



# Mission Trip Information Packet

Joplin, MO: June 9-16, 2012



**Sunrise UMC  
Mission Team**

**Financial Policies and Deadlines:**

1. A deposit of **\$100 per person** (max. \$300. per family) is due by **March 18th, 2012**. **This deposit is non-refundable**. The deposit is applied towards the cost of your trip and is not in addition to the published cost.
2. If you cancel after March 11th but before June 3rd, you will be responsible for half the total due for the trip.
3. If you cancel after June 3rd, you will be responsible for the full cost of the trip.
4. Final Payment for the trip is due by **June 9th, 2011**. Final payment amounts will be provided to each participant after all fund raising proceeds have been applied.
5. Scholarships will be available to help with costs **after fundraising options are exhausted**. Contact the student ministries office or Matt Lurz for scholarship information.

**Trip Costs:**

\$425.00\*

\*If you plan to travel on your own the trip cost can be figured minus travel. You will be responsible for all personal travel planning and costs. See Matt Lurz or e-mail [mattl@sunriseumc.com](mailto:mattl@sunriseumc.com) if you want more information.

**Fundraisers – please check those you are interested in:**

\_\_\_\_\_ **Dec - May: Letters of Support** – Check student website under "other programs for examples and directions

\_\_\_\_\_ **On a date to be determined: Dinner/Silent Auction** – Email [info@iamflammable.org](mailto:info@iamflammable.org)

\_\_\_\_\_ **End of May (Wednesday): Air Force Graduation Concessions** - for anyone 16 years old and older (parents may work for students).

**Costs Included:**

All food (while traveling & on site), transportation, fun outings, lodging while traveling (if applicable), mission site fee, supplies, and team building activities.

**I have read the above policies and agree to adhere to them.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Name (if participant is under 18)

\_\_\_\_\_  
Participant Home Phone #

\_\_\_\_\_  
Parent Phone #'s

\_\_\_\_\_  
Participant Cell Phone #

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant E-mail

*Mission Trip Application Process and Team Responsibilities*  
**Joplin, MO: June 9-16, 2012**

**Application Process:**

1. Pick up the Mission Trip Information Packet and review thoroughly. Pay special attention to the responsibilities of being a team member.
2. Pray & think about what it means for you to go on this mission trip. Try and discern if God wants you on this trip. Have others pray for you!
3. Fill out the application. Read and sign financial policies sheet. Turn them into the Student Ministry office with a **\$100.00 deposit**. By applying for the mission trip you are agreeing to fulfill the responsibilities outlined below. This sheet should be included with application and deposit.
4. The applications will be reviewed by the Sunrise Joplin Board.
5. As a member of the 2012 mission team, you must be prepared to accept and fulfill the responsibilities of a mission team member outlined below.

**Mission Team Member Responsibilities**

- Pray about your role on this trip & pray for other team members.
- Fill out all forms on time and turn them into the Student Ministry office.
- **Attend and participate in all required mission team meetings.**
- Review & sign the Mission Team covenant, which will be provided to you.
- Comply with all mission team rules, guidelines, and expectations.
- Find at least one person (not family) who will agree to pray for you and the mission team at least once a week..
- Remain active in Student Ministry programs (students only).
- **Scholarship applicants** – must participate in fundraising activities as offered.

Name \_\_\_\_\_

## Summer 2012 Joplin Mission Trip Application

Please answer the following questions and return this application to the Student Ministry office or Janet Mawhirter. Please be sure to answer the questions honestly. You may use a separate sheet of paper if necessary. Please make sure your responses are readable: print neatly or type your responses on a separate sheet, but you must return this signed application with your responses.

Please give a brief testimony including when and how you decided to follow Christ.

Describe how your relationship with Christ is right now. (Remember, honesty is important)

What does the word TEAM mean to you?

Why do you want to go on this mission trip?

What gifts, talents, and skills can you offer the mission team on this trip?

Identify and briefly describe your greatest strength and your greatest weakness.

What mission trip experience do you have (with Sunrise and with other churches/organizations)?

How are you currently involved at Sunrise?

