

950 Longview Drive Detroit Lakes, MN 56501 (218) 846-1199

LAVC Mission Trip Application

Application Date:		
Trip Location:	Trip Dates:	
Personal Information		
Please print your full legal name (as	it appears on your driver's license/pas	sport).
Name		
Last	First	Middle
Preferred name:	Gender	:
Date of Birth:	Age:	
Street Address:		
City, State, Zip:	Phone Number	:
Email:		
If you are under 18-years old, you wi	ill need a parent or guardian to accom	pany you. Please list the parent or
guardian that will be accompanying	you.	
Parent/Guardian Name:	Relation	n to child:
Phone Number:		
Email:		

What church are you affiliated with?				
Do you belong to/regularly attend a church? For how long?				
What church would you consider your home church?				
Please describe your current and past involvement in your church. Be as detailed as you can.				
Describe the ministries you are involved in outside of your church, if any.				

Lakes Area Vineyard Church

Personal Background

Describe your faith story - how you came to trust Jesus Christ as your Lord and Savior. You can use additional sheets of paper if needed.

Describe your current practices of spiritual disciplines (Bible study, prayer, etc.).			
low have you grown spiritually in the past year?			
akes Area Vineyard Church			

Describe how you would explain the gospel to a non-believer.					
Why do you want to g	o on this mission trip	p?			
					

Mission Experience & Spiritual Gifts				
List any cross-cultural and mission trip experiences.				
What gifts, talents, abilities, and/or skills do you have that might contribute to this mission trip?				
If you've taken a spiritual gifts assessment, what are your top spiritual gifts?				
Do you speak any other language other than English? If so, please list along with fluency (i.e. little, conversational, fluent)				
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What do you do when you have a conflict with someone?				
What realistic roadblocks might keep you from going on a mission trip?				

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Medical Information

Insurance Information Insurance Company: _____ Relationship: _____ Policy Holder: _____ Policy #: Group: Insurance Co Address _____ Phone: ____ **Emergency Contact Information** Please provide contact information of two individuals who are not traveling with you who may be contacted in the event of an emergency. In the event of an emergency, please notify: Name: _______Relationship: City/State/Zip: Phone: Email: _____ Alternative Contact: Name: Relationship: Address: City/State/Zip: ____

Email:

Phone:

List any allergies (foods, medication, bees, pollen, etc.) and the reactions to these allergies.				
List any special dietary needs/requirements.				
Describe any health problems that might hinder you during this mission trip, or any health issues the team leader should know about (back pain, daily medical needs, etc.)				

Emergency Medical Release Form

Participant name:
Lakes Area Vineyard Church Mission Teams and their appointed team leaders have my permission to authorize any medical treatment deemed necessary for me or my child by the aforementioned and the attending physician, including administration of medication, anesthesia, emergency surgery, or hospitalization I agree to assume complete financial responsibility for all medical bills incurred by me or my child.
I agree to assume total financial responsibility to travel home immediately if it is necessary for medical or any other emergency reasons.
Signed:
Parent's Signature (if under 18 years of age):
And dated this day of, 20

Release of Liability

Participant name:			
In signing this form, I, Vineyard Church, its employee: I might sustain while on a missi	s, directors, or other agents liable for	, agree not to hold Lakes Area or any injury, loss, damage, or accident t	hat
	ne to such risks as accidents, disea	ncludes risk and possible dangers. I am vase, war, political unrest, injury from	vell
unconditionally agree to hold La	akes Area Vineyard Church, its emports personal health and wellbeing, or ar	ation in any such mission project, and I ployees, directors, or other agents harml ny liability for my personal property that	ess
agents from all such claims, de		eyard Church, its employees, directors, o es of action arising from any conduct on other agents.	
Signed:			
Parent's Signature (if under 18	years of age):		
And dated this	day of	, 20	

Authorization & Request for a Background Check (if 18 or above)

Participant name:			
information regarding any reco file is a local, state, or national	ord of charges or convictions in any cr	es Area Vineyard Church to conduct a for conducting this search to release riminal file maintained on me, whether accusations and convictions for crimes and federal law.	said
I do release Lakes Area Viney disclosure made in response t		liability that may result from any such	
Signed:			
And dated this	day of	, 20	

Team Commitment

We believe that God has called us to GO and make disciples of all nations (Matthew 28:19-20). We believe the following elements are crucial to the effectiveness, quality, and safety of a short or long-term mission trip. As a member of a Lakes Area Vineyard missions team, I will agree to:

