



## **SHORT TERM MISSION TRIP APPLICATION PACKET**

- Mission Trip Application
- Mission Trip Health Questionnaire
- Sample Support Letter
- Passport Information/Application
- Release and Assumption Risk Form
- Mission Contract
- Mission Trip Policy
- Mission Trip Insurance

# GRACE INTERNATIONAL MISSION TRIP APPLICATION FORM

## PERSONAL DATA

Print: Full Legal Name (as shown on passport)

\_\_\_\_\_  
First Middle Last

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size: (Please circle) Small Med Large XL 2X 3X 4X

Passport #: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

List previous citizenships, if any: \_\_\_\_\_ Place of birth: \_\_\_\_\_

**Please note that you MUST have a passport valid for at least 6 months  
AFTER the end of the trip if traveling to Jamaica.**

## SERVICE INTEREST

Which mission trip(s) are you interested in participating? Explain why you feel motivated to go on this trip:

List your skills, gifts, and abilities:

List previous overseas experiences (country, length of stay and purpose of trip):



# MISSION TRIP HEALTH QUESTIONNAIRE

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No	Do you have, or have had any of the following diseases or problems?		Yes	No	Are you regularly taking any of the following?
	_____	_____	1. Rheumatic fever		_____	_____	1. Anticoagulants (blood thinners)
	_____	_____	2. Heart trouble, heart attack, Angina		_____	_____	2. High blood pressure medication
	_____	_____	3. High blood pressure		_____	_____	3. Cortisone (Steroids)
	_____	_____	4. Chest pain		_____	_____	4. Anticonvulsants (seizure medicines)
	_____	_____	5. High cholesterol		_____	_____	5. Insulin or other drugs to control blood sugar
	_____	_____	6. Lung or breathing problems		_____	_____	6. Thyroid hormone
	_____	_____	7. Asthma		_____	_____	7. Nitroglycerin
	_____	_____	8. Hives or eczema		_____	_____	8. Digitalis or other drugs for hearth trouble
	_____	_____	9. Allergies (food, animals, medicine, pollen)		_____	_____	9. Hormone supplements
	_____	_____	10. Fainting spells		_____	_____	10. Antidepressants
	_____	_____	11. Seizures		_____	_____	11. Sedatives or antipsychotics
	_____	_____	12. Liver disease		_____	_____	12. Any other regular medications
	_____	_____	13. Thyroid problems		In the past two years have you?		
	_____	_____	14. Arthritis or autoimmune disorder		_____	_____	13. Been admitted to a hospital
	_____	_____	15. Joint replacement		_____	_____	14. Been in an accident
	_____	_____	16. Ulcers		_____	_____	15. Been under medical care for serious illness
	_____	_____	17. Kidney problems		_____	_____	16. Been in psychiatric care
	_____	_____	18. Kidney or other organ transplant		_____	_____	17. Seen a counselor regularly
	_____	_____	19. Tuberculosis (TB)		_____	_____	18. Adopted a child
	_____	_____	20. Anxiety or depression				
	_____	_____	21. Chronic fatigue				
	_____	_____	22. Are you pregnant/think you might be pregnant?				
	_____	_____	Do you have any other disease, condition, or problem you think we should know about?		_____	_____	Do you have any health problems or physical limitations that might hinder your work in a different climate, high altitude or adverse living conditions?

If you answered yes to any of the above questions, please give a brief description: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

1:  
Name: \_\_\_\_\_

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

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

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

2:  
Name: \_\_\_\_\_

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

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

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

3:  
Name: \_\_\_\_\_

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

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

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

## Sample Support Letter

*It is natural to have some feelings of discomfort in asking others to help support you in going on mission trips. But keep in mind that you are not asking money for yourself, but instead are giving them the chance to partner with you in fulfilling the Great Commission. This sample letter is meant to serve as a guide to give you an idea of how to write your own support letter. Try to personalize the letter, such as adding a picture of yourself and a map of the country you are going to, be creative!*

Dear \_\_\_\_\_,

This <summer or fall> I have the wonderful opportunity to go to <Jamaica or Detroit> on a short-term mission trip with, Grace International Ministries. God has put this trip on my heart and I desire to go and be used by Him for His glory and minister to the people of <Jamaica or Detroit>.

