**APPLICATION FOR SHORT-TERM MISSIONS (STM) – North America**

North America: U.S.A., Mexico, Canada

Please type or print clearly.

**1. PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       | (English) |       | Optional: (Chinese)  |
| Phone: |       | E-mail: |       |
| Date of Birth: | [ ]  I am over 21. Otherwise,       | Occupation: |       |
| Congregation:  |       | Fellowship/Small Group: |       | Church Member since year: |       |

Health Condition: [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor

Do you have any health issue (i.e.: heart problem, asthma, etc.)?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For family members who are also going to this trip only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of other family members** | **Relationship** | **Age** (for under 21) | **Health Condition** | **Eligibility Returning \***(for Mexico, Canada trip) |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |

\* Make sure you and your family having valid passports and are eligible for returning to the U.S.

**2. MISSIONS TRIP INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Missions Trip:  |       | Missions Agency: |       |
| City, Country: |       | Date of the trip:  |       |

**3. MINISTRY EXPERIENCE**

Please answer the following questions as clearly and precisely as possible.

1. List your ministry experiences at church or elsewhere, including your past STM experience:

1. Please share why you would like to join this missions trip?

**4. FINANCIAL ASSISTANCE**

**Cost of the Trip**: $       per adult. X       family members

 + $       per child. X       family members = (Total A) = $

Short-term missions is a journey of faith, we encourage applicants to prayerfully and sacrificially use their own financial resources first before applying for financial assistance [ ] :

**Self-sacrifice Giving**: (Total B) = $

**Financial Assistance**: Cost of the trip (Total A) – Self-sacrifice Giving (Total B) = $

**5. Letter of Recommendation**

The following pastor/ minister will fill out my recommendation letter:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       |  |  |

**FECSGV LIABILITY RELEASE AGREEMENT – RELEASE OF ALL CLAIMS**

**聖迦谷羅省基督教會短宣-意外事故責任豁免同意書**

In consideration of being accepted by First Evangelical Church of San Gabriel Valley (FECSGV) for participation in the Short-term Missions, the undersigned being 21 years of age or older, on behalf of myself (and for and on behalf of my child or child-participant if the said child or children are not 18 years old), do hereby release, forever discharge and agree to hold harmless churches (including FECSGV, First Evangelical Community Church, First Evangelical Church of Glendale, First Evangelical Church of Diamond Bar, First Evangelical Church of Arcadia, First Evangelical Church Association) and the directors or agent thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child or children are participating in the above described activity.

本人乃二十一歲以上之成年人，在此謹代表以下本人與家人(及含18歲以下未成年的孩子)同意參於 聖迦谷羅省基督教會舉辦的短宣。短宣期間不做任何有損害於短宣的行為。對於本人及家屬，因參加休閒及其他活動，無論自然引起或人為疏忽所導致的個人身體傷害、疾病、財物損失,甚至死亡，不對教會 (包含聖迦谷羅省基督教會、喜瑞都羅省基督教會、格蘭岱爾羅省基督教會、鑽石崗羅省基督教會、亞凱迪亞羅省基督教會、羅省基督教會聯會)、負責人、主辦單位及其他同工們追究任何法律刑事責任，也不索賠或要求任何民事的金錢與精神損害賠償。

By signing below, I acknowledge that we (I) [and on behalf of our (my) child- or children-participant if under the age of 18 years] have read and understood the above and that I accept the conditions contained herein. I also represent with my signature below that by signing on behalf of my family members and the child indicated below, I am the legal guardian of the said child.

**在此謹代表本人與家人 (及含18歲以下未成年的孩子) 閱讀以上意外事故責任豁免同意書說明以後，完全同意意外事故責任豁免同意書所敘述 之內容。**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name 姓名:** |       | **Signature 簽名:** |       | **Date 日期:** |       |
|  | (正楷 / Print)  | Check box if, Electronic signed [ ]   |  |  |

Other Family Members in This Trip 同行家人

|  |
| --- |
|       |

(正楷 / Print)

**Medical Consent (Required For All Minors under 18 years old)**

**聖迦谷羅省基督教會短宣醫療同意書 (所有未滿18歲的孩童）**

|  |  |
| --- | --- |
| Minor’s Name 未成年孩童名字: |       |
| Church affiliation 所屬教會: | FECSGV |

Medical Information Comments or restrictions such as allergies, special need, injuries, etc. 健康資料/特別須要注意的健康狀況

|  |
| --- |
|       |

**Emergency 意外處理**

In the event of an emergency requiring medical condition, I hereby grant permission to the team's leadership to use their judgment in obtaining medical service for my child. I grant permission to the physician selected by the group's leadership to render medical treatment deemed necessary and appropriate.

在意外發生須要醫護時，我授權給聖迦谷羅省基督教會短宣隊的領導者安排及合適醫護人員提供的醫療來治療我的小孩。

Emergency Phone #/ 緊急聯絡電話

|  |  |  |
| --- | --- | --- |
| Name 姓名  | Relationship 關係  | Phone # 電話 |
|       |       |       |
|       |       |       |

**Parent or Legal Guardian 父母或合法監護人**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name 姓名:** |       | **Signature 簽名:** |       | **Date 日期:** |       |
|  | (正楷 / Print)  | Check box if, Electronic signed [ ]   |  |  |

**Please email the whole package (including this 1application form, 2two recommendation letters, and 3liability release agreement) to FECSGV Local Missions Committee Chairperson,** **lmc@fecsgv.org****.**