

Costa Rica Mission Trip Application 2013

Application Process:

1. Submit completed application with signatures to Cate Rader, Costa Rica Missions Coordinator
2. Include a copy of your passport
3. Make first payment of \$200 to Matrix Ministries (tax deduct.)

Please contact Cate Rader with any questions you may have.

CateRader@mac.com or 214-213-4463

SHORT TERM MISSIONS APPLICATION



Costa Rica Trips: Please complete this application and email to Cate.Rader@matrixministries.org

Haiti Trips: Please complete this application and email to Lyn.Cook@matrixministries.org

*Please insert photo
of yourself here*

Use the Tab key to advance to the next form field

NAME (as it appears on your passport)

Last _____ **First** _____ **Middle** _____

I am applying for:

Costa Rica Mission Trip

Dates of Mission: _____

Haiti Mission Trip

Dates of Mission: _____

I. Contact information

E-mail		Cell Phone	
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Mailing address (If student, please list both school and home/ permanent address)

Home / Permanent address

Street Address _____

P.O. Box _____ City _____ State _____ Zip _____

II. Personal Information

Name / nickname you prefer to be called _____

Age _____ Male Female

Marital Status Single Married Spouse's Name _____

T-Shirt Size S M L XL XXL

III. Personal Identification information

Passport Number _____ Date of Issuance _____ Date of Expiration _____

Place of Birth _____ Birth Date _____ Citizenship _____
(mm/dd/yyyy)

IV. Emergency Information

Name of emergency contact _____ Relationship to you _____

Street Address _____

P.O. Box _____ City _____ State _____ Zip _____

Day Time Telephone (Area Code) _____ Evening _____

Beneficiary name (for travel insurance) _____

Relationship to you _____ Contact Phone Number _____

Parent information may be omitted if you are over 18 and your own legal guardian

Father/Guardian's Last Name _____ First _____ Phone _____

Mother/Guardian's Last Name _____ First _____ Phone _____

If parents are divorced, who has legal custody? _____

V. Medical Information

Note: *The following information will not necessarily prevent you from volunteering, but it will be to your benefit for leadership to be aware of your medical history.*

Yes	No	Have you ever had or been treated by a doctor for any of the following health problems:
<input type="checkbox"/>	<input type="checkbox"/>	1. Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	2. Seizures
<input type="checkbox"/>	<input type="checkbox"/>	3. Fainting spell
<input type="checkbox"/>	<input type="checkbox"/>	4. Eating disorder
<input type="checkbox"/>	<input type="checkbox"/>	5. Respiratory problems
<input type="checkbox"/>	<input type="checkbox"/>	6. Psychiatric care
<input type="checkbox"/>	<input type="checkbox"/>	7. Depression
<input type="checkbox"/>	<input type="checkbox"/>	8. Asthma or chronic wheezing
<input type="checkbox"/>	<input type="checkbox"/>	9. Chronic persistent cough or shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	10. Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	11. Any skin disorder or disease other than acne
<input type="checkbox"/>	<input type="checkbox"/>	12. Chronic or recurrent ear or eye problems
<input type="checkbox"/>	<input type="checkbox"/>	13. Impairment of hearing or vision. Cataracts or glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	14. Persistent, recurring indigestion, stomach or duodenal ulcers
<input type="checkbox"/>	<input type="checkbox"/>	15. Gall bladder stones or colic
<input type="checkbox"/>	<input type="checkbox"/>	16. Jaundice, cirrhosis or other liver problems
<input type="checkbox"/>	<input type="checkbox"/>	17. Intestinal or bowel problems, colitis, hemorrhoids, other rectal problems or bleeding
<input type="checkbox"/>	<input type="checkbox"/>	18. Any test results indicating exposure to the AIDS virus
<input type="checkbox"/>	<input type="checkbox"/>	19. Kidney problems
<input type="checkbox"/>	<input type="checkbox"/>	20. Rheumatism, arthritis, or other forms of swollen painful joints
<input type="checkbox"/>	<input type="checkbox"/>	21. Serious bodily injury
<input type="checkbox"/>	<input type="checkbox"/>	22. Chronic back pain, back injury or surgery
<input type="checkbox"/>	<input type="checkbox"/>	23. Cancer
<input type="checkbox"/>	<input type="checkbox"/>	24. High blood pressure, heart murmurs or other cardiac problems
<input type="checkbox"/>	<input type="checkbox"/>	25. Severe migraine headaches
<input type="checkbox"/>	<input type="checkbox"/>	26. Anemia or other blood disorder
<input type="checkbox"/>	<input type="checkbox"/>	27. Severe allergic reactions to either food, medicines, bee stings or any other insect bite/sting
<input type="checkbox"/>	<input type="checkbox"/>	28. Treated for alcohol or drugs
<input type="checkbox"/>	<input type="checkbox"/>	29. Unusually sensitive to heat
<input type="checkbox"/>	<input type="checkbox"/>	30. Physical disability _____
<input type="checkbox"/>	<input type="checkbox"/>	31. Other: _____