The trip to <Detroit or Jamaica> is scheduled for <dates>. Before we depart we will be spending time in orientation and preparing for various ministry opportunities. Ministry opportunities being planned include <list those things planned for this trip>.

Before this trip can take place I need to trust God to provide a team of partners who will support me both in prayer as well as in finances. Some current prayer requests I have are <list specific prayer request for this trip>.

Thank you for praying for me! If you would be willing to be a prayer partner, please let me know and I will send you more prayer request prior to our departure.

The cost of the trip is approximately <\$cost>, which includes all my travel, lodging, and food. I am expected to have half of the money by <date> and the balance is due by <date>. If the Lord leads you to support me financially, please consider sending a gift by <date before half paid due date>. You can send your gift to Grace International Ministries, Inc., PO Box 460, Lehigh Acres, FL 33970 or online at [whatsgrace.org](http://whatsgrace.org). You will receive a tax-deductible receipt for your gift.

Thank you for your time!

Sincerely in Christ,

<your name>

*Don't let the tax-deductible receipt be your thank you card! Follow up with a thank you card when a donation is made as well as doing a follow up when you return!*

## Release and Assumption of Risk Form

Mission trip: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone number: \_\_\_\_\_

List all medications that you will be taking on this trip:

Please list all dietary restrictions:

## **RELEASE AND ASSUMPTION OF RISK:**

1. I acknowledge that I have voluntarily applied for enrollment in the listed short-term mission trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs, and next of kin, my personal representative and my estate.
2. I acknowledge that I have been fully informed of the nature, scope, and demands of this trip, and that I have met all the prerequisites required to participate in this trip.
3. Many churches sponsor short-term mission trips. These trips usually involve a number of risks that may not be covered by my insurance. The form below is for use by members and/or volunteers of Grace International Ministries, Inc., (GIM) who participate on a trip that involves travel inside and outside of the United States. It is quite likely that GIM will not have insurance to cover injuries or accidents that occur on such trips, and typically, GIM has no means of adequately supervising all activities involved on this trip. As a result, GIM may ask members/volunteers who participate on such trips to assume all risks associated with them as a condition of their participation. In such cases, a form similar to this one is often used.
4. I am aware of the hazards and risks to myself and property associated with serving in a mission's capacity, such as hazards and risks including, but not limited to, death or injury by accident, disease, war, terrorist's acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to any insurance coverage's that may be available to me from any source, and only with respect to GIM and its agents, officers, directors, and employees. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release GIM and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of my participation in this mission trip.
5. I understand that every care and attention will be given to the health and comfort of the members/volunteers, but GIM staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.
6. I hereby authorize the leader of the trip to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility, including in excess of the benefits allowed by provincial health insurance plans:
  - a. Where the health and well being of the applicant is involved.
  - b. Where all attempts to contact the parent or guardian have failed or where due to the nature of emergency there was insufficient time to contact such parent or guardian. It shall be at the discretion of the leader of GIM as to what action must be taken for the welfare and safety of the member/volunteer.
7. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property or property issued to me by GIM, while I am participating in the trip and, in furtherance thereof, I agree to indemnify and hold harmless GIM, and its employees, from and against any all claims, demands, actions or causes of action, on account of damage to personal property, or to my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity, and which results from causes beyond the control of and without the fault or negligence of GIM and its employees.
8. I agree to abide by the rules and regulations imposed on participants by the agency and its staff.



9. I agree that I will be cooperative and helpful to with all other participants in the trip and will not be disruptive of the objectives established for the trip or as many be designated by the staff or group consensus.

10. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated activities of this trip.