What involvement (if any) do you have in the community?

What are three goals you have for this trip? Please explain these goals.

What questions do you have about the trip(s)?

What is your t-shirt size?

**Students only:**

Graduation Year \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

How are you currently involved in Student Ministries?

**Please read the following and sign:**

I have answered all of the above questions on my own and have answered each question as honestly as possible. I have prayed about serving on this mission trip and will continue to pray for God's leading for the summer mission team. I understand that as a member of the 2012 Mission Team I will be expected to complete all of the requirements for the mission trip. I have prayed, thought, and considered what it means to serve God, Sunrise United Methodist Church, and the people that I will encounter on this trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Phone

We are required to obtain a background check on all volunteers over 18 years of age working alongside youth. **You must sign the consent form before we can process your application. No application will be approved without a background check.**

### **Background Consent for U.S. and International Screening**

Applicant should complete all relevant information and sign and date the form.

I, \_\_\_\_\_, hereby authorize **Sunrise UMC** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history (if applicable), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my volunteer service with **Sunrise UMC**.

I release **Sunrise UMC** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (First, Middle, Last-**Printed** ) \_\_\_\_\_  
(full name required)

Maiden Name or Other Names Used \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Passport#: \_\_\_\_\_

Government ID#: \_\_\_\_\_

Drivers License Information: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip (mailcode) \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant / Date

# Packing list 2012

## Please keep this sheet

### To Bring -

- You will need long pants for some worksite activities (shorts will be fine at others)
- Work boots or closed toe tennis shoes for all the work sites
- Shirts must have sleeves
- Hat
- Sun screen
- Water bottle
- Bathing suit (one piece for girls)

### You will need -

- Sleeping bag
- Air mattress or sleeping pad
- Towels/wash cloth
- Toiletries
- Flash light or headlamp

### You will also need –

- Spending money
- **Bible** and writing materials!
- Watch

### You will NOT need -

- Curling irons, hair dryers, home perm kits or hair dye
- ipods, laptops, cell phones, tvs, music or viewing devices of any kind
- You will not be allowed to shave your head, bungee jump, get tattoos or piercings
- You will not buy or bring weapons or anything else **illegal** or unnecessarily dangerous on this trip!

# Clothing Policy

## For Students & Adults

We love the community where you are serving this summer! Because of this, we ask that you recognize that your words, actions and appearance during your week contribute to the way we present ourselves to a community. Choosing modest clothing helps to avoid distractions in our representation of Christ. We ask that you choose apparel consistent with the following guidelines. We appreciate your help in creating a safe, respectful, distraction-free environment for your mission experience.

## Please Bring

### Loose-Fitting Clothing

During the week your clothes may endure paint, sweat, mud and lots of love from children! Bring clothes that you can work and play hard in.

### Closed Toe Shoes

To prevent injury, you need to bring a pair of shoes that you don't mind getting dirty or wet at work sites and that you can wear in the kitchen.

### One-Piece Swimsuits

Please choose modest swimsuits for swimming activities.

### Mid-Thigh or Longer Shorts (or pants)

You will bend, twist, sit, climb and crawl as you love and serve communities. Short shorts will only get shorter with these activities. A good measure is to let your arms fall to your side, if your fingers touch skin; bring a longer pair of shorts.

## Please Don't Bring

### Apparel that Distracts

Tank tops (sleeveless shirts)

Short Shorts

Clothing that Reveals Undergarments

Clothing that Reveals Midriffs or Chests

### Apparel that . . .

. Includes obscene, vulgar, abusive or discriminatory language or images

. Advertises or promotes alcohol, chemical, tobacco or any other product illegal for use by minors





**Student Emergency Contact and Health Information Form  
Sunrise Student Ministry**

**Please fill out this form completely and print legibly.** If any of this information changes after submitting this form, please inform the Student Ministry of these changes. Information about the youth participant

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
H.S. Graduation year \_\_\_\_\_ School \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_

**Information about the youth participant's parent/guardian  
(please fill out both if possible)**

*First Parent/Guardian Information*

Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

(if different from above)

