

Write out your salvation experience (testimony):

Write out the Gospel in your own words:

4. Have you ever been on a mission trip before? (if yes list locations)

yes no _____

5. Why do you want to go on this mission trip?

6. What do you feel will be your greatest contribution to this trip?

7. What might be an area of difficulty or weakness for you?

8. Please list any medical conditions/concerns:

To complete this application you must read and sign the covenant on the following page.

ALL THINGS NEW MISSIONS COVENANT

By signing this covenant:

- I am expressing my agreement with All Things New's Mission, Vision, and Values
- I am willing to work under the direction of the Missions Team, Trip Leaders, and Field Partners to accept and to perform any and all assignments with a God-honoring attitude.
- I agree to be subject to a background check.
- I am confirming that I have the time and energy to devote to the pre, mid, and post-trip responsibilities.
- I agree to participate in the training arranged by the Missions Team and Trip Leader and complete all requirements for the trip.
- I agree to return home at my own expense if the Field Partner, in conjunction with the Trip Leader, determines my behavior is/has been inappropriate and therefore jeopardizes the long-term ministry.
- I acknowledge that All Things New will not be responsible for extra trip expenses (i.e., airline, hotel, etc.). Should these occur, they will be passed along to the traveler.
- I understand that my involvement on this trip can be denied prior to travel if I do not participate in the full preparation of the trip.
- At all times, I will remember that I represent All Things New and will conduct myself accordingly. While on this trip, I will
 - 1) Remember that I am a guest in another country, and that our goals are to listen and learn from our hosts and to develop ongoing relationships with brothers and sisters in Christ in that place.
 - 2) Respect the views, values, and beliefs of our hosts and all nationals that I meet.
 - 3) Be open to learning from them about their ways of living, beliefs and ideas.
 - 4) Maintain an attitude of respect, compassion, and understanding both towards my teammates and our global hosts.
 - 5) Respect my fellow travelers and abide by the decisions of my team leaders, because I understand its importance to the functioning of this team.

signature

date

Medical Information Form
Medical Release / Permission to Treat Form

Team Leader: _____

Trip Location: _____ Trip Dates: _____

Personal Information

Full Name: _____ Gender: _____

DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian (if younger than 19 years old): _____

Emergency Contact Information

Please provide the name and contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

Person 1

Name: _____

Relationship to You: _____

Phone: _____ Alt. Phone: _____

Person 2

Name: _____

Relationship to You: _____

Phone: _____ Alt. Phone: _____

Insurance Information

Please attach a copy of the front and back of your insurance card.

Insurance Company: _____

Policy Holder: _____ Relationship: _____

Policy #: _____ Group #: _____

Ins. Co. Address: _____

Ins. Phone: _____

Medical Information

Primary Care Physician: _____

Physician Address: _____

Physician Phone: _____

Do you have any allergies? ____ yes ____ no If yes, please explain:

List any specific medical conditions requiring medical treatment and/or medication:

List ALL medication taken on a regular basis:

List all operations/serious injuries (include dates) within the past five years:

Have you had contact with contagious or infectious diseases within the last four weeks? ____ yes ____ no If yes, please explain:

Do you have any special dietary restrictions? ____ yes ____ no
If yes, please explain:

What type of pain medication may be given if necessary: _____

Emergency Authorization

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or authorize surgery for me.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release All Things New Inc., its employees or agents, and in country contacts from liability associated with participation in a mission trip.

I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury.

I understand that there are risks involved in participating in a mission trip.

Signature: _____ Date: _____

(Must be signed by a parent or guardian if under 19 years of age.)

Parent/Guardian signature: _____ Date: _____

The following is to be completed by the Notary Public witnessing the individual's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____) to

be the person whose name is subscribed to the foregoing instrument and

acknowledged to me that he executed the same for the purpose and

consideration therein expressed. Given under my hand and the seal of the office

this _____ day of _____, A.D. _____.

Notary Public Signature _____

My commission expires the _____ day of _____, A.D. _____.

Liability and Waiver Release

All Things New Inc. Release of Liability

In signing this form, I, _____, agree not to hold All Things New Inc., her officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on a short-term mission trip.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risk and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation in a short-term missions project, and I unconditionally agree to hold All Things New Inc., its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a short-term mission trip.

Signed: _____

Parent's Signature (if under 19 years of age): _____

And dated this _____ day of _____, 20____.

The following is to be completed by the Notary Public witnessing the individual's signature.

The State of _____ the County of _____
Before me, a Notary Public, on this day personally appeared _____
known to me (or proved to me on the oath of _____) to
be the person whose name is subscribed to the foregoing instrument and
acknowledged to me that he executed the same for the purpose and
consideration therein expressed. Given under my hand and the seal of the office
this _____ day of _____, A.D. _____.

Notary Public Signature _____

My commission expires the _____ day of _____, A.D. _____.