



HOFFMANTOWN CHURCH

SHORT-TERM MISSIONS APPLICATION

Individual Participant

Non Hoffmantown Church Member

NOTE: Please include these items with your application:

- Copy of insurance card (front and back)
- Color copy of passport
- Notarized pages (pag. 11-12)
- \$400 deposit

Name:

Today's Date:



ABOUT HOFFMANTOWN MISSIONS

"...You shall receive power when the Holy Spirit has come upon you; and you shall be My witnesses both in Jerusalem, and in all Judea and Samaria, and even to the remotest part of the earth." - Acts 1:8

The Missions Ministry of Hoffmantown Church exists to:

- Challenge the body to give, go, and pray.
- Identify mission agencies, projects, and missionaries with and to whom God would have us minister.
- Provide opportunities to be involved in short-term mission projects.

Our Objectives for Short-Term Missions are two-part:

- **Spiritual Objectives**

"And we proclaim Him, admonishing every man and teaching every man with all wisdom, that we may present every man complete in Christ." - Colossians 1:28

- Present the gospel of Jesus Christ.
- Equip the saints to do the work of the ministry.
- Mature the saints in their walk with God.
- Challenge all believers as to how they are to be involved in missions across the street and around the world as a living testimony.
- Distribute Christian literature, including Bibles, tracts, books, and study courses.

- **Physical Objectives**

"This is pure and undefiled religion in the sight of our God and Father, to visit orphans and widows in their distress, and to keep oneself unstained by the world." - James 1:27

- Medical ministry to alleviate and prevent physical suffering.
- Distribution of food, clothing, and other items to meet the needs of the needy.
- Construction of training centers, church buildings, and shelter for the needy.
- To provide recovery relief in disaster situations of varying degrees.

TEAM GUIDELINES

APPLICATION

- It is important that every page in this packet is filled out electronically and sent to <ElenaB@hoffmantown.org> or completed and returned to the Hoffmantown Missions Office at 8888 Harper Drive NE, Albuquerque, NM 87111
- If you plan on serving on multiple short-term excursions, you do not need to fill out this application multiple times, but you do need to update your information and notify the Hoffmantown Missions Office.
- Parental/guardian permission to participate is required if applicant is under 18 years of age.
- Should any of the information you provide in your application change following submission, but prior to the trip, please notify the Hoffmantown Missions Office so we have current information on file.
- In the event that information provided in your application is found to be untrue, you may forfeit your opportunity to participate in the mission trip.
- Upon receiving your application, an interview will be set up with the Team Leader.



- Approval to participate in the trip is based on your completion of the application and interview. Only the Team Leader can determine the applicant's acceptance.

FIELD BEHAVIOR

- As a representative of Jesus Christ, and of the Field Host, each participant is to be above reproach in his/her behavior.
- Participants must submit to the authority of the Team Leader and of the Field Host.
- The use of abusive and/or foul language, illegal drugs, alcohol, or smoking are strictly prohibited.
- Attire must be modest at times. Modesty differs from culture to culture and will therefore be discussed in greater detail at training meetings.
- Each participant is asked to surrender to the Holy Spirit in such a way that the unity of the Spirit will be preserved among the team.
- Due to cultural differences, some behaviors that are acceptable in our society are taboo in places we will be traveling. The Team Leader will inform participants of appropriate and inappropriate behaviors specific to their field of destination. Participants must abide by these guidelines.
- The representative is not to engage in romantic advances or courting in the field.
- If the behavior of a participant proves to be unacceptable, the Team Leader and the Field Host have the authority to send the participant back home. Any additional costs incurred as a result of this action will be at the participant's expense. In the case of a minor the costs of an adult escort is included in the additional costs.

FINANCIAL POLICY & INSURANCE

FINANCIAL POLICY

- Each team member who is not a Hoffmantown Church member is responsible for raising 100% of the trip cost. A deposit will be required to hold a place on the team.
- Contribution deadlines will be set and supplied to each approved applicant. It is important that each team member is prompt in raising support. Tardiness may incur an additional charge due to an increase of fares past set deadlines.
- If you miss a deadline or know in advance you will be unable to make the deadline, contact the Team Leader and inform him/her immediately.
- Support must be received in full one week prior to departure date.
- When raising financial support, do not send a mass mailing to people with whom you are not personally acquainted.
- In order to be tax exempt, contributions for trips are to be payable to Hoffmantown Church-- NOT to the participant. Please use the pre-approved letter and support cards.
- Any excess funds raised by an individual for his/her trip will be applied to the team as a whole (or to another trip he/she is participating in). There is no carry-over of funds to the next year unless there are unusual circumstances as to why you can't participate - health, injury, family matters. Please notify the Team Leader or Missions Pastor/mission board immediately.