*Second Parent/Guardian Information (leave line blank if same as first parent/guardian)*

Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_

**Information about the alternate contact person**

Name \_\_\_\_\_ Relation \_\_\_\_\_

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

Address \_\_\_\_\_

**Medical Information**

\*Please provide the most current medical information for the youth participant\*

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Regular Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Physical Limitations/Handicaps \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

I certify that all of the above information is correct and that I have read and understand the policies of the Sunrise United Methodist Church Student Ministry. I also agree to notify the church and/or the Student Ministry of any changes in this information. I understand that in an emergency involving my child, every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I give permission to the Pastors, staff and/or adult volunteers of Sunrise United Methodist Church to act on my behalf to secure medical treatment as necessary, including, but not limited to medical attention, anesthesia, surgery, and hospitalization. I understand that it is my responsibility to pay for any medical service required by my child while on this outing. I hereby absolve Sunrise United Methodist Church, its Pastors, staff, and adult volunteers from liability in acting on my behalf in this regard so long as they are not grossly negligent. If a dispute over any claim arises, I agree to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**Emergency Contact and Health Information Form  
Sunrise Church Student Ministry**

**Please fill out this form completely and print legibly.** If any of this information changes after submitting this form, please inform the Student Ministry of these changes.

**Information about the adult volunteer**

Name \_\_\_\_\_ Current Age \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Information about emergency contacts**

*Spouse Information (if applicable)*

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address (if different from above)  
\_\_\_\_\_

*Primary Emergency Contact (besides spouse)*

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Date \_\_\_\_\_

**Medical Information**

\*Please provide the most current medical information\*

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Regular Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Physical Limitations/Handicaps \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

I certify that all of the above information is correct and that I have read and understand the policies of the Sunrise United Methodist Church Student Ministry. I also agree to notify the church and/or the Student Ministry of any changes in this information. I understand that in an emergency involving myself, every effort will be made to contact my spouse and other emergency contact. If time is of the essence, or if I cannot be reached, I give permission to the pastors, staff and/or adult volunteers of Sunrise United Methodist Church to act on my behalf to secure medical treatment as necessary, including, but not limited to medical attention, anesthesia, surgery, and hospitalization. I understand that it is my responsibility to pay for any medical service required. I hereby absolve Sunrise United Methodist Church, its Pastors, staff, and adult volunteers from liability in acting on my behalf in this regard so long as they are not grossly negligent. If a dispute over any claim arises, I agree to resolve the matter through a mutually acceptable arbitration process.

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

# Medical and Liability Release Form

I \_\_\_\_\_ authorize \_\_\_\_\_  
(UMVIM participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

UMVIM Project: \_\_\_\_\_ Dates \_\_\_\_\_

Home Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Person In USA to contact in the event of an Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Blood Type** \_\_\_\_\_ Do you have? **Diabetes** \_\_\_Yes \_\_\_No **Seizures** \_\_\_Yes \_\_\_No

**Physical Limitation** \_\_\_\_\_

**Other Medical Information** \_\_\_\_\_

## Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Board of the \_\_\_\_\_ Jurisdiction of the United Methodist Church, the \_\_\_\_\_ Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Participant's Signature \_\_\_\_\_

## **Notarization of Liability, Medical, and Information Release Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, \_\_\_\_\_ Parish or County \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

# Parental Consent

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, \_\_\_\_\_, the parents/guardians of \_\_\_\_\_  
*Parents or guardians* *Child's name*  
give our child, a minor residing at \_\_\_\_\_ (address), permission to accompany a United Methodist Volunteers In Mission team to \_\_\_\_\_ (location) and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease; from civil insurrection or warfare of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitudes, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's \_\_\_\_\_  
*(Name of ailment)*  
by performing \_\_\_\_\_ and by prescribing \_\_\_\_\_  
*(Name of procedure)* *(Name of prescription)*

and providing such prescription to my child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leaders(s) \_\_\_\_\_, the \_\_\_\_\_ Conference of The United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) \_\_\_\_\_ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

.....  
**Notarization of Parental Consent Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_

Parish or County \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_