

Abundant Life Christian Center Mission Projects 2009 Application

Applications Due April 5th 2009

LATE APPLICATIONS WILL NOT BE ACCEPTED

Name _____ School Grade ('08/'09): __ 7th __ 8th __ 9th __ 10th __ 11th __ 12th

Parent(s)Name(s) _____ Parent(s)E-Mail _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ / _____ Student E-mail _____

Mission Trip I desire to attend:

York, PA June 28- July 3rd 2009 _____

Cost: \$500

THIS SECTION FOR OFFICE USE ONLY

Date & Time Application Received

Have you been on a mission project with us before? __ Yes (what yr. was your 1st mission trip? _____)
__ No

If not, please describe on a separate sheet of paper how and when you became a Christian.

Below you will find 4 characteristics that are necessary for you to function as part of a ministry team. Please describe how you see yourself in each of these areas.

- In what ways are you showing yourself **FAITHFUL** to Jesus in your life right now?

- In what ways have you made yourself **AVAILABLE** to Jesus this year?

- How **TEACHABLE** are you? Give an example.

- Describe how you are **RESPONSIVE** to authority...
at church.

at home.

Please answer this question regarding your current spiritual walk.

- Describe your relationship with Jesus as it is **TODAY** (how is Jesus involved in your life right now?)

Are you willing to serve 15 hours in some ministry at home? ___ yes ___ no

Are you willing to be held accountable in your spiritual life and team training by an adult leader? ___yes ___no

Were you born in the United States? ___ yes ___ no

If no, where were you born? _____ Where is your citizenship? _____

I agree with my son's/daughter's statements above, support his/her decision to be part of this team and will encourage him/her to fulfill the required responsibilities to the team and his/her supporters.

I understand that if my son/daughter is sent home due to disciplinary reasons I will be responsible for all of his/her transportation expenses and for those of an adult leader.

Parent(s)' Signature _____

SUMMIT SUMMER MISSIONS
Prayer Partners and Team Preferences

I will commit myself to praying for _____

- at least **weekly** before this project,
- **daily** during this project,
- and at least **weekly** for one month after this project

1. Name _____ Phone: _____ / _____

E-Mail _____

2. Name _____ Phone: _____ / _____

E-Mail _____

3. Name _____ Phone: _____ / _____

E-Mail _____

4. Name _____ Phone: _____ / _____

E-Mail _____

5. Name _____ Phone: _____ / _____

E-Mail _____

Student Commitment

I, _____, *commit to:*

- *Praying for this trip*
- *Read the Being Prepared Spiritually information*
- *Be faithful in responding to and communicating with my supporters*
- *Follow through on the Home Ministry Commitments*
- *Be responsible for attending team meetings that I am prepared for*

I understand all of the requirements and dates, and if I don't live up to these commitments, I may be asked not to attend.

Signed _____ Date _____

Mission Trip Release/Emergency Medical Form
Abundant Life Christian Center
SUMMIT Mission Projects, Summer 2009

I give my permission for _____, grade _____, to participate in the following Abundant Life Christian Center Student Ministries Mission Trip to York, Pa with Group Work camps.

Departure Date(s): June 28th, 2009 Return Date(s) July 3rd, 2009.

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Abundant Life Christian Center, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after reasonable effort, I give permission for church staff or Student Ministry volunteers to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for church staff or Student Ministry volunteers to immediately call paramedics and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgement of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Guardian's Signature & Date

Relationship to Student

***Guardian's Name Printed
Address***

Guardian's E-Mail

Mission Trip Release/Emergency Medical Form
Abundant Life Christian Center
SUMMIT Mission Projects, Summer 2009

Name: _____ Telephone #: _____ Date of Birth: _____

Address: _____

City, ST, ZIP: _____

Allergies (including food, plant, animal, reactions to medication, etc.): _____

May Tylenol (acetaminophen) be given? _____ Advil (Ibuprofen)? _____ Aspirin? _____

Medications currently being taken: _____

Any other medical conditions or information not listed above we should be aware of: _____

Local physician's name: _____ Telephone #: _____

Physician's office address: _____

City, ST, ZIP: _____

Local dentist's name: _____ Telephone #: _____

Dentist's office address: _____

City, ST, ZIP: _____

Insurance company: _____ Group #: _____ Policy #: _____

Under the name of: _____ Relationship: _____

Preferred hospital: _____ Date of last tetanus shot: _____

Where parents can be reached if not at home:

Father Work: _____ Mother Work: _____

Father Cell: _____ Mother Cell: _____

Nearest Relative or Neighbor to contact if parents unreachable: _____

HOME MINISTRY COMMITMENT
(This form must be turned in at check in for your mission trip)

Name _____

Date	Ministry Performed	Time	Signature
<i>Sample</i> 4/1	<i>Served a meal at Sojourner's Place</i> _____	<i>2 hours</i> _	_____ Guy N. Charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUIREMENTS:

- Every Summer Ministry Team Member must agree to complete 15 hours of home ministry.
- Home ministry is anything that you that reaches out to the needs of others for the sake of Jesus, such as working with our children's ministry, providing a service to someone in need, or volunteering at a service organization.
- Services which do not meet the requirement are things you would do as a normal part of your family life, things that are not focused on the needs of people, or anything for which you get paid.
- Home Ministry Commitment work must be completed before school starts in the fall.