

# Form A – MISSION TRIP APPLICATION

The First United Methodist Church of Lawrence  
946 Vermont, Lawrence, KS 66044 • 785-841-7500

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_

**FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.**

Title (Circle) Name

Mr. Mrs. Miss

Rev. Dr. Other: \_\_\_\_\_

Last/Family

First/Given

Middle Initial

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (print plainly): \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_ Birth Place: \_\_\_\_\_

Current or last Employer/Job title (if student, name of school): \_\_\_\_\_

Name on Passport (your name must be shown exactly as written on your passport):

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Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_

Country/State/City of Issue: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a member of FUMC? How Long? \_\_\_\_\_

Name and phone number of a church member who knows you well:

\_\_\_\_\_

If not an FUMC member, please list your church name, pastor, and name of a person who knows you well (include contact information):

In which ministry areas of the church have you served?

Please describe the extent of your Christian education, if any – i.e., Sunday School, Confirmation, Disciple Bible, seminary, etc?

Why do you believe God has called you to serve on this particular mission?

Have you had any recent major life events that have influenced your desire to participate in this mission? Please explain.

How do you respond to receiving direction from a team leader?

How do you feel about working with Christians who may have doctrinal viewpoints different from your own?

Describe your cross-cultural living, training and/or travel experiences? What did you learn? What types of difficulties did you experience?

Do you speak a language other than English? If so, please list:

List countries and dates of previous overseas volunteer experiences:

Please describe your strengths, your ministry gifts and skills:

List any special skills or experience regarding construction:

Please describe areas in which you desire growth in your personal and spiritual life:

How do your immediate family members feel about your participation on this mission trip?

Have you ever been denied a travel visa or had a travel visa revoked? If so, for which country and what were the circumstances?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form by February 1, along with:**

- A signed copy of the Mission Team Covenant (Form B).
- A completed and signed copy of the Medical Information Form (Form C).
- A photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages.
- A \$100 deposit (checks should be payable to **FUMC**, with **Honduran Mission Trip 201**\_\_\_ on the memo line).

**Return to: ATTN: Paula Biggar  
First United Methodist Church of Lawrence  
946 Vermont,  
Lawrence, Kansas 66044**

Upon receiving these materials, and prior to accepting the application, FUMC may review all pertinent information (including that provided by references) relating to the applicant's interest in serving on a particular mission trip. Additionally, if the Global Missions Committee has any questions regarding the application, a personal interview may be requested.

Once an application has been accepted for a specific trip, the applicant will be notified of the acceptance promptly, via letter, email or phone call. If, for any reason, an application is denied, the \$100 deposit will be refunded in full.

You will be denied team membership if: you are unable to be certified through Safe and Sacred Spaces, you have negative incidents on your KBI and SRS background checks, a reference or pastor provides negative feedback, you fail to complete team trainings. You may also be denied if your application or personal interview raises concerns about your ability to function as a part of the team. You may inquire of the Global Missions Chair for the reason of denial.

Once purchases have been made on your behalf, you are responsible for their payment. This includes, but is not limited to: airfare, room and board, additional travel arrangements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important dates: February 1 – Forms A, B and C and deposit  
March or April TBA – Safe and Sacred Spaces Training  
April 1<sup>st</sup> – Half of trip cost due  
First Sunday in May - Team Training 12-4 pm; Forms D, E, F  
June 1st – Final payment due**

# Form B – MISSION TEAM COVENANT

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Country \_\_\_\_\_ Trip Dates \_\_\_\_\_

As a member of this team I agree to:

- Remember that I am representing Jesus Christ and First United Methodist Church of Lawrence. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and for those with who we will be in contact.
- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about “how we do things.” I’ll be open to learning about other people’s methods and ideas.
- Respect others’ view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and to only bring luggage and possessions that are determined by FUMC Global Missions to be appropriate for the service needs of the mission and the country’s culture.
- Develop and maintain a servant’s attitude toward all Nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members. I will be patient and respectful of differing opinions.
- Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the Team Guidelines for handling conflict.
- Refrain from criticism and gossip about our host(s) and teammates.
- I recognize that travel can present unexpected and undesirable circumstances; I will be flexible, constructive, and supportive.
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Refrain from any activity that could be construed as a special or romantic interest in a National or teammate.
- Abstain from the use or purchase of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.
- Be a positive representative of the United Methodist Church.
- Attend the mandatory Mission Training and Safe and Sacred Spaces Training, as well as follow-up meetings.
- Use appropriate language, refrain for discussing politics or other sensitive topics, and avoid references to the military and other religious groups or practices.
- Attend the mandatory team trainings, Safe and Sacred Spaces training, as well as follow up meetings.
- Participate actively in meetings as well as in mission, through sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.
- Keep confidential discussions and personal information shared among team members.
- Remember that I can be sent home at my own expense if I am involved in irresolvable conflict or lack of adherence to this Covenant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Form C – MEDICAL INFORMATION

The First United Methodist Church of Lawrence  
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Country \_\_\_\_\_ Trip Dates \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician/Phone Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_

Supplemental Health Insurance Co. (if any): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_

Emergency Contact in U.S.: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Mission trips can be extremely strenuous and stressful. They may include long plane, train or bus rides of 10 to 20 hours in duration. Travelers are required to carry their own luggage. Restrooms are not always readily accessible. There can be a considerable amount of walking between lodging and meeting locations, in addition to the possibility of climbing stairs. Sleeping arrangements may not be comfortable and, in most instances, you will share a room with one or more persons. Climate can vary from extremely hot in summer months to cold in winter, which could affect your overall strength and energy. Air quality may be poor in some locations, and the food may be unique. Water quality also varies.

All of these factors have been known to aggravate certain health conditions, and the medical facilities in many countries may not be adequate. We may request a medical statement from your doctor, if there is any concern about your health and this specific mission trip.

1. Do you have any physical conditions that could limit your ability to perform the ministry of this particular mission trip?

2. Have you had any surgery or major health problems in the past two years? If so, please explain.

3. Please check if you have any of the following medical conditions:

\_\_\_\_ Allergies \_\_\_\_ Arthritis \_\_\_\_ Asthma \_\_\_\_ Bleeding Disorders

\_\_\_\_ Chronic Anxiety \_\_\_\_ Depression \_\_\_\_ Diabetes \_\_\_\_ Fibromyalgia

\_\_\_\_ Glaucoma \_\_\_\_ Heart Disease \_\_\_\_ Hypertension \_\_\_\_ Hypoglycemia

\_\_\_\_ Migraines \_\_\_\_ Seizures \_\_\_\_ Other \_\_\_\_\_

Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions in order to assist you in your comfort and care?

4. Are you currently taking or do you regularly take any medications (including over-the-counter medicines)? If so, please explain and note which are prescription and which are non-prescription. List dosage, conflicting medicines, contraindications and any other information that might be helpful if you require medical attention during the trip.

5. Do you have any allergies to medicines, foods, insects or other items? Any special dietary or sleep needs? Please list.

6. Are you currently under a doctor's care or have you been in the past year? If so, please explain.

7. List any physical limitations or conditions such as heart problems, diabetes, or seizures that you have or are currently experiencing.

8. List any physical limitations or conditions that you have experienced in the past or to which you may be susceptible while traveling abroad.

9. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems (diet, physical exercise, etc.) Do you have any hearing, vision or mobility limitations?

Your Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_