## The Woods Church Renewal Missions Application

Over the past several years, The Woods Church has been developing a "holistic" approach to missions. We have been praying for the opportunity for members of our Church to use the gifts, skills and resources that God has blessed them with to make a lasting impact around the world for Christ.

If you are interested in participating in a Short Term Mission Trip (STMT), please read the following:

- You must submit a completed application, a copy of your passport AND a \$300 deposit before your application will be processed and reviewed. In the event your application is not accepted, your deposit will be refunded to you. No one will be considered or accepted as a team member until a completed application, a copy of your passport and a deposit is received.
- By submitting this application to be a part of The Woods Church SIMT team, you acknowledge that you are personally responsible to payor arrange funding for your portion of the trip and you are aware that once committed, the trip costs are not refundable.
- SIMTs can be rewarding and life changing; however, they are fast paced and at times can be unpredictable and stressful. This focus, itinerary and projects can and have changed before and during the trip. The flexibility of all team members is a priority for a successful trip. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip, adapting to unusual conditions and unforeseen circumstances.
- Once accepted to the team, all team members will be required to attend preparatory team meetings and be part of the cross cultural group.
- All trip costs are the individual team member's responsibility. A payment schedule will be provided for each trip. Additional payments and/or the trip balance can be paid prior to the due date. There is a Pasta Dinner Fundraiser at our Warren Campus that all team members can participate in for financial support towards the trip they are scheduled to be part of. The Pasta Dinners are typically held on the third Sunday of each month. However, at times the date may need to be changed. Team members that are interested in participating in this fundraiser, should contact Renee' Rosolino for more information and to get a schedule for all upcoming pasta dinners. This fundraiser is not mandatory, but it is a great way to connect with other team members.
- If a team member is unable to participate in the trip they have committed to, the Missions Director must receive cancellation notice as soon as possible. You will be responsible for the total trip cost.
- Team members will be given information regarding passports, and required vaccinations and/or precautionary medications required by The Woods Church and the Department of Health. All team members must have private health care coverage. Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.

If you have any questions, contact our Missions Director Renee' Rosolino at 586.771.4821 or  $\frac{1}{100}$  so  $\frac{1}{100}$  Rosolino  $\frac{1}{100}$  the wood schurch lorg.

Ple a se sub mit a complete d Missions Applications, passport copy and deposit to Renee' Rosolino.

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Please answer the following questions accurately and honestly. All information will be handled with a high standard of professional confidentiality. All requested information in this application is required to obtain travel documents, Visa's (if required) and travel insurance.

	Country:			
	Trip Date:			
Personal Information Update				
Name (as it appears on passpo	rt)			
		(Cell) Date of Birth		
Country of Birth				
			Expiration Date	
	<u>Me dic a</u>	l Update		
Confidential Information for use	in Madical Emargancia	2		
Emergency Contact Name			Re la tionship	
		Phone Number		
Insurance Company				
Policy #	G	ro up #		
All team members are required	to have a current Tetan	us Shot, MM	IR and Hepatitis Almmunizations. Additi	onal
medications may be required, d			<del>-</del>	
Ple a se list a ll me d ic a tions you a	re presently taking:			
List any medical problems you h	nave received medical o	are for in th	ne past 12 months:	
List any history ormajorillness or	surgery:			

Date of most recent tetanus immunization:		
List any know allergies (including food allergies) o	rchronic life-threatening c	o nd itio ns:
Describe any physical limitations:		
You understand that once accepted to the SIM? the entire trip cost?YesNo	Γ, yo ur de po sit is <b>no t</b> re fund s	able and you will be responsible for
Emergency Authorization		
I,	nt such tre a tment is neede nission for a licensed pract	d ornecessary and I am not able to icing physician to administer
Sig na ture	Da te	
Parental Permission (if under 18)	Da te	