

Adventure Christian Church
STMT (Short Term Mission Trip) APPLICATION

- 1) Save this pdf application on your computer as: “YourName.Country.pdf”
example: [CharlieChristian.Tanzania.pdf](#)
- 2) Complete application and Save (or print).
- 3) Turn in your application and \$100 non-refundable:
 - Email your application to missions@adventurechurch.org **OR**
 - Mail or drop your application packet and deposit to:
Adventure Christian Church
Attn: Mission Department – STMT
6401 Stanford Ranch Road, Roseville, CA 95678
 - **To pay your deposit via Paypal, use the “Donate Now” tab for your trip in MissionMakr.**
 - **Enter \$100 as the Amount and click “Donate”. This will take you to Paypal.**
 - **IMPORTANT NOTE: On the Paypal “Review your Information” screen, select “Note to seller” (just below your mailing address) and enter “Application Fee for (your name)”.**
- 4) If you submit your application electronically, it is inferred that you agree to the statements on the signature pages. You will be provided these pages for signatures prior to final approval.
- 5) We will contact you regarding your application status. Please be patient as we review applications to form the teams.

If you have any questions, please feel free to contact us at:
missions@adventurechurch.org or 916-771-5683 x1119.

I look forward to seeing the teams that God forms to go out, on behalf of Adventure Church, and spread the Gospel as well as support our missionary partners.

Thank you for prayerfully considering this challenge!

John Richardson Missions Coordinator Adventure Christian Church



ADVENTURE
CHRISTIAN CHURCH

Short Term Mission Trip (STMT) Application

PERSONAL INFORMATION

Date:		Mission Trip Location:			
Full Legal Name: First Name: _____ Middle Name: _____ Last Name: _____					
Nickname:		Date of Birth:		E-Mail Address:	
Street Address:					
City:		State:		Zip:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Home Phone: ()		Cell Phone: ()			
If Married, Spouse's Name:				Spouse's Phone Contact:	
Child's Name		Child's Age:	Attending Mission Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Name		Child's Age:	Attending Mission Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Name		Child's Age:	Attending Mission Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Consent for Minor Applicant: If you are under 18, written consent is required of your parent (or legal guardian) Are you a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Parent / Guardian:	
Do you have a relative applying for this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:				Relationship:	
Passport Number:		Expiration Date:		Country of Issue:	
Are you under medical treatment for any conditions? (asthma, diabetes, hypertension, other) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate:			
Do you have any food or drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			

Note: Additional information will be required once your application has been approved and a trip has been confirmed.

WORK EXPERIENCE AND TALENTS

What is your highest level of education completed?	_____
Occupation:	Employer:
Job Skills / Responsibilities:	
Personal skills / hobbies:	
Professional licenses (e.g., driver's license, etc.) if any:	
Please briefly describe your professional experience related to this mission:	
List any ministry experience, skills, interests, or talents. Describe your ability and experience for each item you list. (teaching Bible school lessons, youth sponsor, worship, medical training, sports, etc)	

SPIRITUAL INFORMATION

Are you a member of Adventure? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	If not, what church are you affiliated with?
How long have you been attending Adventure?	How often do you attend church?
How long have you been a follower of Jesus?	What is your involvement in church?
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your relationship with Jesus Christ / your spiritual walk:	
What do you think your spiritual gifts are?	
Why do you desire to be part of this STMT (short term mission team)?	
What strengths do you feel you bring to the STMT?	

TRAVEL EXPERIENCE

Have you been on a short term mission trip before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s)	Where did you live?
Have you traveled or lived overseas before?	Year(s)	Where did you live?
What other languages do you speak?		

