

BIG CITY '16

STUDENT APPLICATION

DEPOSIT:	\$200
CHECK #:	
MISSION TRIP TO:	PHILADELPHIA, PA
DATE OF TRIP:	JUNE 17-25, 2016
TOTAL COST:	\$950 (INCLUDES DEPOSIT)

REFUND POLICY: Because travel details need to be made so far in advance and the way the IRS rules treat charitable donations to non-profit organizations, no payments for this trip are refundable once a student is accepted as a member of the missions team.

Please fill out and mail this application, along with each item on the enclosed checklist, including the \$200 non-refundable deposit, by WEDNESDAY, MARCH 23 to: Eagle Brook Church | Attn: Alex Grahmann 7015 20th Ave. | Centerville, MN 55038

PERSONAL PROFILE

Full Name: _____

Current Address: _____
Street City, State Zip

Cell Phone: _____ Able to text carrier? Yes No Carrier: _____

Home Phone: _____ Email: _____

EBC campus you attend for Revolution: _____ Age: _____ Birth Date: _____

Grade: _____ School: _____ T-Shirt Size: _____

PARENT PROFILE

Name of Parent(s): _____

Cell Phone Number of Parent(s): _____

Email of Parent(s): _____

Gender: _____

MINISTRY INFORMATION NOTE: Previous experience or involvement is not required. We just want to know more about you!

Do you currently attend Eagle Brook Church regularly? Yes No If yes, which campus? _____ How long? _____

Are you currently serving at EBC or Revolution? Yes No Where? _____

Are you actively participating in a Revolution small group? Yes No If yes, leader's name: _____

Please describe your involvement at Eagle Brook Church or Revolution: _____

Please describe other ministry involvement outside of Eagle Brook Church: _____

MINISTRY INFORMATION *Continued*

Briefly describe your previous (if any) missions experience (short-term or long-term): _____

PERSONAL PROFILE

Please describe any health issues you have (i.e., allergies, illnesses, special diet restrictions, etc.): _____

Please describe any behavior/social issues you have or have had in the past (i.e., substance abuse issues, addictions, eating disorders, etc.): _____

Tell us why you would like to be a part of this mission trip: _____

Briefly describe your relationship with Jesus Christ, if any: _____

Please list some expectations you have for this trip: _____

What concerns or fears do you have about this experience? _____

Is your family supportive of your desire to go on this trip? _____

REFERENCES

Please provide the contact information of two people who know about your character/faith. If possible, name at least one reference from your experience at Eagle Brook (i.e., your small group leader or a mentor who knows you well).

Name: _____ Relationship: _____

Phone: _____ Email: _____

Involved at Eagle Brook? No Yes If yes, please explain how: _____

REFERENCES *Continued*

Name: _____ Relationship: _____

Phone: _____ Email: _____

Involved at Eagle Brook? No Yes If yes, please explain how: _____

EXPECTATIONS AND AGREEMENT

BASIC EXPECTATIONS FOR PARTICIPANTS:

- You understand that this is a church missions experience, focused on serving others.
- You are willing to be flexible with your time and expectations as you serve.
- You are willing to submit to the authority of your team leader during your stay.
- You will be a team player.
- You will participate in team training meetings. MAY 7, 9 AM -1 PM AND JUNE 4, 9 AM- 1 PM

LIFESTYLE

- It is clear from the Scriptures that putting on Christ conversely means putting off the attitudes and actions of the world. All practices clearly forbidden in the Scriptures (sexual relations outside of marriage, harming the body, dishonesty, cheating, homosexuality, drunkenness, etc.) are unacceptable behavior for a short-term missions participant (Colossians 3:5-9; Galatians 5:18-21).
- The lifestyle expectations for short-term missions participants are best summarized by 1 Corinthians 10:31, 33: "Whatever you do, do it all for the glory of God. . . For I am not seeking my own good but the good of many, so that they may be saved."

DATING

- Short-term missions participants are to refrain from dating while serving on assignment. This applies to those on the team and those living in the host location. Appropriate behavior is expected.
- It is expected that the missions participants will consult with their team leader or the Impact Ministry staff prior to departure for further clarification on this policy and expectation for singles.

COMMUNICATION:

The information you are providing on this application may be shared with the EBC partners for the purposes of administering this trip.

If you have any questions or cannot comply with any of the above policies, please provide a written explanation or contact us. We are excited at the possibility of having you serve with us!

By signing my name and today's date, I agree with the above expectations and certify that the information I am providing in this application is true to the best of my knowledge.

Signature

Date

Please fill out and mail this application, along with each item on the enclosed checklist, including the \$200 non-refundable deposit, by WEDNESDAY, MARCH 23 to:

**Eagle Brook Church
Attn: Alex Grahmann
7015 20th Ave.
Centerville, MN 55038**

WAIVER AND RELEASE OF LIABILITY

Must be completed and included with application.

I, _____, (team member's name) plan to participate in a short-term mission trip to Philadelphia, PA and the planned activities, and understand that the actual itinerary and the actual activities that I participate in during the short-term mission trip may vary. I recognize the participation in the short-term mission trip and its activities may be hazardous and dangerous, and I willingly assume all risks associated with the short-term mission trip.

