

EDGEWATER CHRISTIAN FELLOWSHIP
SHORT-TERM MISSION APPLICATION – RECURRING MISSIONARY

INSTRUCTIONS:

1. Complete the application form in its entirety.
2. Attach the \$250 required deposit to the application.
3. Submit your application to the information table or at the church office.

Today's Date _____ Team Destination _____

GENERAL INFORMATION:

Name (EXACTLY AS IT APPEARS ON YOUR PASSPORT - this is the name for your airline ticket so please double check):

Contact Phone # _____ E-mail address: _____

Emergency contact: Name _____ Phone number _____

Mailing Address:

Number	Street Name	Apt#
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City	State	Zip
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Date of Birth _____ Male/Female _____ Marital Status _____ Spouse's Name _____

Name & ages of your children: _____

Place of Employment/School Name _____ Type of Work _____

HEALTH INFORMATION:

Any changes to your overall health/condition since your previous ECF Mission Trip? _____

Are you presently taking medication prescribed by a doctor? _____ What medications? _____

Do you have any chronic illnesses or allergies? _____ Please describe _____

Insurance Company _____ Group # _____ Id # _____

Does your health insurance cover you overseas? _____

WORK EXPERIENCE/TALENTS:

Do you have any medical training? _____ Please describe your training/expertise _____

Please check as many as apply:

___ Computer repair/support ___ Carpenter ___ Handyman ___ Plumber ___ Mechanic ___ Electrician ___ Worship/Guitar

___ Clerical/organizational skills ___ Teaching ___ Working with kids ___ Art ___ Sports ___ Other _____

Do you have any other skills that may be helpful in serving? _____

PERSONAL INFORMATION:

What are your personal expectations for this trip?

If you are dating or engaged, is this person also applying for this trip? _____

How does your family feel about your participation on this trip? _____

Have you been involved with any of the following in the past year? Please answer Y or N.

___ Alcohol ___ Tobacco ___ Illegal Drugs ___ Criminal Activity ___ Cult or the occult

PLEASE READ BEFORE SIGNING:

- The information given in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for this mission trip. I understand that I have given personal medical information in this application and acknowledge that Edgewater Christian Fellowship will make every effort to protect the confidentiality of this information. In consideration of the receipt and evaluation of this application by Edgewater Christian Fellowship, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive my right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- I grant Edgewater Christian Fellowship permission to use my likeness, voice, and words in television, radio, or film.
- **Authorization to Consent to Medical Treatment of Minor Child:** In the event that a serious accident or illness befalls your child, Edgewater Christian Fellowship will first make every effort to contact you at home, on your cell, or place of business and comply with your instructions. If you cannot be located, Edgewater Christian Fellowship is authorized to: 1. Contact the physician or emergency contact provided and follow their instructions. 2. Transport the above child to a hospital for treatment by an on-duty emergency room physician. 3. The parent/guardian signed on this form authorizes the named physician to give consent for any procedure or hospital care deemed advisable. In the event that the named physician is not available, Edgewater Christian Fellowship’s leadership is authorized to give necessary consent for any treatment, care, diagnosis, and/or examination of the person named.
- **Release of Liability:** I, _____, am aware that this activity may include certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in this activity with the knowledge of the dangers involved and hereby agree to accept full responsibility for the risks involved.

1. I agree that I will not sue, or otherwise make any claims against Edgewater Christian Fellowship (ECF), their employees, volunteers, agents, and contractors, for any loss, injury, or damage resulting from participation in the activity/trip named on the front of this form.
2. I agree that Edgewater Christian Fellowship, their employees, volunteers, agents, and contractors will not be held legally responsible for any loss, injury, or damage resulting from any cause, including negligence.
3. To the fullest extent allowed by law, I agree to release, indemnify and hold harmless, Edgewater Christian Fellowship (ECF), their employees, volunteers, agents, and contractors from all actions or claims from myself, my heirs, or personal representatives for any loss, injury, or damage resulting from participation in the activity/trip named on the front of this form.
4. The terms of this release shall also be binding to any other persons, including all family members, heirs, executors, or administrators, and including any minors which may accompany me. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law.
5. I am legally competent to sign this release or my parent or guardian has also read and signed this release.
6. If I am signing on behalf of a minor, in addition to the above, I also agree to release, hold harmless, and indemnify Edgewater Christian Fellowship, and their employees, volunteers, agents and contractors for any claim of the minor. I agree to be responsible for any medical expenses incurred by the minor.

I affirm that I have read the above and that the information I have given is true and complete.

Signature: _____ **Date:** _____

Parent’s Signature: _____ **Date:** _____

(Must also be signed by a parent or guardian if applicant is a minor)