



DEPOSIT:	\$200
CHECK #:	
MISSION TRIP TO:	ST. LOUIS
DATE OF TRIP:	JUNE 16-23, 2018
TOTAL COST:	\$850 (INCLUDES DEPOSIT)

STUDENT APPLICATION

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 on April 4, with the exception of a medical condition resulting in an inability to attend.

Please fill out and mail this application, along with each item on the enclosed checklist, including the \$200 non-refundable deposit, by **WEDNESDAY, MARCH 21 to: Eagle Brook Church
Attn: Students
7015 20th Ave.
Centerville, MN 55038**

PERSONAL PROFILE

Full Name: _____

Current Address: _____
Street City, State Zip

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

Home Phone: _____ Email: _____

Eagle Brook campus you attend for Revolution: _____ Age: _____ Birth Date: _____

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

Biological Sex: _____

PARENT PROFILE

Name of Parent(s): _____

Cell Phone Number of Parent(s): _____

Email of Parent(s): _____

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 Eagle Brook or Revolution? ☐ Yes ☐ No Where? _____

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

Have you been part of a Big City trip before? ☐ Yes ☐ No

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

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

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: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

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

EXPECTATIONS AND AGREEMENT

BASIC EXPECTATIONS FOR PARTICIPANTS:

- ☐ I understand that this is a church missions experience, focused on serving others.
- ☐ I am willing to be flexible with your time and expectations as you serve.
- ☐ I am willing to submit to the authority of your team leader during your stay.
- ☐ I will be a team player.
- ☐ I will participate in the team training meeting on Sunday May 6, 3 pm - 7 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, drunkenness, etc.) are unacceptable behavior for a short-term mission 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."

COMMUNICATION:

The information you are providing on this application may be shared with the Eagle Brook 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.

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 21 to: Eagle Brook Church
Attn: Students
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 St. Louis 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 contradictions. 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

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

Signature

Date

Printed Name

CONSENT OF TREATMENT (AGE 18 OR ABOVE)

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 I 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 (UNDER THE AGE OF 18)

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: _____



CHECKLIST

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