I acknowledge that I have been advised to talk with my medical professional to understand the potential for suffering adverse health consequences during my participation in this short-term mission trip. I understand that such health conditions may cause or result in serious health problems and may be fatal.

I am aware that Eagle Brook Church strongly advises me to obtain Tetanus vaccinations and any other vaccinations, inoculations, or immunizations recommended by the Center for Disease Control or federal or Minnesota state health authorities. After careful consideration of these risks, I have either received all recommended vaccinations, inoculations or immunizations from medical professionals or I have declined to receive them due to my religious beliefs, personal convictions or medical contraindications. I agree that my decision to decline receipt of any or all of the recommended precautionary measures increases my risk of contracting disease and suffering other potential adverse consequences.

Therefore, in consideration of the privilege to participate extended to me by Eagle Brook Church and its partners, and on behalf of myself, my heirs, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge Eagle Brook Church and its partner churches, employees, directors, officers, agents, representatives and volunteers from any and all actions, omissions, causes of action, claims and/or damages arising from, relating to, or resulting from my participation in the trip, including, but not limited to, injury, expense, cost, damage, loss, illness, or death. I acknowledge that I have received good and valuable consideration for signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of Minnesota and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives. If any portion of this waiver and release is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I accept any and all risks associated with this short-term mission trip with full awareness and with the knowledge that the only source of insurance available to me must be provided by me, and that I am not relying on any insurance to be provided by Eagle Brook Church. Any expenses not covered by my insurance policy will be my responsibility alone, and I will not hold Eagle Brook Church responsible for any uninsured medical expense.

By signing or typing my name and date, I acknowledge that I have read, understood, and executed this waiver and release on _____, 20____.
(today's date)

Signature

Date

Printed Name

FOR TEAM MEMBERS UNDER THE AGE OF 18 (NOTARY REQUIRED)

I, _____, am the parent/legal guardian of _____ (student), and I approve and authorize student participation in the outreach trip. I hereby agree to the terms set forth in the waiver and release above on behalf of student.

Signature

Date

Printed Name

NOTARY REQUIRED

Witness my hand and official seal.

Signature of Notary Public

Date

CONSENT OF TREATMENT (ADULT)

Must be completed and included with application. **NOTE: PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD.**

I, _____, hereby authorize Eagle Brook Church, its representatives and all attending health care professionals (including but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to provide medical treatment, to hospitalize, anesthetize or perform surgery on me as is deemed necessary. I do hereby release, acquit, discharge and covenant to hold harmless Eagle Brook Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury or accident incurred during any mission trip related activities. Eagle Brook Church and its representatives will incur no liability whatsoever while attempting to meet all medical needs a Participant may require during any church or mission trip related activities. I agree to be responsible for all medical costs associated therewith.

By signing or typing my name and date below, I hereby authorize any clinic, hospital or other medical facility that has provided treatment to me to surrender physical custody of me to Eagle Brook Church upon completion of treatment. These authorizations shall remain effective through the following period of time: _____.
(date one year from today)

Signature of Team Member

Date

Date of Birth (mm/dd/yyyy): _____

Mother's Name: _____ (required regardless of age)

Father's Name: _____ (required regardless of age)

Insurance Company: _____ Policy #: _____

Claim Office Address: _____

Primary Doctor's Name and Phone Number: _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the team member:

In case of emergency, notify (may not be a fellow applicant):

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

CONSENT OF TREATMENT (MINOR)

Must be completed and included with application if under 18. **NOTE: PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD.**

I, _____, on behalf of _____ (Participant) for whom I am legally responsible, hereby authorize Eagle Brook Church, its representatives and all attending health care professionals (including but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to provide medical treatment, to hospitalize, anesthetize or perform surgery on the Participant as is required. I do release, acquit, discharge and covenant to hold harmless Eagle Brook Church, and its representatives, from all actions, damages or liabilities arising out of the treatment of any illness, injury or accident incurred during any mission trip related activities. Eagle Brook Church and its representatives will incur no liability whatsoever while attempting to meet all medical needs the Participant may require during any church or mission-trip related activities. I agree to be responsible for all medical costs associated therewith.

By signing my name below, I hereby authorize any clinic, hospital, or other medical facility that has provided treatment to the Participant to surrender physical custody of the Participant to Eagle Brook Church upon completion of treatment. These authorizations shall remain effective through the following period of time _____.
(date one year from today)

Signature of Parent or Legal Guardian

Date

Printed Name

Team Member's Information that may be necessary for medical treatment:

Date of Birth (mm/dd/yyyy): _____

Mother's Name: _____ (required regardless of age)

Father's Name: _____ (required regardless of age)

Insurance Company _____ Policy #: _____

Claim Office Address: _____

Primary Doctor's Name and Phone Number: _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the team member:

In case of emergency, notify (may not be a fellow applicant):

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

NOTARY REQUIRED

Witness my hand and official seal.

Signature of Notary Public

Date



CHECKLIST

- COMPLETED APPLICATION
- NOTARIZED RELEASE FORM AND CONSENT FORM
- DEPOSIT
- COPY OF INSURANCE CARD
- COPY OF RECENT STUDENT PHOTO