

Global Expansion Mission Trip

Trip: _____ Write in name
Dates: _____ Write in dates

Payment (Funds must be turned in according to pay schedule for each trip)	
Registration (nonrefundable)	\$250
Payment schedule	Available from Trip Leader
12 weeks before date of trip	Full amount due

Passport # _____

Passport Expiration date _____

Applications and all paper work with a nonrefundable deposit – Due March 7 for 2010. Passports: if you do not have one; apply for it immediately upon your acceptance for the trip. If you do have a passport, *write the expiration date above*. Passport must be valid 6 months beyond the dates of your trip. **Copy of Passport is to be turned in with application or as soon as you have it, if applying for new one. Applications will not be accepted without the \$250 registration.**

Personal Data: (please print)

Full Legal Name (as it appears on passport) _____

Address: (*must be street* -not p. o. box) _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____ ext. _____ Mobile () _____

E-Mail: Home _____ Work _____

Date of Birth: _____ Place of Birth _____ Citizenship _____

Employer (or School if student): _____

References: Personal	Personal	Pastor
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____

Please indicate the appropriate size for your mission shirt: Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____ XXXLarge _____

Why do you want to go on this mission trip? _____

Signature: _____ Date: _____

(Please note that by signing this application you agree that if you are accepted for the trip, you will fully participate in all planned activities and that you will follow the directions of the trip leaders. This includes a mission preparedness training session and attending all required team meetings before and after the trip. Costs are estimated and are subject to change depending on air fares and other increases beyond our control.)

Spouse or Parents only:

Why would you like to see your spouse or teenager participate? _____

List any concerns you may have: _____

Signature: _____ Date: _____

Registration Due - March 7. Place completed Forms & Payment in the designated mail box in the hallway next to church office

White River Christian Church
Global Expansion Mission Trips Release

I, _____ am applying as a short-term volunteer for a Global Expansion Mission Trip sponsored by White River Christian Church, 1685 N. 10th Street, Noblesville, IN 46060 to the following country or countries:

I represent and agree that:

1. I am a volunteer worker and not an employee of White River Christian Church.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity.
I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation.
5. I further understand that White River Christian Church may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT, AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

IMPORTANT: Please have two witnesses observe your signature and have them sign below. They must be at least 18 and should not be relatives.

Witness #1 Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Witness #2 Signature _____ Date _____

Address _____ City _____ State _____ Zip _____