

Mexico Mission Trip

August 5 - 12



- Serve those in extreme poverty in the Tijuana Canyon.
- Build a home for a family in need.

Baja, Mexico



**\$600 + airfare
to San Diego**



Questions? Contact joann.bentley@mercercreek.org

Mission Trip Application

Personal Information:

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Age: _____ If under 18, parent's email address: _____

Are you a full time student? (circle one) No Middle School High School College

Are you fluent in any languages other than English? If so, please list: _____

Do you have a current, valid passport? (circle one) Yes No ****Please note that if yours expires within 6 months of the return date of trip, you will NOT be allowed to travel without renewing first.****

Are there any reasons you would have trouble crossing an international border? Please explain: _____

Personal Experience:

Have you been on a mission trip before or had any cross-cultural experiences (such as inner city, international students, refugees, etc.) Please describe: _____

I would like to be part of this trip because: _____

Spiritual Life:

Please describe how you came into a relationship with Jesus Christ: _____

Church Life:

Do you currently attend MCC? (circle one) Yes No If so, how long have you been attending? _____

Are you currently serving at MCC? If so, with which ministry? _____

What other areas of volunteer service are you involved with (in or outside of MCC)? _____

References:

1. Mercer Creek Staff Member or Ministry Leader

Length of time known: _____

2. Personal Reference and Phone Number

Length of time known: _____

3. Personal Reference and Phone Number

Length of time known: _____

Terms and Conditions

By submitting this application, to be part of a Mercer Creek Mission Trip, I understand that I am personally responsible to pay for my portion of the trip costs. This can be paid by myself or through sponsorships that I seek. I understand the importance of seeking financial and prayer sponsors to involve others in this mission trip on a personal level. I understand that ALL donations toward a Mercer Creek Mission Trip are a tax deductible gift and are completely non-refundable. I understand that if my portion of the trip cost is not received by the deadline, I may not be able to participate.

Mission Trip Code of Excellence

I will be open to whatever God has in store for me to learn and experience.

For us that means: participating in quiet times, team times, and moving out of my comfort zone to do what is assigned.

May the Lord bring you into an ever deeper understanding of the love of God and endurance what comes from Christ. 2 Thessalonians 5:5

I will have a positive attitude and will strive to encourage others.

For us that means: being appreciative and encouraging to leaders, team members, children, everyone!

Do all things without grumbling or complaining. Philippians 2:14

Therefore encourage one another, and build up one another. 1 Thessalonians 5:11

I will be an ambassador of Christ at all times which will be reflected in my behavior and actions.

For us that means: no alcohol use, no drug use, no profanity – at all times – whether at work, at play, by ourselves, or with others.

Be an example to all believers in what you teach, in the way you live, in your love, your faith, and your purity. Timothy 4:12

I will be safety-conscious at all times and act with wisdom.

For us that means: Traveling in groups of 2 or more, minors always alerting your small group leader to your whereabouts, and never getting too comfortable with your surroundings and taking your safety for granted.

For wisdom is protection... but the advantage is that wisdom preserves the lives of its possessors. Ecclesiastes 7:12

I will be a servant to those around me, doing whatever it takes for our team to be successful.

For us that means: cooking, cleaning, and again, going out of my comfort zone to do what I am asked.

He now showed his disciples the full extent of his love. So he got up from the table, took off his robe, wrapped a towel around his waist, and poured water into a basin. Then he began to wash the disciples feet... John 13: 1, 4-5

Group/Project Leader Guidelines – In order to be a trip leader you must:

- 1) Attend MCC regularly
- 2) Know, live and share the vision of MCC (To be a community fully engaging in the life and mission of Jesus Christ).
- 3) Model and mentor the guidelines for going
- 4) Have a Leadership gift and be a positive problem solver
- 5) Remember that Leaders help everyone get the job done!!

Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Participant's Name _____ DOB _____

Address _____

Phone: _____ home cell work

Emergency Contact Information:

Name and relationship: _____

Address: _____

Phone: _____ home cell work

Phone: _____ home cell work

If participant is under 18 years of age please notify:

Parent/Guardian _____

Phone: _____ home cell work

If Parent/Guardian cannot be reached please contact:

Name and relationship: _____

Address: _____

Phone: _____ home cell work

Phone: _____ home cell work

MEDICAL RELEASE INFORMATION

Please list any allergies, medications, illnesses, special needs, or disabilities of the participant:

Bee sting Pollens Hay/Straw Penicillin
 other drugs other Are any of these allergies life threatening? YES NO

Please give details to include normal treatment of allergic reactions.

Have you had any Major illnesses during the past year? YES NO

If yes, please explain:

Are you bringing any medications on the trip: Yes No Please list and state dosage:

Please note: Medication should be in its original prescription bottle/package, which should have administration instructions and the individual's name clearly indicated.

Do you have any physical, emotional, mental or behavioral concerns or limitations? Yes No

If yes, please explain:

Do you have swimming restrictions? Yes No Do you wear Contact Lenses? Yes No

Date of last tetanus shot: _____ Blood type, if known: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and /or to order an injection, anesthesia, or surgery for me or my child as deemed necessary.

I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. Coverage by Mercer Creek Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Mercer Creek Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Mercer Creek Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Participant: _____

Printed Name: _____ Date: _____

Signature of Parent/Guardian (If Participant is under 18): _____

Printed Name: _____ Date: _____

INSURANCE INFORMATION

Insurance Company:

Insured's Name:

Group Name:

Group Number:

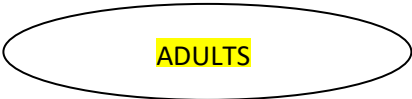
Policy Number:

Identification Number:

Claim Office Address:

Claim Office Phone:

NOTE: A copy of both sides of the insurance card may be provided in lieu of completing the blanks below, if all the information is included on the card. Please check with your insurance company to verify your medical coverage outside the U.S. If you are not covered you may want to purchase travel insurance. You will find several companies to choose from online.



GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in the _____ Mission trip with Mercer Creek Church.

I understand and acknowledge that Mercer Creek Church (MCC) will not allow me to participate in the trip without releasing and holding MCC harmless from any liability arising out of my participation in the trip. I have investigated the risks involved in my participation and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, and even death.

I REQUEST THAT MCC ALLOW ME TO PARTICIPATE IN THE TRIP, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE MCC, IT'S OFFICERS AND DIRECTORS, AND IT'S EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF MCC, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH TRIP IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY TRIP, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

This Agreement is binding on my heirs, successors, and personal representatives.

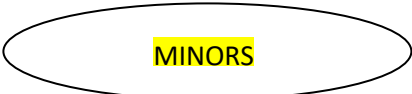
Dated: _____ Signed: _____

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer an injury or condition during my participation in the trip, including transportation to and from the Activity, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable, in the opinion of the Trip Leader, to make an informed decision regarding such treatment, I hereby appoint the Trip Leader, my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization, and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment or the activity has concluded.

Dated: _____ Signed: _____

Dated: _____ Agent: _____



GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, am the parent or legal guardian of _____ (the "minor"), who desires to participate in the _____ Mission trip with Mercer Creek Church.

I understand and acknowledge that Mercer Creek Church (MCC) will not allow the minor to participate in the trip without releasing and holding MCC harmless from any liability arising out of his or her participation in the trip. I have investigated the risks involved in the minor's participation in the trip and fully understand and assume such risks on his or her behalf. Specifically, I understand and acknowledge that the minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT MERCER CREEK CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE TRIP, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE MCC, IT'S OFFICERS AND DIRECTORS, AND IT'S EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF MCC, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY TRIP IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN THE TRIP, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to remain in the custody of the Trip Leaders while participating in the trips. This Agreement is binding on the minor's heirs, successors, and personal representatives.

Dated: _____ Signed: _____
On behalf of the minor

Dated: _____ Signed: _____
Parent -- Individually

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the trip, including transportation to and from the trip, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint the Trip Leader my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me or my spouse or the activity has concluded.

Dated: _____ Signed: _____
Dated: _____ Agent: _____