



KINGDOM ADVENTURE
SHORT-TERM MISSION TRIP
MPPC Mission Department
950 Santa Cruz Ave.
Menlo Park, CA 94025
650.323.8619

Returning Team Member's Application

This form is for participants that have been on Kingdom Adventure Mission Trip previously and have an application on file less than 2 years old.

Policies and Procedures

If you are interested in participating in a Kingdom Adventure Short-term Mission Trip with Menlo Park Presbyterian Church, please read the following:

- ❖ You must submit this completed application AND a non-refundable \$300 deposit before your application will be processed and reviewed. In the event your application is not accepted, your check will be returned to you. Once you are a part of the team, the checks will be deposited immediately becoming non-refundable.
- ❖ By submitting this application to be a part of a MPPC short-term team, you acknowledge that you are personally responsible to pay for, or arrange funding for, your portions of the trip costs.
- ❖ No one will be considered or accepted as a team member until a completed application is received.
- ❖ Your application will be reviewed by the team leader/s and a personal interview may be required. Within three weeks the team leader will notify you if you are approved as a team member.
- ❖ 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 meetings.
- ❖ All trip costs are the team member's responsibility and are due two weeks prior to trip departure. 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.
- ❖ If you are unable to participate in your trip, the Team Leader must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- ❖ Team members will be given information regarding passports and vaccination recommendations from the Department of Health. **Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.** Team members assume the responsibility and liability for their personal health decisions.

Please keep for your records



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Acknowledgement of Policies and Procedures

I acknowledge and will adhere to the policies of MPPC's Kingdom Adventure Mission Trips as listed below:

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Team member's signature

Date

Please return to the team leader.

PERSONAL DATA UPDATE

Fill out any information that has changed from your last application on file.

Full Name: _____

Address: _____

Trip Name and Dates _____

Passport Number _____ Exp Date: _____

Cell Phone number _____ Home _____ Work _____

MEDIAL UPDATE

Confidential Information for use in Medical Emergencies

Blood Type: _____

Name of your Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: () _____ Home: () _____

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths, and dosage.

List medical problems for which you have received medical care in the past 12 months: _____

List any history of major illness or surgery: _____

Date of most recent tetanus immunization _____

List any known allergies (**including food allergies**) or chronic life-threatening conditions: _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: _____

Describe your **present physical fitness** (*e.g., walking, manual labor, heavy lifting, carrying luggage*)

Emergency Authorization

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

In Case of Emergency Contact:

Name: _____

Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Signature: _____ **Date:** _____

MENLO PARK PRESBYTERIAN CHURCH
950 Santa Cruz Avenue, Menlo Park, CA 94025
Phone: 650-323-8600 Fax: 650-323-8645

AGREEMENT AND RELEASE OF LIABILITY – MISSION TRIPS - ADULTS

ACTIVITY: _____

DATE AND LOCATION OF ACTIVITY: _____

CONTACT PERSON: _____ PHONE: _____

I (print name) _____ wish to participate on a mission trip to a foreign country. I acknowledge that my participation includes many risks and possible dangers such as accidents, disease, war, political unrest, irregularity in schedule, injury from construction projects and other calamities.

I declare that I am physically fit and capable of taking part in such activity. I make this declaration on the basis of advice given me by my duly licensed medical doctor within the last 12 months, and I know of no change in my medical condition since receiving such advice which would affect the opinion of such doctor.

In signing this form, I warrant and represent that I am eighteen years of age or older, and I indemnify and hold harmless, release and discharge Menlo Park Presbyterian Church, its constituent organizations, and its officers, agents and employees from any and all claims for personal injuries, property damage or wrongful death that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such.

SIGNATURE _____ Date _____

PRINT NAME _____

ADDRESS: _____

TELEPHONE NUMBERS: Home: _____ Cell: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____