

# St. Luke's Student Mission Trip Mexico Outreach Application Form



***Deadline for application and \$100 deposit is March 14, 2010***

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Mission Trip Applying for: \_\_\_\_\_

Please Mark One:     Student Applicant     Leader Applicant

## **PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Name on T-Shirt: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phones: (Home) \_\_\_\_\_

Email: \_\_\_\_\_ Sex: M / F \_\_\_\_\_ (Cell) \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of Sept '10) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's name (Students) \_\_\_\_\_ Father's Name (Students) \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport # \_\_\_\_\_ Exp: \_\_\_\_\_

## **EMERGENCY CONTACTS (during trip)**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **EDUCATION/EXPERIENCE**

What skills, talents, or gifts do you have that may be especially beneficial to this team?

Please describe any previous service project or mission experience.

What is one goal that you have set and accomplished?

## **SPIRITUAL BACKGROUND**

How long have you been attending St. Luke's? \_\_\_\_\_ Are you a member? \_\_\_\_\_

If not, do you belong or attend at another church? Which? \_\_\_\_\_

Or are you here as a friend of a leader or student participant? Who? \_\_\_\_\_

Please give a brief spiritual history including where your relationship with God is today. Attach paper for more room. (Please be honest, making yourself more spiritual will not help you make the mission team.)

## **MISSION TEAM INFORMATION**

Why do you want to be a part of this Mission Team?

Are there any applicable personal or physical restrictions that we should be aware of?

What are your expectations for this mission experience?

How do you feel about working together in a team of students and adults?

Please list two references that will complete the attached reference forms for you:

Spiritual leader/mentor: \_\_\_\_\_

Personal reference: \_\_\_\_\_

*Please give the reference forms to these individuals. The appropriate mailing address is included on the forms. **NOTE: ALL** references must be received by the Student Missions Department **before** your application will be considered. It is your responsibility to be sure these references are turned in on time.)*

# APPLICATION AGREEMENT

## PARENTS AND TEAM MEMBERS...PLEASE READ THE FOLLOWING VERY CAREFULLY!!!

I have completed the above information to the best of my knowledge and certify that it is true. I understand that, as a participant of a St. Luke's Student Mission Team, I represent Jesus Christ and the Community of Christ ~ St. Luke's and will thus submit myself and my behavior to the code of conduct laid out in the Bible and by the mission leadership team. This includes my conduct in the months leading up to the mission trip. As part of this commitment I will be involved in a faith community. In addition, I understand my responsibilities to the team and commit to actively and positively contributing to all mission trip activities before, during and after the trip. I understand that failure to live up to this commitment and the following requirements means removal from the mission team. *(Please read and initial the following)*

If accepted:

- \_\_\_\_\_ I will attend all team meetings.
- \_\_\_\_\_ I will work with and obey all leaders placed in authority over me.
- \_\_\_\_\_ I will seek to maintain harmony with the rest of the team.
- \_\_\_\_\_ I will uphold the standards of conduct and be sensitive to adjust to the cultural aspects relevant to serving at this location.
- \_\_\_\_\_ I will turn in the \$100 registration fee (non-refundable if accepted) with this application by March 14.
- \_\_\_\_\_ I will be solely responsible to ensure that all application paperwork, reference forms, and necessary documents including passport are completed in time.
- \_\_\_\_\_ I will be solely responsible for providing the \$650 above the first payment that it will cost for the trip.
  - \$100 of that is due by March 14 and will be non-refundable.
  - A payment of \$200 is due by April 17.
  - A payment of \$200 is due by May 17.
  - A payment of \$200 is due by June 10
  - A final payment of \$50 is due by July 10.
  - Failure to meet financial deadlines means removal from mission team.
  - *Students may do fundraisers, but they are responsible for the planning and execution of them.*
- \_\_\_\_\_ I will complete any and all preparation requirements associated with this mission trip.
- \_\_\_\_\_ I will honor Jesus Christ with my words and actions.

I understand that confidential forms may be submitted to the persons named for reference on this application. These forms are to be returned directly to the St. Luke's Missions Director with the understanding that their contents will not be available to me. I authorize the information in my application be made available to the St. Luke's Missions Director and to my team leader.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*IMPORTANT FOR PARENTS of MINORS

\*\*I have read the above application and will support my child's involvement in the mission team. Furthermore, I will help my child live up to their commitments in conduct, requirements, and finances.