If yes, please explain _____

Are you now taking, or will you be taking any medications No Yes

List Medications/Dose/Condition _____

Please describe any medical history that is relevant in case of emergency.

IV. Christian Service

Home Church _____ Name of Pastor _____

Address/City/State/Zip _____

Phone _____ Email _____

How often do you attend church _____

Describe your involvement in your church and Christian service _____

Describe three of your positive aspects or strengths _____

Describe three of your weaknesses _____

Describe: (In approximately 150 words each)

1. how you came into a personal relationship with Jesus

2. your current relationship with God, including how you are seeking to share Christ with others now

What do you desire to gain from participating in a missions trip _____

How do you desire to benefit to those you serve _____

VI. Experience

Employment: Part-time Full-time Retired Student Military

Level of education you have completed _____

Describe your present employment _____

Have you ever traveled overseas? No Yes If yes, where and when _____

Do you speak any foreign languages? No Yes If yes, indicate language and proficiency level _____

What experience do you have working with other cultures? _____

Have you ever been on a missions trip before? No Yes If yes, where and when _____

Have you been involved with any of the following within the last year Tobacco Alcohol Illegal Drugs

Gang-related activities A cult or the occult? If yes, please explain _____

Have you ever Served time in a detention center or jail Been convicted of committing a crime?

If yes, please explain _____

Of the activities listed below, check those in which you have training, expertise or experience

- | | | |
|---|--|--|
| <input type="checkbox"/> working with preschoolers | <input type="checkbox"/> door-to-door outreach | <input type="checkbox"/> drama |
| <input type="checkbox"/> working with pre teens / teens | <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> speaking to groups |
| <input type="checkbox"/> household cleaning | <input type="checkbox"/> painting | <input type="checkbox"/> mixing cement |
| <input type="checkbox"/> electrical | <input type="checkbox"/> plumbing | <input type="checkbox"/> construction - general |
| <input type="checkbox"/> plastering | <input type="checkbox"/> raking leaves | <input type="checkbox"/> masonry |
| <input type="checkbox"/> auto mechanics | <input type="checkbox"/> teaching | <input type="checkbox"/> puppets/clowning |
| <input type="checkbox"/> music/singing | <input type="checkbox"/> cooking meals | <input type="checkbox"/> hanging and folding laundry |
| <input type="checkbox"/> simple carpentry | <input type="checkbox"/> sewing | <input type="checkbox"/> computers (networking/tech) |

For the items checked, please provide any detail you think might be helpful _____

VII. Additional Information

Include any other information about yourself that you feel would be helpful _____

Please provide the name and telephone number of one reference (not a relative) that we may contact.

Please print the following signature pages required for trip application. You can scan and email completed forms to CateRader@mac.com or mail to:

**Matrix Ministries
Cate Rader, Costa Rica Missions Coordinator
8004 Greenwood Drive,
Plano, TX 75025**

PASTOR'S RECOMMENDATION

I have read this application, and to the best of my knowledge all of the information is complete and accurate. Based upon my personal knowledge of the applicant over the past _____ (years/months), I give the following recommendation for their participation on a trip with Matrix Ministries

Strongly recommend Recommend Recommend with Reservation Do Not Recommend

(If you do not strongly recommend please explain on a separate piece of paper and attach to this application.)