REFERENCES

Reference #1:

Name:	Years Known:	Relationship
E-Mail Address:	Home Phone: ()	Cell Phone: ()

Reference #2:

Name:	Years Known:	Relationship
E-Mail Address:	Home Phone: ()	Cell Phone: ()

Reference #3:

Name:	Years Known:	Relationship
E-Mail Address:	Home Phone: ()	Cell Phone: ()

OTHER INFORMATION

Any additional information / comments you would like to share (please attach additional pages if needed):

****** Please attach a Photo with your application ******

Short Term Mission Trip Location: _____

Mission Partner Visiting: _____

Tentative Date: _____

CULTURE COMMITMENT: The role of short-term missions teams is one of support and cooperation with the local missionaries, whose experience will serve as a guide to local customs and manners of work, worship, and dress. You are asked to adhere to appropriate dress and behavior as requested by the missionaries for their setting. (initial)_____

PRAYER COMMITMENT: I commit to pray for my short term team members, the ministry we are serving, and for all aspects of this trip on a daily basis. I am prepared to ask others to pray with me, and will build a team of people willing to pray for me and the trip. (initial)_____

TEAM COMMITMENT: I commit to following the beliefs and leadership of Adventure Church (ACC), including the trip leader. I also agree to act in a supportive and cooperative manner with other team members. I commit to attending team meetings to prepare for this trip. I commit to sharing the results of my trip with my supporters and the Church. (initial)_____

FUND RAISING COMMITMENT: I commit to giving several people the opportunity to participate in the trip through financial giving; I will prayerfully consider the financial amount I will personally give. I understand the total cost for me to participate on the trip is my responsibility. If I should cancel the funds I raised would be forfeited by me and used at the discretion of ACC leadership for the trip. I realize if I cancel I will be responsible for non-refundable expenses (such as airline tickets). (initial)_____

As a missions team member I realize the important role I play as an example to others.

I, and/or my parent / legal guardian, fully understand and agree to the following:

- All questions on this application have been answered truthfully and accurately.
- I understand further information will be required such as medical (possible doctors release due to personal health issues), emergency contact, passport copies, immunization, etc.
- I understand I am financially responsible for all expenses related for me to go on the STMT. If cancel early I will be responsible for all non-refundable expenses.
- I understand I am responsible for all additional personal, medical, and transportation costs if I am required to travel sooner or later than the rest of the team.
- I agree that if for any reason the team leader or Adventure Staff request that I return early from the STMT the related fees would be at my personal expense.
- My name, information, and picture may be used by ACC publicly in relationship to the trip.
- I agree to NOT hold Adventure Church liable for any personal injury or damages incurred on or related to this mission trip.
- I agree to follow the guidelines set out by Adventure Church and the trip leadership.
- I agree to act at all times in a manner that would bring honor to God and Adventure Church.

Printed Name

Signature:

Date:

Thank you for your prayerful consideration in serving God on this Short Term Mission Team

RELEASE FORM

The undersigned wishes to participate on a Missions Outreach Experience Team (herein the “Activity”) with
Adventure Christian Church

Adventure Christian Church and the undersigned agree that the Activity poses risks including, but are not limited to, the following specific risks: sickness, crime, vehicle accidents, political instability, governmental opposition to mission activities, as well as similar and dissimilar risks (herein “Risks”).

For and in consideration of Adventure Christian Church assisting the participant in the Activity, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians, and next of kin (herein the “Releasers”), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue Adventure Christian Church and its members, staff, elders, directors, or employees, (herein the “Releases”), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to the undersigned or death of the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releases or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether for injury or illness, and whether required as a result of the undersigned’s participation in the Activity or not. The undersigned accepts the complete responsibility for his/her own health and well being in the Activity. To the knowledge of the undersigned, he/she does not have any limiting physical condition or disability that would preclude the undersigned’s participation in the Activity. The undersigned acknowledges that he/she has adequate health. The undersigned further acknowledges Releases are under no obligation to, and do not, provide medical and/or travelers insurance for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

Executed at _____, _____ on _____, 20____.
(City) (State) (Date)

Participant’s Signature

Signature – Parent/Legal Guardian
(For Minors under 18 years of age)

Print Name

Print Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code