

St. John Mission Trip Application-2008

Please fill out this application and return with \$150 deposit to the Impact Station in your worship venue or send to St. John Missions, 15800 Manchester Rd. Ellisville, MO 63011 by **April 30, 2008**.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Placement Information

Please indicate which trips you are interested in. Rank them in order of interest and give a brief explanation of why you chose the trip.

1. _____ Why? _____
2. _____ Why? _____
3. _____ Why? _____

We will do our best to honor your site preferences. However, our primary goal of placement is to match your gifts to the needs of the mission site and mission team. If you have any questions regarding the Cornerstone Youth Mission trips please contact Heath Luehmann @ huehmann@stjstl.net or 314.210.4310. For all other trips contact Patrick Galligar at pgalligar@stjstl.net or (636)394-4100 ext 392.

How do you wish to serve as a mission volunteer and what skills do you have? Please indicate an "E" for experience and an "I" for interest or a "B" for both.

_____ VBS (elementary age students)	_____ Sharing your faith
_____ Working with teens	_____ Acts of kindness
_____ Medical	_____ Support role (food prep, clean-up)
_____ Manual labor	_____ Music _____ Drama
_____ Skilled -	_____ Arts/Crafts
_____ Please list area _____	_____ Sports camp
_____ Unskilled	_____ Teaching
(e.g. painting, yard work)	_____ Other: _____

(Please use a separate sheet of paper to complete answers if necessary.)

Explain any cross-cultural experiences or other life experiences you think will be helpful on a trip (i.e.: languages spoken).

Describe your relationship with God. How have you been growing in your faith?

What do you think are your strengths? What do you think are your weaknesses?

How many other mission trips have you been on? (Circle one).

0 1 2 3 4 5 more

Do you like to work in teams or individually? Why?

What is the hardest thing you have ever done? How did you feel when it was over?

What are you expecting from this trip?

General Information

Do you have any health concerns or physical limitations that may restrict the type of work in which you may participate?

Y/N - If yes, please specify. _____

Many mission trips offer minimal accommodations. Do you have any specific requirements for sleeping accommodations, food or other needs?

Y/N - If yes, please specify. _____

Application deadline for all mission trips is April 30, 2008. Additional spots on trips maybe filled after this date at the discretion of the trip leader.

Risk and Liability Waiver

I, _____, of _____
Name Street address

_____, _____, _____, hereby agree and acknowledge:
City State Zip

1. I understand that any travel, volunteer work, or other activities that I undertake in connection with St. John Lutheran Church involves inherent risks to my property, health, and life and I further understand the nature of such risks.
2. No principle, officer, agent, employee or other person associated with or acting on behalf of St. John Lutheran Church has disavowed or contradicted anything in this document, including statements regarding the existence and nature of the risks involved.
3. The undersigned recognizes and acknowledges that St. John Lutheran Church is a non-profit ministry. The undersigned for himself/herself and member of this team, does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of a third party upon the part of St. John Lutheran Church or any of it's leaders, agents, servants, or employees for anything in any way arising for or connected with, either directly or indirectly, any volunteer activities of the undersigned volunteer or of St. John. The undersigned realizes that activities which he/she intends to pursue may entail some amount of risk or possible danger and desires to personally assume such risks.
4. This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri. This agreement is to be governed by the laws of the State of Missouri. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
5. I enter into this agreement freely and voluntarily in consideration of the permission to participate in activities described here in and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.
6. I have read this document and understand and agree to all of its contents before signing it.

Signature

Date

Parent/Guardian Signature

Date

City and State where signed

St. John Lutheran Church
15800 Manchester
Ellisville, MO 63011
636-394-4100