\*\*I have had a conversation with my child about the subject of eating locally grown and prepared foods that may be presented by the host nationals during the trip. At this time I will **encourage / prohibit** *(circle one)* my child to participate in eating such food as is within their comfort.

\*\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# St. Luke's Student Mission Trip

## Personal Reference Form – Mexico Outreach



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Name of Applicant: \_\_\_\_\_

Mission Team to: \_\_\_\_\_

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### **INSTRUCTIONS**

This confidential reference form is submitted to you on behalf of the above named applicant. He/she is applying to participate on a St. Luke's Mission Team. Your cooperation in carefully completing this reference form is greatly appreciated and will help us to effectively meet the needs should he/she be accepted.

1. How long have you known the applicant? And in what capacity have you known the applicant?
  
2. To your knowledge does this person have a consistent personal life? Please comment:
  
3. To your knowledge are there any personal or physical restrictions that could hinder a full participation in a heavy schedule of activities? Please explain:
  
4. For the following questions please evaluate this person with a scale of 1-10 (1 is lowest, 6 is average, 10 is excellent):

- Servant heart \_\_\_\_\_
- Honesty with communication \_\_\_\_\_
- Teachable spirit \_\_\_\_\_
- Works well with others \_\_\_\_\_
- Common sense and judgment \_\_\_\_\_
- Controls his/her emotions \_\_\_\_\_
- Ability to lead others \_\_\_\_\_
- Willingness to submit to leadership \_\_\_\_\_
- Follows through with responsibility \_\_\_\_\_
- Usually follows instructions \_\_\_\_\_
- Applicant's general health \_\_\_\_\_
- Willingness to be held accountable \_\_\_\_\_
- Concern for others \_\_\_\_\_
- Flexibility/open to change \_\_\_\_\_
- Initiative/self-starter \_\_\_\_\_
- Personal appearance \_\_\_\_\_
- Positive attitude \_\_\_\_\_

5. What skills, talents and strengths have you observed in this person:

6. Where do you think the applicant needs further character growth? Explain.

7. What type of environment does the applicant function best in? Explain.

8. Would you choose to work with this person? Why or why not?

9. I would recommend this person for participation in a mission team:

- Highly and without reservation
- With reservation(s)
- Cannot recommend at this time

10. Any additional comments that you consider to be pertinent to the applicant's participation on a St. Luke's Mission Team:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send this completed form to:  
St. Luke's Missions Department  
515 South 312<sup>th</sup> Street  
Federal Way, WA 98003**

# St. Luke's Student Mission Trip

## Spiritual Reference Form – Mexico Outreach



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Name of Applicant: \_\_\_\_\_

Mission Team to: \_\_\_\_\_

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### **INSTRUCTIONS**

This confidential reference form is submitted to you on behalf of the above named applicant. He/she is applying to participate on a St. Luke's Mission Team. Your cooperation in carefully completing this reference form is greatly appreciated and will help us to effectively meet the needs should he/she be accepted.

1. How long have you known the applicant? And in what capacity have you known the applicant?
  
2. To your knowledge does this person have a consistent spiritual life? Please comment:
  
3. To your knowledge are there any personal or physical restrictions that could hinder a full participation in a heavy schedule of activities? Please explain:
  
4. For the following questions please evaluate this person with a scale of 1-10 (1 is lowest, 6 is average, 10 is excellent):

- Servant heart \_\_\_\_\_
- Honesty with communication \_\_\_\_\_
- Teachable spirit \_\_\_\_\_
- Works well with others \_\_\_\_\_
- Common sense and judgment \_\_\_\_\_
- Controls his/her emotions \_\_\_\_\_
- Ability to lead others \_\_\_\_\_
- Willingness to submit to leadership \_\_\_\_\_
- Follows through with responsibility \_\_\_\_\_
- Usually follows instructions \_\_\_\_\_
- Applicant's general health \_\_\_\_\_
- Willingness to be held accountable \_\_\_\_\_
- Concern for others \_\_\_\_\_
- Flexibility/open to change \_\_\_\_\_
- Initiative/self-starter \_\_\_\_\_
- Personal appearance \_\_\_\_\_
- Positive attitude \_\_\_\_\_

