**North Shore Community Church**

**2024 Short Term Mission Application**

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**Summer Short Term Mission 2024**

**I. Short-Term Mission Policy**

1. **Purpose**

To facilitate and challenge church members for missions by educating, training, and sending them into mission fields.

1. **Definition**

Short Term Mission is a mission commitment for less than two years.

1. **Qualification**
   1. Any spiritually mature Christian with a desire to do mission work may qualify.
   2. Must be a faithful member of a local church.
   3. A short term mission participant must be supported by a minimum of ten prayer partners.

1. **Recruitment**
   1. Short term missionary recruitment will be supervised by the Short Term Missions Committee. To be eligible for missions work, the candidate must submit an application during the recruitment period.
   2. The recruitment methods may vary, depending on the plans of the Short-Term Missions Committee.
   3. Recruitment will be conducted as needed, depending on the specific nature of the missionary work.
   4. Not all short-term mission prospects will be sent to an actual mission trip. Prospects must complete all training and be approved by the Short Term Missions Committee prior to being sent on any mission trip.
2. **Training** 
   1. All training will be supervised by the Short Term Missions Committee. Members must pass all training programs with a grade of **80% or better** in order to meet the requirements of the short-term mission.
   2. All assignments must be submitted by the due date. A one week grace period may be granted in an extremely difficult situation.
   3. The Short Term Mission Committee will help to resolve difficulties that may arise during the training period.
   4. During the course of the training, members must maintain a good spiritual, physical, and social character.
3. **Expense** 
   1. In 2024 the short-term missionary must raise $1600 (Guatemala).
   2. All of the funds raised will be managed by the Short Term Mission Committee. The funds raised will be allocated to the short term missionaries fund raising target. Any remaining funds will be used to assist other missionary members.
   3. 100% of a person’s financial support must be raised 10 days prior to departure.
4. **Target Mission Fields for 2024**

Guatemala

1. **Dates**

*Guatemala STM:*

August 10 (Saturday) to August 17 (Saturday), 2024 (15-18 people)

**Application due by February 9, 2024 (No Exceptions)**

**($100 non refundable deposit required)**

**II. Short-Term Mission Covenant**

**My covenant with God and My Church**

I agree:

* to submit to the leadership of the trip (missions coordinator, team leader, team members).
* to serve others.
* to share my faith in an appropriate manner while on the mission.
* to be culturally sensitive with regards to dress and actions.
* to cooperate at all times with the team leaders concerning work assignments, food, the lodging and accommodations provided for the team, and to stay with the team from beginning to end.
* that in the event of accident, illness, injury or any other unforeseen emergency, I will not hold any team leader, other team members, project host, or the North Shore Community Church in general, legally responsible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witness

**I am applying for [ ] Guatemala STM**

**III. Short-Term Mission Application**

**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone # (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you do not have a passport, apply as soon as possible)

**Medical Information**

1. Any major illness during the past year?

Yes [ ] No [ ]

If yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you take medication regularly?

Yes [ ] No [ ]

If yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any allergies?

Yes [ ] No [ ]

If yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been treated or hospitalized for a mental or emotional condition?

Yes [ ] No [ ]

If yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any physical limitations / disabilities?

Yes [ ] No [ ]

If yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Your blood type: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have adequate medical insurance?

Yes [ ] No [ ]

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who would we contact in case of an emergency?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information**

1. What other language can you speak?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you traveled outside the USA?

Yes [ ] No [ ]

*\*If you answered ‘YES’ on question #2, please list countries that you have traveled to starting from the most recent.*

**Country** **When** **Purpose of the trip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe your activity in the church.
2. Briefly state why you want to participate in this short term mission and how you hope to use your cross-cultural experiences when you return.
3. What previous mission projects or experiences have you participated in? When?
4. Do you have musical ability? If Yes, What instrument?

Yes [ ] No [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had any training in evangelism or Bible Studies?
2. Do you have any other training?
3. Please provide two references.

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe your relationship with Jesus Christ (Your Testimony). Please also use the back page if needed.

**Cancellations**

1. **Should you choose not to go on this trip, you are still fully responsible for all non-refundable costs incurred (Air Faire for Guatemala).**
2. **The mission coordinator, trip leader(s), and mission’s team have the final say in who participates on trips. Someone might be asked to not participate on a trip even after completing the training due to personal issues that the leaders feel would hinder the trip. If this were to occur, the participant would not be held financially liable. A medical note from a licensed physician or the death of an immediate family member are the only reasons someone can legitimately not attend a trip and not be held financially liable for non-refundable expenses that have already been incurred. See the mission’s coordinator for additional explanation that may be needed.**

**If chosen for the Short-Term Mission team, I agree to abide by the expectations listed above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Release of Liability**

**I am aware of the inherent risks and dangers in traveling to, from, and within other countries and the potential risks to myself and my property as a result of participation in this missions project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping or other loss or destruction of life or property). I fully assume these risks, understanding that North Shore Community Church and Hope Bible Mission, is not responsible for any personal loss or disaster that I may experience in connection with my participation in this missions project. I hereby waive and release any and all claims and causes of action for damages or other relief that I may have against North Shore Community Church, Hope Bible Mission, its affiliates, and respective officers, directors, employees, agents, attorneys or representatives, based on my voluntary participation in this mission project. I acknowledge personal responsibility for my own actions outside of the direction of North Shore Community Church personnel or their representatives or the scope of this missions project (including but not limited to any travel done before I arrive at the exact location of the missions project or after I leave that location, and any related health insurance and travel expenses).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Release of Liability for Minor**

NSCC Summer Short – Term Mission Release/Disclaimer

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of the benefits derived from my participation in the short-term Mission trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ administratively organized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby voluntarily release, acquit, and forever discharge the church and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation in the trip.

I recognize that the conditions in some of the places to which I will travel are not the same standard as the conditions to which I am accustomed (i.e., political environmental and judicial systems.) I realize further that there are certain health and detainment risks as well as other risks to me and my property, and I enter into participation in this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage, arising out of my participation in this trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than the church, its pastors, directors, officers, employees, and agents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Date

**Additional Information Agreement**

* **I agree to attend the training sessions, obey the rules of the mission team and participate in the team debriefing and report back to the congregation.**
* **I agree to raise all the funds necessary and will fully pay by August 1st**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date