

# Operation Home- Front 2010



Colorado Springs, CO: July 18-23, 2010

## Middle School Mission Trip Information Packet



**Financial Policies and Deadlines:**

1. A deposit of **\$50 per person** (max. \$150. per family) is due by **May 31, 2010**. **This deposit is non-refundable**. The deposit is applied towards the cost of your trip and is not in addition to the published cost.
2. If you cancel after May 31 but before July 10, you will be responsible for half the total due for the trip.
3. If you cancel after July 10, you will be responsible for the full cost of the trip.
4. Final Payment for the trip is due by **July 10, 2010**. Final payment amounts will be provided to each participant after all fund raising proceeds have been applied.
5. Scholarships will be available to help with costs **after fundraising options are exhausted**. See Matt for a scholarship application.

**Trip Costs:**

\$150.00

**Fundraisers – please check those you are interested in:**

\_\_\_\_\_ **December 09: Christmas Letters of Support** – Email mattl@sunriseumc.com

\_\_\_\_\_ **April 23 (Friday): Dinner/Silent Auction** – Email teria@sunriseumc.com

\_\_\_\_\_ **April 4, 11, 18 (Sundays): Stock Sales**

\_\_\_\_\_ **May 2-16 Letter of Support**

\_\_\_\_\_ **End of May (Wednesday): Air Force Graduation Concessions** - for anyone 16 years old and older (parents may work for students).

**Costs Included:**

All food (while traveling & on site), transportation, fun outings, lodging while traveling (if applicable), mission site fee, supplies, and team building activities.

**I have read the above policies and agree to adhere to them.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Name (if participant is under 18)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if participant is under 18)

\_\_\_\_\_  
Participant Phone #

\_\_\_\_\_  
Participant E-mail

\_\_\_\_\_  
Parent Phone # (will be used for the return and pick-up phone tree)

## **Mission Trip Application Process and Team Responsibilities** **Colorado Springs, CO: July 18-23, 2010**

### **Application Process:**

6. Pick up the Mission Trip Information Packet and review thoroughly. Pay special attention to the responsibilities of being a team member.
7. Pray & think about what it means for you to go on this mission trip. Try and discern if God wants you on this trip. Have others pray for you!
8. Fill out the application. Read and sign financial policies sheet. Give both to Matt with a **\$50.00 deposit by May 31**. No late applications will be accepted! By applying for the mission trip you are agreeing to fulfill the responsibilities outlined below. This sheet should be included with application and deposit.
9. The applications will be reviewed by the Director of Student Ministries and other adults involved in the Student Ministry as deemed necessary.
10. As a member of the 2010 mission team, you must be prepared to accept and fulfill the responsibilities of a mission team member outlined below.

### **Mission Team Member Responsibilities**

- € Pray about your role on this trip & pray for other team members.
- € Fill out all forms on time and turn them into the Student Ministry office.
- € **Attend and participate in one of the training meetings.**
- € Review & sign the Mission Team covenant, which will be provided to you.
- € Comply with all mission team rules, guidelines, and expectations.
- € Complete any reading assignments given (usually at team meetings- usually very short).
- € Find at least one person (not family) who will agree to pray for you and the mission team at least once a week.
- € Remain active in Student Ministry programs. This is a very important expectation.
- € **Scholarship applicants** – must participate in fundraising activities as offered.

# Summer 2010 Middle School Mission Trip Application

Please answer the following questions and return this application to Matt Lurz with a \$50.00 deposit by **Sunday, May 31**. Applications will not be accepted after this deadline! Please be sure to answer the questions honestly. You may use a separate sheet of paper if necessary. Please make sure your responses are readable: print neatly or type your responses on a separate sheet, but you must return this signed application with your responses.

Please give a brief testimony including when and how you decided to follow Christ.

Describe how your relationship with Christ is right now. (Remember, honesty is important)

What does the word TEAM mean to you?

Why do you want to go on this mission trip?

What gifts, talents, and skills can you offer the mission team on this trip?

Identify and briefly describe your greatest strength and your greatest weakness.

What mission trip experience do you have (with Sunrise and with other churches/organizations)?

How are you currently involved at Sunrise?

What involvement (if any) do you have in the community?

What are three goals you have for this trip? Please explain these goals.

What questions do you have about the trip(s)?

Graduation Year \_\_\_\_\_ Age \_\_\_\_\_

How are you currently involved in Student Ministry?

**Please read the following and sign:**

I have answered all of the above questions on my own and have answered each question as honestly as possible. I have prayed about serving on this mission trip and will continue to pray for God's leading for the summer mission team. I understand that as a member of the 2010 Mission Team I will be expected to complete all of the requirements for the mission trip. I have prayed, thought, and considered what it means to serve God, Sunrise United Methodist Church, and the people that I will encounter on this trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Phone

## Student Emergency Contact and Health Information Form Sunrise Student Ministry

**Please fill out this form completely and print legibly.** If any of this information changes after submitting this form, please inform the Student Ministry of these changes.  
Information about the youth participant

Name of Youth \_\_\_\_\_ Current Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_

### Information about the youth participant's parent/guardian (please fill out both if possible)

#### *First Parent/Guardian Information*

Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

(if different from above)

#### *Second Parent/Guardian Information (leave line blank if same as first parent/guardian)*

Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_

### Information about the alternate contact person

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Medical Information**

\*Please provide the most current medical information for the youth participant\*

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Regular Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Physical Limitations/Handicaps \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

I certify that all of the above information is correct and that I have read and understand the policies of the Sunrise United Methodist Church Student Ministry. I also agree to notify the church and/or the Student Ministry of any changes in this information. I understand that in an emergency involving my child, every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I give permission to the Pastors, staff and/or adult volunteers of Sunrise United Methodist Church to act on my behalf to secure medical treatment as necessary, including, but not limited to medical attention, anesthesia, surgery, and hospitalization. I understand that it is my responsibility to pay for any medical service required by my child while on this outing. I hereby absolve Sunrise United Methodist Church, its Pastors, staff, and adult volunteers from liability in acting on my behalf in this regard so long as they are not grossly negligent. If a dispute over any claim arises, I agree to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date