- 1. Remember that I am representing Jesus Christ as well as Lakes Area Vineyard Church. I will model Jesus in my behavior, my attitude, and my words.
- 2. Remember that I am a guest working at the invitation of my hosts. I will respect their ministry methods realizing that ministry in other parts of the world may look different than what I am used to.
- 3. Commit to being a group of individuals who unite as one in purpose, striving to accomplish the same goal of glorifying God and edifying His church. (1 Corinthians 12:1-31)
- 4. Develop and maintain a servant's attitude toward all people and my teammates.
- 5. Commit to resolving all inter-team conflicts according to biblical principles as laid out in Matthew 18:15-20. In all issues of conflict, I will commit to maintaining a humble spirit of confidentiality, while seeking to affirm one another in love (Ephesians 4:29; Colossians 4:6).
- 6. Respect my team leader and his or her decisions. The team leader will be the team guide.
- 7. Refrain from a complaining or criticizing attitude towards team leaders and my teammates. I recognize that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will strive to be creative, accommodating, and supportive in all situations in order to promote a positive team environment without judgment.
- 8. Respond without defensiveness when corrected, believing the other team members have my best interests and the interests of the team in mind. (Proverbs 27:5-6)
- 9. Refrain from gossip. (Ephesians 4:29)
- 10. Will strive (with God's help) to be an imitator of Christ (1 Corinthians 11:1), not causing a brother to stumble (1 Corinthians 8:9-13), and acting in a manner appropriate to the host culture, doing all for the glory of God. (1 Corinthians 10:31)
- 11. Refrain from illegal drugs and abstain from the consumption of alcoholic beverages and the use of tobacco while on the trip.
- 12. Refrain from the use of inappropriate or obscene language. (Ephesians 5:4, Colossians 3:8, 4:6)
- 13. If I am attracted to a teammate, I will not attempt to pursue a relationship until after we return home.
- 14. Attend all team meetings before, during and after the trip. Team meetings are crucial for accomplishing the objectives of the trip and creating unity among the team.
- 15. Commit myself to personal quiet times by being faithful in my daily time with God. Growing individually is essential to growing as a team.
- 16. Commit myself to daily prayer, every day up to and including our time in the field, for the individuals on our team, our partners we will serve with, and the Church.

In Submitting this Application:

I am expressing my agreement with Lakes Area Vineyard Church and the Team Commitment.

I wholeheartedly submit to the team leadership and will follow their direction and instructions.

I am confirming that I have the time and energy to devote to the pre-, mid-, and post-trip responsibilities.

I am willing to work under the direction of missionaries and pastors to accept and perform any and all assignments cheerfully and with a God-honoring attitude.

I will be flexible in my deportment; adjusting my demeanor, posture and manner as needed.

I will agree to return home at my own expense if the team leader determines that my behavior is/ has been inappropriate.

Participant's name (Please Print): _		
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Signature:	Da	te:

Scholarship - (Optional Section)

mission trips. Please initial the following to begin your application. Your initials on each line indicate your understanding of the statement provided.

_____ Scholarship funds will be applied directly to mission trip expenses. No funds will be paid directly to the participant.

_____ Scholarships are made available as funding and other resources allow. There is no promise nor guarantee of availability now or in the future.

_____ Scholarship awards may total only a portion of total program costs. Requested scholarship awards may

Lakes Area Vineyard Church (LAVC) routinely accepts scholarship applications from candidates pursuing

SCHOLARSHIP AWARD CRITERIA

be denied, partially funded, or fully funded.

Scholarship applications are reviewed by the following Lakes Area Vineyard personnel:

- 1. The Operations Manager/Executive Pastor of LAVC
- 2. The lead pastor of LAVC or a staff pastor appointed by the lead pastor
- 3. A staff member of LAVC or member of the Board of Directors, recommended by the lead pastor

In the review process, this ad-hoc scholarship team will consider the following in the decision-making process:

- The applicant's personal commitment to LAVC
- The applicant's involvement, investment, and commitment to the ministries at LAVC. Priority will be given to individuals who attend & are invested in LAVC.
- Any other information and responses provided herein.

Ву	initializing	this line,	I indicate	that I	have re	ead and	understand	these	award	criteria.
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Email _____

FINANCIAL DETAILS	INANCIAL DETAILS				
How much funding are you reques	sting?				
What is the total cost of the progra	am?				
Disclaimer: LAVC reserves the ri	ight to deny funding, partially fund, or fully fund the amount requested.				
What are some things you are doi	ng to raise funds for this mission trip?				
REFERENCES					
Reference 1 - pastor or mi	nistry leader; years known				
Church	Ministry area				
Telephone	Email				
Reference 2 - name and re	elationship; years known				

Telephone _____

I authorize the investigation of all statements contained in this application. I hereby authorize Lakes Area Church to contact schools, previous employers, references, and others regarding this application and the information and statements provided herein. I hereby release the LAVC from any liability resulting from this contact and the information gained. I also understand that LAVC is under no obligation to disclose the findings of these contacts.

I also understand that scholarship awards may be withheld pending a successful criminal background search.

I understand that, in connection with the routine processing of this application, the Church may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Church will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that this is not an application for employment, and completion of this application in no way constitutes an inquiry regarding any employment, present or future.		
1	Applicant Signature	Date