11. I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Florida, and if any portion thereof is held invalid, I request that the reminder continue in full force and effect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address of Parent/Guardian

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip of Parent/Guardian

**IMPORTANT:** This form MUST be notarized.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
PRINTED NAME OF NOTARY

**GRACE INTERNATIONAL MINISTRIES, INC.  
MISSIONS CAMPAIGN CONTRACT**

By signing this contract, I am indicating that I have decided to participate in the mission trip and I plan to obtain the funds necessary to do so. I realize that the monies received will be submitted to Grace International Ministries, Inc. and will be administered as a personal "support account" that goes toward the mission trip and all monies are non-refundable. I understand that this account will be established with the submission of my **initial non-refundable \$50 deposit and submitted application.** Additional payments are as follows:

Jamaica:	Team 1: June 6 – June 17 \$400 due April 9 <sup>th</sup> \$275 due May 7 <sup>th</sup> \$275 due May 28 <sup>th</sup>	Team 2: October 9 – October 14 \$400 due July 9 <sup>th</sup> \$275 due August 13 <sup>th</sup> \$275 due September 10 <sup>th</sup>
Detroit:	Team 1: July 10 – July 14 \$350 due March 26 <sup>th</sup> \$225 due May 21 <sup>st</sup> \$225 due June 11 <sup>th</sup>	

You are able to make payments online at [www.whatsgrace.org](http://www.whatsgrace.org)

In the event that campaign funds raised exceed campaign costs. I understand that such excess funds may be used to cover other ministry cost. In the event that I do not participate in the ministry opportunity, any charges incurred for me or on my behalf (airline cancellation fees, deposits, etc) will deducted from my account, and I will be responsible for any deficit. I will pay any deficit within (120) days following notice to me of the amount of such deficit. Gifts become the sole property of GIM. A gift to GIM is a charitable contribution for federal income tax purpose to the extent permitted by law. Tax deductible gifts cannot be refunded. In the event I do not participate in the ministry opportunity, gifts to GIM will go to support other ministry cost.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Mission Trip

**IMPORTANT:** This form **MUST** be notarized.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
PRINTED NAME OF NOTARY

## **GRACE INTERNATIONAL MINISTRIES, INC. MISSION CAMPAIGN POLICY**

I realize that the following elements are crucial to the effectiveness, quality, and safety of our mission trip together. As a member of this mission campaign, I agree to:

1. Remember that you are a guest working at the invitation of a local pastor or nationalist.
2. Respect the host's view of Christianity. Recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to be a witness and experience faith lived out in a new setting.
3. Develop and maintain a servant's attitude toward all nationals and my teammates.
4. Respect my team leader(s) and his or her decisions.
5. Refrain from gossip. You may be surprised how each person will blossom when freed from the concern that others may be passing judgment.
6. Give all credit of accomplishments and favor to God. Realizing the amazing things God would allow the team to accomplish if we don't mind who gets the credit, He deserves all the Glory!
7. Refrain from complaining, know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such are innumerable. You are to be creative and supportive.
8. Respect the work that going on in the country with the particular church(es) or person(s) with whom we are working. Realize that our team is here for just a short while, but the local church is here for the long term. You are to respect their knowledge, insights, and instructions.
9. Refrain from negative political comments or hostile discussions concerning our host country's politics.
10. Refrain from any activity that would be construed as a romantic interest toward a national. Realize that certain activities that seem innocent in own culture may seem inappropriate in others.
11. Abstain from the consumption of alcoholic beverage, the use of tobacco while on this trip.
12. I agree to be flexible and serve in whatever service area is allowed and open to me on the mission field.

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

Printed Name: \_\_\_\_\_

**GRACE INTERNATIONAL MINISTRIES, INC.  
SHORT TERM MISSION TRIP  
INSURANCE**

*When traveling overseas it is always a good idea to have additional insurance, often times medical insurance does not cover medical emergencies. It is **REQUIRED** to purchase travel insurance from one of the sites listed below:*

- Insuremytrip.com
- Missiontripinsurance.com
- Cityexpresstravel.net

Most policies cover for medical care for illness, injury, death, emergency evacuation, trip cancellation, travel delay, missed connecting flights, loss of baggage, baggage delay, as well as interruption of any kind. There are many types of deductibles to choose from as well.

Date purchased: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Coverage type: \_\_\_\_\_

Policy number: \_\_\_\_\_

*Please keep a copy of your policy in your luggage, a copy with a loved one (emergency contact), and a copy **MUST** be given to Grace International Ministries, Inc.*

**All forms should be submitted along with \$50 registration fee to:  
Grace International Ministries  
PO Box 460  
Lehigh Acres, FL 33970**

**For further information, please call 239.369.7900 or email [info@whatsgrace.org](mailto:info@whatsgrace.org)**