



Global Outreach Trip Application

Trip Destination: _____ Trip Date: _____

General Information

Name: _____

Address: _____ Gender: M F

City: _____ Date of Birth: _____

State: _____ Zip: _____ Place of Birth: _____

Phone number: (Home) _____ (Cell) _____ (work) _____

E-mail address: _____

Country of Citizenship: _____ Do you have a passport? Yes No (Please provide copy.)

Passport Number: _____ Date Issued: _____

Expiration Date: _____

Marital Status: -Single -Married Spouse's Name: _____

Names and Ages of Children: _____

In Case of an Emergency

Please notify: _____ Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____

Health Information

How would you describe your present health? –Excellent - Good - Average - Poor

Please state any major illness(es) you have had in the last five years: _____

List any medications you are currently taking: _____

List any allergies you have: _____

Education/Employment Information

Please list your education background:

High School _____ Year Graduated _____

College _____ Year Graduated _____

Graduate _____ Year Graduated _____

Major / Minor / Degree _____

Employer: _____ Length of employment _____

Title / Responsibilities _____

Skills/ Experience

Do you speak any foreign languages? No Yes Level of proficiency: _____

Indicate any skills, talents or service experience that you feel may be helpful on the trip:

List any previous mission experience:

Country	Church/Mission Organization	Date of Project	Ministry
_____	_____	_____	_____
_____	_____	_____	_____

Church Involvement

Are you a member or attendee of Pathway Church? _____

Are you currently part of a small group? -Yes -No If so, which one? _____

List any ministries with which you have been involved: _____

Spiritual Journey

In the space below, please tell where you are on your spiritual journey and why you feel the need to go on this global outreach trip: _____

I understand that I am committing to the global outreach trip, its financial obligation and attendance of all training sessions and other related events.

Signature: _____ Date: _____



CONSENT TO TREATMENT

GROUP: _____

DATES OF TRIP: _____

Interested Parties:

Individual's Name (herein "Team Member")

Church (herein "Organization")

Name (herein "Parent or Guardian")

Mission Team Leader or Member (herein "Agent")

Name (herein "Parent or Guardian")

I, _____ as **(circle one)** the **Parent** /the **Guardian** /the **Team Member**, do hereby authorize the Agent, acting as the Team Member's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment.

Signature of "Team Member" Date

Signature of "Parent or Guardian" Date

Address

Address (if different than "Team Member's")

City, State, Zip

City, State, Zip

Home Phone Cell Phone

Home Phone Cell Phone

Insurance Company

Policy Number

Claim Office Address

City, State, Zip

Insurance Phone Number

Personal Physician Name and Phone Number

Date of Last Tetanus

In case of emergency, if parents can't be reached

Please list any allergies, medications, illness, or

Name Relationship

Disabilities of the Team Member:

Home Phone Alternate Phone

**ATTACH A COPY OF THE HEALTH
INSURANCE CARD**



Global Outreach Fundraising Guidelines

We believe that as God leads individuals to go on outreach trips, He will provide the resources necessary above and beyond regular tithes and offerings.

“God will provide ...” Gen. 22:8 (NLT) “And don’t worry about food—what to eat and drink; don’t worry at all that God will provide it for you.” Luke 12:29 (TLB)

- The cost of a global outreach trip is the responsibility of the individual participating.
- The primary source of funding for global outreach trips is personal resources and support letters sent to family and friends outside of Pathway’s family. Therefore, support letters cannot be sent to individuals who attend Pathway (more than 100 people annually go on outreach trips from Pathway).
- Group fundraisers have not proven to be productive and therefore are not pursued.
- Individual fundraising efforts will not be advertised at Pathway, printed in the bulletin, or permitted on the church grounds.
- Pathway’s name, logo, or any reference to Pathway Church cannot be used in fundraising efforts with the exception of a support letter.
- Pathway will only receive funds for official global outreach trips organized and sponsored by the church. According to IRS guidelines all donated funds become the property of Pathway Church. Therefore, funds will not be returned to donors under any circumstance and team participants will not receive reimbursement for out of pocket expenses from these funds nor have control over excess funds.
- Fundraising efforts that provide goods or services in return cannot be considered a tax-deductible donation through Pathway Church.
- Any fundraising efforts outside the scope of these guidelines requires a written request for approval submitted to the church staff. A written approval or disapproval will be provided after the next regularly scheduled staff meeting.

By signing below I acknowledge I have read the Global Outreach Fundraising Guidelines. As a member of Pathway Church and an outreach team participant I agree to abide by the guidelines above.

mission trip participant’s signature

Date

trip name and dates



RELEASE OF LIABILITY

(MUST be completed by every team member)

GROUP: _____
TRIP DATES: _____

Know all persons by these present:

WHEREAS, I _____ plan to participate in the _____
Outreach Ministry and related activities sponsored by PATHWAY CHURCH and,

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by Pathway Church, through its officers, agents, servants and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Pathway Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

INSURANCE INFORMATION:

_____ I have medical and accident insurance with:

Name of Company

Policy Number

_____ I have NO medical or accident insurance, and I agree to pay any and all medical and /or dental expenses directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from the event(s).

(CAUTION: READ BEFORE SIGNING)
I HAVE READ AND AGREE TO THIS RELEASE:

Individual's Signature

Witness (please print)

Address

Phone(s)

Phone(s)

Parent's Signature

Witness' Signature