5. What skills, talents and strengths have you observed in this person:

6. Where do you think the applicant needs further character growth? Explain.

7. What type of environment does the applicant function best in? Explain.

8. Would you choose to work with this person? Why or why not?

9. I would recommend this person for participation in a mission team:

- Highly and without reservation
- With reservation(s)
- Cannot recommend at this time

10. Any additional comments that you consider to be pertinent to the applicant's participation on a St. Luke's Mission Team:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send this completed form to:**  
**St. Luke's Missions Department**  
**515 South 312<sup>th</sup> Street**  
**Federal Way, WA 98003**

**Parental Consent  
For Medical Treatment  
Mexico Mission Outreach**

In the event that our child becomes ill or is injured during a **Community of Christ – St. Luke’s youth activity** we request that **St. Luke’s Lutheran Church** be given permission to take our child to the nearest medical facility or healthcare provider and have the necessary treatment administered.

Your signature below will acknowledge your acceptance and understanding of St. Luke’s Lutheran Church role in the medical care of your child.

*In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Community of Christ – St. Luke’s the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Community of Christ – St. Luke’s. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Community of Christ – St. Luke’s from liability in acting on my behalf in this regard.*

Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mom’s Cell Phone (\_\_\_\_) \_\_\_\_\_ Dad’s Cell Phone(\_\_\_\_) \_\_\_\_\_

*If parents are not available, please call emergency contacts listed below:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Parent or guardian’s insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor’s Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc., which may be needed in any treatment:

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# Mission Support Letter Instructions

On the backside of these instructions I have included a sample support letter for you to reference. Adjust this letter however you like or write your own. What is essential is explaining who we are and what we are doing. Below is an example of the support/response card. Be sure to put your name somewhere on the support card so that we know to whom we should apply the donation!

1. Retype the letter, making any changes you like, remembering to replace your name at the bottom of the sample support letter.
2. Fill in the donor's name and address on the support response card (below).
3. Fill in your name where it says "Mission Team Member" on the Support Response Card.
4. Include a pre-addressed (to St. Luke's)/pre-stamped envelope with your letter.
5. Make sure you have included support letter, support response card, and return envelope before mailing it out.

If someone gives you money directly simply put it in an envelope marked "    (Trip)     Mission Money for     (your name)    " and drop it by the office and we will record it. If you need any help or advice, I am more than willing to assist you. You can reach me at church (253-941-3000) with questions.

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## Mission Support Response Card

For \_\_\_\_\_ Mission Team Member: \_\_\_\_\_

Yes! I will support St. Luke's Student Mission Team through committed prayer.

Yes! I will support the team with a financial gift of:

\_\_\_\_\_ \$10.00    \_\_\_\_\_ \$25.00    \_\_\_\_\_ \$50.00    \_\_\_\_\_ \$100.00    \_\_\_\_\_ Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

***Your donation is tax deductible. A receipt will be sent to you through the mail after the mission trip.***

## Sample Support Letter

March 1, 2010

Dear Friend (or name),

This summer I have the opportunity to travel to \_\_\_\_\_ (*location*) \_\_\_\_\_ with a mission team of students and adults from my church to share the love of Jesus Christ. We will be working in conjunction with \_\_\_\_\_ (*organization name*) \_\_\_\_\_. With them we will help to \_\_\_\_\_ (*describe mission project*) \_\_\_\_\_. I am thankful for this opportunity to model the love of God and use the gifts He has given me to touch the lives of others. We leave \_\_\_\_\_ (*date*) \_\_\_\_\_ and return \_\_\_\_\_ (*date*) \_\_\_\_\_.

I am writing to ask you to support me in this endeavor by praying for our Mission Trip and supporting the trip financially. The total cost for our travel, food, and ministry comes to about \$ (*app. amount*) per person. To raise this money we do fundraisers and contribute individually, but most of the money needed is raised through donations like yours.

If you would like to support our mission trip please fill out the enclosed support card and send your tax-deductible donation in the pre-addressed stamped envelope to St. Luke's. Please make your check or money order out to St. Luke's. Thank you for your support!

Serving with joy,

(Your name signed)

(Your name typed)

\_\_\_\_\_ Mission Team 2010

St. Luke's

(253) 941-3000