- If, after raising funds, an individual is unable to participate in the short-term trip, it is his/her responsibility to inform donors of his/her inability to participate.
- Should a team member decide to leave early of his/her own volition, or leave in the event of an emergency for reasons not covered under Hoffmantown Team Insurance, he/she will bear responsibility for all expenses incurred in this process.
- In the event a trip is cancelled by Hoffmantown Church and/or its affiliates, all money will be designated to another mission trip supported by Hoffmantown Church.
- In order to receive a charitable contribution for raised support, the funds must be given with the understanding that the gift is irrevocable. While you can tell the church your preference as to who and what trip it is for, when plans change it is ultimately up to the church to decide how to designate those funds. In light of this, no refunds will be given.

INSURANCE

Hoffmantown Church carries short-term insurance for all team members. Coverage for each trip generally includes accidental death, medical expenses, and emergency medical transportation.

- Hoffmantown Church does not assume financial responsibility for replacing lost, stolen, or damaged items during the course of the short-term trip.
- Any expenses incurred on a trip that are not covered by the short-term insurance are the responsibility of the short-term participant.

HOFFMANTOWN CHURCH POLICY REGARDING FINANCIAL SUPPORT FOR SHORT TERM MISSION TRIPS:

Any funds raised over for a person going on a missions trip will be used for that particular mission trip to account for costs for the trip and other team member support, or it will go back to Special Missions. Therefore, funds will not be held over for individuals but will go towards missions with the goal of helping that specific trip get funded or people with a short-fall get funded. If that trip is fully funded, the excess will go toward special missions. All funds received by Hoffmantown Church will be non-refundable. Contact information from those giving financial support is needed to be able to process a tax statement at the end of the year. Funds may not be returned even if a team member cancels, or is deemed not fit to go due to team leadership/pastor decision. This is due to IRS regulations and Hoffmantown Church Policy.

Pastor of Missions

Hoffmantown Church
8888 Harper Drive NE
Albuquerque, NM 87111

505-858-8654



MISSIONS COVENANT

(Read, sign, & return)

Realizing that the following is crucial to the effectiveness, quality, and safety of our mission trip, I agree to:

1. Remember that I am a guest working at the invitation of a local missionary, pastor, medical clinic, etc. If my hosts are offended by bare arms, shirtless backs, or exposed legs, I will cover them. If they offer me goat meat stew, I'll try it! I will remember the missionary's prayer: *"Where you lead me I will follow; what you feed me I will swallow!"*
2. Remember that we have come to learn-- not to teach. I may run across procedures that I feel are inefficient or attitudes that I find close-minded. I will resist the temptation to inform our hosts about "how we do things". I will be open to learning other people's methods and ideas.
3. Respect the host's view of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a new setting.
4. Develop and maintain a servant attitude toward all nationals and my teammates.
5. Respect my team leader(s) and his or her decisions.
6. Refrain from gossip. I may be surprised at how each person will blossom when freed from the concern that others may be passing judgment.
7. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of overcoming such circumstances are innumerable. Instead of whining and complaining, I will be creative and supportive.
8. Respect the work that is going on in the country with the particular church, agency, or person(s) with whom we are working. I realize that our team is here for just a short while, but that the missionary and the local church are here for the long term. I will respect their knowledge, insights, and instructions.
9. Fulfill all logistical requirements. I will comply with all requirements regarding passports, finances, shots, team trip meetings, and so on.
10. Refrain from negative political comments or hostile discussions concerning our host country's politics.
11. Remember not to be exclusive in my relationships. If my sweetheart or spouse is on the team, I will make every effort to interact with all members of the team. If I am attracted to a teammate, I will not attempt to pursue an exclusive relationship.
12. Refrain from any activity that could be construed as romantic interest toward a national. I realize certain activities that seem acceptable in my own culture may seem inappropriate in others.
13. Abstain from the consumption of alcoholic beverages, the use of tobacco, or the abuse of prescription drugs while on the trip.

Signed: _____

Date: _____



SHORT-TERM MISSIONS APPLICATION (Applicant)

Name: Date of Birth:

Phone: Home: Work: Cell:

Mailing Address:

E-mail Address:

Mission Trip: Trip Dates:

Passport Number: Country of Issue:

Expiration Date:

Marital Status (please check one)

Single Married Separated Divorced Widowed Engaged

Spouse's Name (if married):

EMERGENCY CONTACT INFORMATION

Name: Relationship to you:

Phone: Home: Work: Cell:

Mailing Address:

E-mail Address: Home:

Work:

IF MARRIED (must be completed by your spouse)

Either in the space provided below or on a separate sheet of paper, please express any fears, concerns, or reservations you may have about your spouse participating in this trip, about Hoffmantown Church, or about the sponsoring organization for this trip.

If none select N/A: N/A



HEALTH INFORMATION

Present State of Health: Excellent Good Average Poor

HT: WT:

Are you presently under the care of a physician? If yes, please explain:

[Empty text box for physician care explanation]

Are you under any medical restrictions? If yes, please explain:

[Empty text box for medical restrictions explanation]

List all prescribed medications (including dosage) you are taking:

[Empty text box for prescribed medications]

List any allergies you have:

[Empty text box for allergies]

Do you use: Tobacco Yes No Alcoholic beverages Yes No
Harmful/illegal drugs Yes No

IMMUNIZATIONS: as required for foreign travel

Tetanus: within last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis A:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polio:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typhoid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



INSURANCE INFORMATION

PLEASE PROVIDE ALL INFORMATION, AND ATTACH A COPY (FRONT AND BACK) OF YOUR INSURANCE CARD.

