

# St. Andrews Presbyterian Church Journey Application

Journey Destination: \_\_\_\_\_ Journey Dates: \_\_\_\_\_

Name (as listed on passport): \_\_\_\_\_

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

Contact Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_

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

Occupation: \_\_\_\_\_

Role(s) within church: \_\_\_\_\_

Passport Number (if required for trip): \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

Are you aware of the necessary shots &/or prescriptions needed for the journey? **YES / NO**

Allergies or Medical Conditions: \_\_\_\_\_

While all trips should include a travel insurance policy, please list your health insurance provider:

\_\_\_\_\_

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

Number: \_\_\_\_\_

Have you ever been on a missions journey before and if so where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the reasons you feel called or desire to go on this journey? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of your skills, talents, and/or gifts do you think will be most beneficial on this journey? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As you will more than likely be given the opportunity to share you testimony, we find it helpful to have you think through and write it out so that you find it easier to share. **Please take the time to write out your testimony on a separate sheet paper and attach it to this form.**

Total Trip Cost: \_\_\_\_\_

Deposit (*please include with application*):\$ \_\_\_\_\_

Date Funds Are Due: \_\_\_\_\_

Although your trip may be considered for scholarship assistance, St. Andrews encourages team members to send out support letters for financial and prayer needs as well. You can have those supporting you mail the funds directly to the church and they will be credited to your account; just make sure your name is written on the memo line. We will then update you periodically with names of those supporting you so you can write and thank them.

Are you planning to send out support letters?                      **YES / NO**

Would you like copies of some sample letters?                      **YES / NO**

We are very excited that you have made a decision to be apart of a missions journey. Depending on the journey you have chosen to embark upon, we know that there are many questions and concerns you may still have; if so, please feel free to contact your team leader or any of our pastors.

**\*\*Important\*\***

Please complete and return this form as soon as possible. This is needed to prepare for the journey in many different ways—including the purchasing of plane tickets and insurance, and the resolution of many other details. ***You will not be counted as member of the team until this form is complete and submitted.***

Please return your form, testimony, and return to the missions ministry chairman (box located in the copy room).

## **St. Andrews Presbyterian Church Journey Waiver**

I HEREBY acknowledge that I am willingly and voluntarily entering into a ministry venture with other volunteers—both skilled and unskilled—for the purpose of assisting people in a ministry context. I represent that I am acting in a strictly volunteer capacity (that I am paying my own expenses and travel insurance, and have health insurance).

I understand and acknowledge that the work I will be involved in may, at times, be hazardous and I assume all risks associated with my involvement in this effort. I further acknowledge that accidents may occur on or around the work site and traveling to and from said site, involving motor vehicles, or tools and equipment. I understand that any motor vehicle in which I may be transported will be operated by licensed drivers, who may or may not be professional drivers.

I therefore waive, release, agree to indemnify and hold harmless St. Andrews Presbyterian Church, the Presbyterian Church in America, Mission to the World, Mission to North America, their agents, employees, representatives, and volunteers with whom I may be working, from any and all liability claims, injuries, damages, losses, expenses of attorneys fees, actions or causes of actions which I have or may hereafter discover as a result of my participation in this ministry effort. I further waive/release, indemnify and hold harmless all parties herein and above mentioned from any claim, action, cause of action for damages, injuries or losses of any kind which my heirs, administrators, executors or assigns may attempt to assert on my behalf,

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Signature (REQUIRED—*Parent or Guardian if under 18*)

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Printed Name

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Date