

Payments and Meetings
Mission Trips 2010

Greenville Mission Trip: \$125

March 7: green release forms and \$25 deposit due
March 14: meeting, student center, 4:00pm-6pm
March 21: final balance due

Powersville Mission Trip: \$100

March 7: green release forms and \$25 deposit due
March 14: final balance due
March 28: meeting, Powersville Campus, 5:45pm-7pm

Nicaragua Mission Trip: \$1400

March 6: meeting, Jeremy Keever's home, 7pm-8:30pm
March 7: blue release forms and \$100 deposit due
March 14: silent auction prizes due
March 28: \$200 due
April 10: meeting, Jeremy Keever's home, 7pm-8:30pm
April 18: \$400 due
May 7-8: training weekend, Bonclarken
May 16: \$400 due
May 29: meeting, Jeremy Keever's home, 7pm-8:30pm
May 30: final balance due

Allendale Mission Trip: \$150

March 7: green release forms and \$25 deposit due
May 7-8: training weekend, Bonclarken
May 23: meeting, Student Center, 4pm-5:30pm
May 30: final balance due

Bahamas Mission Trip: \$1300

March 7: yellow release forms and \$100 due
March 14: silent auction prizes due
March 28: \$200 due
April 18: \$400 due
May 2: meeting, student center, 6:30pm-8pm
May 7-8: training weekend, Bonclarken
May 16: \$400 due
May 30: final balance due
June 11: meeting, student center, 7pm
June 27: parent/student meeting, multi-purpose room,
12:30pm-1pm
July 6: meeting, student center, time TBA



To Whom It May Concern:

Our/My child _____ Passport# _____

Residence of _____

Country _____

Is traveling with full consent and knowledge of his parents/guardians with Christ For the City International.

_____ will be entering the country of _____

on(date) _____ via _____ airline, flight# _____

and is scheduled to leave on(date) _____.

While in _____ the undersigned give Christ For the City International and its representative(s) with the minor authority to request and authorize medical and/or hospital treatment for the benefit of the minor in the event of any sickness or injury sustained by the minor while in country.

If any questions arise concerning our minor child, please contact me at (telephone #)

Signature of Father/Guardian

Signature of Mother/Guardian

Acknowledgement

State of:

City of:

The foregoing Release was acknowledged before me this _____ day of _____

By _____

(Notarial Seal) _____

Notary Public in and for the State of _____

My commission expires: _____

SHORT-TERM TEAM MEMBER APPLICATION



This application should be filled out by each applicant and returned to CFCI six weeks prior to departure. *Please attach a copy of your passport.*

General Information

Last Name:

First Name:

Address:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

Cell Phone: ()

Email:

Date of Birth:

Sex:

Occupation:

Marital Status:

1) Describe your personal relationship with Christ:

3) Please check your level of Spanish language proficiency:

None A little Conversational Fluent

4) Do you give permission for CFCI to use any group photos in which you may appear for the purposes of public relations and/or promotional materials? Yes No

Medical History

It is important that you are honest and complete with your medical history due to the environment in which you may be working.

1) List any known physical limitations/disabilities and chronic or serious medical conditions:

2) List any prescription drugs (and their generic names) which you are now taking:

3) List any history of major illness or surgery:

4) List any known allergies (including food allergies):

Insurance

CFCI will provide short-term travel insurance for the duration of your trip. You will receive an insurance card and access to a copy of the policy. Please read and sign the insurance disclaimer below.

I understand that the travel insurance policy purchased in my name will cover me in the event of many medical or crisis situations that may occur, however, I further understand that it is my responsibility to read the policy purchased for me and understand the limitations of said policy. CFCI will not be responsible for the actions and decisions of the insurance company from which my policy was purchased, for any situations in which I am unable to receive reimbursement, or for making any claims or providing any pre-notification in my name.

Signature of Team Member:	Date:
Signature of Parent or Guardian (if under the age of 21):	Date:

Emergency Information/ Liability Release

IN CASE OF EMERGENCY CONTACT:

Name:		
Address:		
City:	State:	Zip:
Relationship to Applicant:	Cell Phone:	
Home Phone:	Work Phone	

LIABILITY RELEASE:

In being accepted and allowed to participate in CFCI activities associated with its programs and locations, I assume responsibility for my actions. I release CFCI, its Trustees, Employees, Missionaries and Agents from liability, loss, injury or damage to myself or my property. Nothing contained herein shall excuse CFCI, its employees, missionaries or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release CFCI, its Staff, Trustees, Employees, Missionaries, Agents and Sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity.

I attest to the fact that I am physically able to undertake this trip and am aware of no health considerations that would prevent my participation in any of the activities of this trip. In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with CFCI), as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed, advised, and supervised by a licensed physician, surgeon or dentist.

I have read the *U.S. State Department's Travel Advisory* (<http://www.travel.state.gov>) listing the potential safety hazards associated with travel to this country, and I accept the risks involved. I recognize that CFCI has fulfilled its responsibility to inform me of the specific risks of travel to this country and will not hold the organization responsible in the unlikely event that such a situation does occur.

Name of Applicant: (Please type or Print):	
Signature of Applicant:	Date:
Additional Signature of Parent/Guardian (if under the age of 18):	Date:

Steps to Planning a Safe Trip

Use this checklist as you prepare for your trip to help ensure that you stay safe and healthy while you are away.

- Read through state department website at www.travel.state.gov
 - Look for specific travel advisories on the country you plan to visit
 - Read through general safety and security information regarding what to do in the event of an emergency overseas
 - Register your trip (or make sure your team leader has registered your trip) with the State Department through the travel website
- Visit the Center for Disease Control website at www.cdc.gov to see what vaccinations are recommended or required for your destination country and what diseases or illnesses you may come into contact with while in-country
- Visit your doctor to determine if you are physically capable of taking the trip and get any necessary vaccinations
- Check with your phone company to determine if your cell phone will work in your destination country. If not, consider purchasing a calling card to carry on your person while in-country.
- If you are a minor, carry on your person at all times the minor release form signed and notarized by both parents
- Make copies of all important documentation including your passport, insurance card, and driver's license. Take a copy with you, leave one with your team's designated emergency contact, and ***attach one to your application form.***
- Carry with you copies, front and back, of any credit cards you will be taking with you

Mission Trip Team Requirements

All international trips and Allendale trip participants will attend a training retreat on Friday, May 7 - Saturday, May 8 at Bonclarken in Flat Rock, NC.

All international trip participants will acquire two items (gift cards from restaurants, free babysitting coupons, gifts, etc) to be included in our silent auction by Sunday, March 14th.

All trip participants will commit to attending other meetings scheduled outside of our training weekend.

All international trip participants will commit to helping with the dodgeball tournament (March 5) or the silent auction (April 16-17) when students are needed.

Optional Fundraising Opportunities

Yoke-A-Youth

Students can sign up to be contacted for yoke-a-youth opportunities by giving their contact information to Leah Pinckney. Individuals requesting students for jobs will contact students directly.

Coupon Books

Students can sell coupon books for \$20 a book. Students will receive \$10 per book that they sell.

Coffee

Students can sell bags of coffee for \$10. Students will receive \$5 per bag that they sell.

Parent Agreement

I have read and am aware of the commitments my student is making in choosing to participate in a Student Ministry short term mission trip.

Parent Signature

Date