Medical Insurance Co.: Group#:

Policy#:

Company's Address:

City: State: Zip:

Insurance Company Phone:

Family Physician: Phone:

ABOUT YOUR FAITH IN JESUS CHRIST

BEFORE YOU MET CHRIST: Simply tell what your life was like before you surrendered to Christ. What were you searching for? What was the key problem, emotion, situation or attitude you were dealing with? What motivated you? What were your actions? How did you try to satisfy your inner needs? (Examples of inner needs are loneliness, fear of death, insecurity. Possible ways to fill these needs include work, money, drugs, relationships, sports, sex.)



COMING TO KNOW CHRIST: How did you come to know Christ? Share the events or circumstances that lead to your realization that you needed to surrender your life to Christ.

WALKING WITH CHRIST: (Focus on the last 12 months). How has God impacted your life and changed you? What is different now that you are a follower of Christ? Describe what is important to your daily walk with God.



CHURCH INFORMATION

Name of your home church:

Address:

Phone: Fax:

Pastor's name:

E-mail Address:

Are you presently attending your home church regularly? Yes No

If not, where do you attend?

Is your church prayerfully supporting you in this venture? Yes No

What is your practice regarding daily devotions?

List and briefly explain any kinds of Christian service in which you have been involved in:

Past:

Current:

In what area(s) of ministry are you willing to participate in on this mission trip?

- | | | | |
|--|---|--|----------------------|
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Preaching | <input type="checkbox"/> Teaching | |
| <input type="checkbox"/> Singing (solo) | <input type="checkbox"/> Sound Board | <input type="checkbox"/> Play Instrument | <input type="text"/> |
| <input type="checkbox"/> Drama/Puppets, etc. | <input type="checkbox"/> Media | | |
| <input type="checkbox"/> Light Construction | <input type="checkbox"/> Distribution of Food/Clothing etc. | | |

What foreign languages can you speak?

Are you fluent? Yes No

Have you traveled abroad? If so, where, and under what circumstances?



AUTHORIZATION FORM

THIS FORM MUST BE NOTARIZED (Pages 11-12)

MEDICAL CONSENT

I hereby give my consent for the Team Leader to take the steps necessary to procure proper treatment, surgery, medications, and/or anesthesia for me by a licensed physician or health care professional in the event I am unable to grant such permission or my emergency contact cannot be reached in a timely manner in the event of a medical emergency. I also agree to be financially responsible to any care provider and authorize the release of all necessary medical or insurance related information pertinent to the circumstances.

NAME: _____ DATE: _____

EARLY RETURN

If at any time my behavior constitutes a problem, the Team Leader has the authority to ask me to return home. Any additional costs incurred as a result of this action (including return airfare) will be at my expense. Additionally, should I decide to return home early of my own volition, all costs incurred will be at my expense. I in no way hold Hoffmantown Church responsible or accountable to compensate me for unstated, but necessary costs incurred during this short-term missions trip.

NAME: _____ DATE: _____

RELEASE FROM LIABILITY

Hoffmantown Church sends many volunteers on national and international short-term projects. While these projects are rewarding to many who participate, mission trips by their nature often involve travel to remote parts of the world where there are risks to the volunteers. Those risks include travel difficulties, illness, injury, and even death. In some locations, the political situation can change, possibly increasing security risks. Additionally, the potential for injury or health-related problems may be increased in some countries due to local conditions. Moreover, the lack of technology can cause temporary/prolonged delays in communications and transportation.

I affirm my desire to participate in this short-term missions trip. The information provided by me is true. I have read the Hoffmantown Church "Team Guidelines" and I agree to abide by all guidelines set forth. I also agree to the stipulations presented in the "Medical Consent" and "Early Return" sections above. Being aware of potential risks to me and my property while participating in this trip, I release Hoffmantown Church and its representatives as well as partners from all liability related to the activities of this trip except those stemming from gross negligence on the part of Hoffmantown Church, its representatives, and partners.

MUST BE SIGNED BY YOU (AND YOUR SPOUSE, IF APPLICABLE:)

SIGNATURE OF PARTICIPANT

I affirm that the information I have given in this application is correct and that the following signature is valid evidence of my willingness to comply with the policies set forth by Hoffmantown Missions. I affirm that the information I have given in this application is correct and that the following signature(s) are valid.

Signature: _____ DATE: _____

SIGNATURE OF SPOUSE

I have read the Hoffmantown Church short-term missions packet and am supportive of my spouse's participation in this trip.

Signature: _____ DATE: _____



ADULT/VOLUNTEER WAIVER AND CONSENT

SIGNATURE PAGE

MISSION Trip: DATES:

Name: Date of Birth:

Address:

City: State: Zip Code:

Phone: Home: Work: Cell:

Signature: _____

NOTARIZATION

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Date month year

By _____
Name of participant

Who is personally known to me or who provided the following identification:

_____, Notary Public (seal)