Do you believe the applicant will be able to submit to authority and adapt to a new culture?

Strongly agree Agree Have reservations

Name (printed) _____ Position _____

Signature _____ Date _____

If there is any other information not included on this application you feel we should be aware of, or if you have any additional comments concerning the applicant, please write them on a separate piece of paper and attach them to this application. Please be certain this applicant supplies answers to all questions. Failure to do so will slow the acceptance process for the entire group or individual going on the planned outreach.

WORKING WITH NATIONALS OVERSEAS

Because you are traveling to a foreign country with a different culture, we have stringent policies that our short term volunteers follow while they are overseas. We do this for the safety of our volunteers and in respect of our host organizations. All volunteers are under the supervision and direction of the leadership at the location where they will be volunteering and will be expected to follow the daily team schedule. Because of differences in cultures and communication, we require volunteers to dress modestly. Unmarried couples, even those engaged, are to refrain from all forms of physical contact, including hand holding, hugging, kissing and sitting on laps both in public and in private. Please remember, we are going to serve.

Your signature below states acknowledgment, agreement, and adherence to the Homes of Life overseas policies, without exception.

Participant

Date

TOBACCO & ALCOHOL POLICY

Because of cultural perceptions and possible stumbling blocks which could result, Matrix Ministries has a stringent policy against the use of tobacco or consumption of alcoholic beverages of any kind while serving on a mission trip.

My signature below states acknowledgment, agreement and adherence to the tobacco and alcohol policy without exception.

Participant

Date

RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned (and we the parents or legal guardians and/or custodians of the undersigned if a minor or under legal disability) in consideration of the services and sponsorship of Matrix Ministries, and other valuable consideration, and permission of Matrix Ministries for me to go on a short term mission project under its auspices, HEREBY RELEASE AND AGREE TO HOLD HARMLESS Matrix Ministries and its officers, employees, agents and servants, from any liability whatsoever, as the result, whether immediate or proximate or not, of my participation in the short term mission project sponsored by Matrix Ministries; and I specifically agree to provide information to be covered under Matrix trip insurance policy protection. I totally agree that members serve at their own risk and Matrix Ministries is not liable in the event of sickness, accident, death, terrorist acts, transportation or any other expenses beyond that of normal involvement.

I also hereby acknowledge that the information I have provided is accurate and true to the best of my knowledge. I understand that any team member who is over the age of 18 will possibly be subject to a background check if working on location at a children’s home. My signature below will give Matrix Ministries authority to obtain any files or records needed in order to conduct such a background check. I hereby waive all rights or claims to privacy in relation to this background check. This check only applies to criminal files and only for the period leading up to the trip.

I also give Matrix Ministries the right to use my picture, voice and/or testimony in any form for promotional or advertising materials. My enclosed signature (and signature of my parent or legal guardian, because I am under the age of 18) signifies my approval of all limitations listed above.

Name of Participant (printed) _____

Signature _____ Date _____
Month/Date/Year

Name of Guardian (printed) _____

Signature _____ Date _____
Month/Date/Year

CASH DONATIONS AND GIFT POLICY

I agree to communicate directly with a Matrix Team Leader about any desire to bless them or any child or worker that is affiliated with the ministry that I am serving at. I agree that any gift given overseas is not tax deductible and to get a tax receipt it must be run through my local partner ministry. I do choose to obey and follow policy listed above. If I want a tax receipt I will send specific contributions and/or gifts to Matrix Ministries with instructions designating my gift to the appropriate cause I wish to support.

Participant Date

REFUND POLICY

To receive a tax deduction, the IRS stipulates that the donor must release control of the funds donated to the non-profit organization. For this reason, donations cannot be designated for an individual's personal use. Each participant who raises funds will be given credit for the funds raised. The funds received are not refundable. If an individual cancels trip plans the funds he/she has raised, less incurred expenses and administrative fees, will remain credited to his/her account for up to one year. Credit for the funds received may be transferred to a Matrix project or missionaries or other applicant of his/her choice only by written request.

Participant Date

Parent or Guardian Date

This box for office use only Acceptance date: Acceptance Approval: