip: **JUNE 16th – JUNE 22th, 2019**

Full name as it would appear on driver's license: _____

PLEASE PRINT CLEARLY.

List name for name badge: _____

Date of Birth: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Is this address your: HOME - OFFICE (circle one, please)

Home Phone: _____ Cell Phone: _____

Office Phone: _____

Preferred Email: _____ Gender: MALE or FEMALE

If married- Spouse's Name: _____

Relationship to Discovery Christian Church

Check one and complete the requested information

- Member since _____ (month/yr) and have attended since _____ (month/yr)
- Regular attender and active in church since _____ (month/yr)
- Occasional or non-involved church attender
- Involved in a church other than Discovery Christian Church (specify church _____)

Have you had any cross-cultural experiences? _____

If so, please describe: _____

If you speak any other languages than English, please list: _____

What is your ability to speak this language? FLUENT TECHNICAL CONVERSATIONAL

Ministry Information

References: (Church Staff, Small Group Leader): _____

Name: _____ Relationship/Position: _____

Contact info: _____

Name: _____

Contact info: _____

Have you served in a ministry at Discovery? Yes? ____ No? ____ *If yes, which ministries and for how long?*

Ministries? _____

How Long? _____

Have you had previous experience on the mission field? Yes? ____ No? ____ *If yes, please list trips?*

What talents or skills do you have that the Lord can use on this trip?
(include foreign language, music, teaching, arts and crafts, drama, etc.)

Why do you want to go on this trip?

Give a brief summary of your relationship with Jesus Christ. Include (1) When and (2) How you accepted Christ, and (3) what Jesus means to you in your daily life.

Medical and Health History

Please describe your health, including any medical conditions the team leads should be aware of _____

List any allergies (food, medicine, environment, insects, etc) and/or dietary restrictions or needs _____

Are you able to walk at least two miles? Yes? _____ No? _____

If no, please explain _____

List any medical, first Aid or CPR Training & Dates: _____

Medical Insurance Information

Insurance Company: _____ Phone: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Group/Policy # _____ Plan ID # _____

Please attach a copy of both sides of your insurance card

Emergency Contact: Name _____ Relationship _____

Home Phone # _____ Cell # _____

Home Address _____

Submit completed applications to: Missions@discoverydavis.org
Or mail your application to: **Discovery Christian Church**
Attn: Missions Team
132 E Street, Suite 250
Davis, CA 95616

I acknowledge and will adhere to the following policies of DISCOVERY trips listed below:

- You must submit this completed application
- All applications will be reviewed by the DISCOVERY Missions Team and Senior Pastor. An application does not guarantee a place on the team.
- By submitting this application to be a part of a DISCOVERY short-term team, you acknowledge that you are personally responsible to pay for or arrange funding for your portion of the trip costs.
- Your Team Leader will provide information on raising financial support; however, if full support is not raised, the balance is your responsibility. You may not begin to raise funds until you are notified of acceptance to the team.
- Your team leader will provide information regarding vaccination recommendations for the Department of Health (if applicable), however it is your personal responsibility to obtain all documentation and medical services needed for the trip. Vaccination costs are not included in the trip cost and are the responsibility of the team member.
- Upon request, you agree to obtain a medical clearance form from your medical provider stating clearance to participate in physical activity and travel.
- Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team training meetings.
- If you are unable to participate in your trip, the Team Leader must receive cancellation notice as soon as possible. You will be responsible for all trip costs incurred up to that date.
- Team members assume responsibility for their personal belongings on the trip. DISCOVERY will not reimburse team members for personal item that or lost, stolen or confiscated during the trip.
- You consent to a background check, if one is not already on file with DISCOVERY.
- Completed applications are due by March 3, 2019. Applicants will be notified by March 10, 2019 of acceptance/rejection.

Applicant's signature

Date