

MST Ministries 2010 Foreign Field Application-Poland

Complete ALL pages and mail with the \$49. Reservation fee payable to MST Ministries:

MST Ministries PO Box 8490 Lacey WA 98509 (360) 456-5624

Email: Mark@mstgo.com www.mstgo.com

(Any incomplete applications will be returned for notarization or completion)

Please use your full legal name. You will be responsible for any costs associated with changes to visas or tickets as a result of improper information.

Poland Trip		Spring Break 2010		M / F	Birth Date / /	
All applications are reviewed for maturity and age. If you don't qualify because of your age you may qualify by your maturity and experience. We will contact your references to help determine that.						
First Name (legal name)		First Name preferred		M.I.	Last Name	
Mailing Address				City	State	Zip
Email address			Phone Number (including area code)			
Shirt Sizes (Men's Unisex Sizes) Please circle size T shirt S / M / L / XL / XXL		Father's First and Last Name (or legal guardian) (or spouse)			Phone (including area code)	
Polo Shirt S / M / L / XL / XXL		Mother's first and Last Name (N/A for adults)			Phone (including area code)	
		Church Name			Youth Pastor or Senior Pastor's Name	
Church Address		City	State	Zip	Church Phone number	
Passport Number		expiration date		Q in process of obtaining		
Personal References (Name and phone number) 1.				Phone including area code		
Personal References (Name and phone number) 2.				Phone including area code		
Personal References (Name and phone number) 3.				Phone including area code		
Office use only: Date received:		\$49. Fee enclosed Y / N	Date references checked:	Date follow-up materials sent		Application Complete: Y / N

Please Note: This is SO IMPORTANT. You can't leave the country without this!

On the following pages are permission slips that require the notarized signature of BOTH legal guardians and/or parents. Foreign countries will not allow minors into their countries or grant them Visas without this permission. These need to be notarized signatures. Your personal bank will usually do this at a nominal or no charge to you.

Sometimes this is difficult due to a divorce or separation. If this is your case please know that an early start can reduce the strain that these kinds of circumstances can bring. Our experience of taking thousands of people to the mission field shows that taking care of this as early as possible is best.

Eating conditions vary from area to area. Every effort is made to provide healthy balanced diets on the trips. Should you have special dietary needs please make note of these on your Medical Form. If those special dietary needs do not allow you to eat what is set before you, you will be responsible for bringing your own food supplements.

Release and Disciplinary Agreement Forms

(Use this form if you are 17 years of age or younger or over 17 and living with parents)

Liability Release and Consent to Travel

I/we, _____, being the parent(s)/legal guardian(s) of _____, a minor of _____ years of age, consent and agree that said child may travel with any or all of the following organizations: MST Ministries, Thurston County Youth Workers, Capital Vision Christian Church (CVCC), as well as any training dates for the said 2010 trip _____ (Poland) I/we do hereby release the previously listed organizations, their agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by my/our child during said trip and its training events.

Medical Release Form

I/we _____, being the parent (s)/legal guardians (s) of _____ a minor of _____ years of age, do further give my/our consent for the director or properly appointed staff of the above organizations to secure the administration of medical treatment or medication for the above named child, and I/we do further agree to the performance and payment of such treatment, anesthetics, medications, and operations as in the opinion of the attending physician is deemed necessary.

Disciplinary Agreement and Policies

I/we understand that while _____ (our child) participates in any regularly sponsored portion of the said trip or its training activities, they are responsible to abide by the rules set forth by the sponsoring organizations, its leaders and supervisory personnel. Any serious infraction of rules or illegal activity by myself/child can result in the dismissal from the program. In the event I/he/she am/is dismissed from the program, I/we the undersigned, agree to assume the cost of returning to my/our home. I/we also agree to forfeit any possible refund.

NO NEWS IS GOOD NEWS. Mission trips are one of the most exciting adventures that life offers. In order to keep them focused and functional we have adopted a NO NEWS IS GOOD NEWS policy. That simply states that we have communication channels that are available to us for emergency purposes but are not used on a daily basis.

Team members are not guaranteed or encouraged communication with home. The team will have the means to do that if a need arises. Past experiences have shown that incomplete information has been very destructive when it has been passed on to homes of the participants.

When teams arrive in their country as soon as possible (electrical outages and phone line difficulties can delay this) contact will be made with the contact numbers at the MST offices. You may check their web site MSTGO.com or office phone at 360-456-5624. You can also contact this number to pass important information on to participants realizing that field conditions may delay this information for several days.

I also give MST Ministries the right to use my picture, voice and/or testimony in any type of promotional or advertising materials.

Only affix your seal to this document if the signing parties are in full agreement with all portions.

DATED _____	Signed _____	Youth _____	Date _____
STATE OF _____	Signed _____	Parent/Guardian _____	Date _____
COUNTY OF _____	Signed _____	Parent/Guardian _____	Date _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared to me _____ & _____ & _____ to be known to be the persons who executed the three foregoing instruments and acknowledged before me that they executed the same as a free and voluntary act.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20 _____, AD.

My commission expires:

_____ Notary Public

Release and Disciplinary Agreement Forms

(Use this form if you are 18 years of age or older and not residing with parents)

Liability Release and Consent to Travel

I, _____, being an adult of _____ years of age, consent and agree that said child may travel with any or all of the following organizations: MST Ministries, Thurston County Youth Workers, Capital Vision Christian Church (CVCC), as well as any training dates for the said 2010 trip _____ (Poland) I/we do hereby release the previously listed organizations,, their agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which my be sustained by my/our child during said trip and its training events.

Medical Release Form

I _____, being an adult of _____ years of age, do further give my/our consent for the director or properly appointed staff of the above organizations to secure the administration of medical treatment or medication for the above named child, and I/we do further agree to the performance and payment of such treatment, anesthetics, medications, and operations as in the opinion of the attending physician is deemed necessary.

Disciplinary Agreement and Policies

I understand that while I participate in any regularly sponsored portion of the said trip or its training activities, I am responsible to abide by the rules set forth by the sponsoring organizations, its leaders and supervisory personnel. Any serious infraction of rules or illegal activity by myself can result in the dismissal from the program. In the event I am dismissed from the program, I the undersigned, agree to assume the cost of returning to my home. I also agree to forfeit any possible refund.

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Team members are not guaranteed or encouraged communication with home. The team will have the means to do that if a need arises. Past experiences have shown that incomplete information has been very destructive when it has been passed on to homes of the participants.

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I also give MST Ministries the right to use my picture, voice and/or testimony in any type of promotional or advertising materials.

Only affix your seal if the signing parties are in full agreement with the entire document.

DATED _____

STATE OF _____

COUNTY OF _____

Signed _____ **Adult Participant**

Date _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared to me _____ to be known to be the persons who executed the three foregoing instruments and acknowledged before me that they executed the same as a free and voluntary act.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20 _____, AD.

My commission expires:

_____ **Notary Public**

Medical Health Reference Form (Please complete everything)

Medical Insurance Information:

Contacts in case of emergency medical treatment:

List any medication use or potential use that we should be aware of:

Special Dietary issues we should be aware of: *(Please note that special dietary needs are the responsibility of the applicant)*

Has the applicant ever been treated for the following: please check the columns and explain all “yes” answers on another piece of paper.

Description	Yes	No	Description	Yes	No	Description	Yes	No
Appendicitis			Convulsions			Current Tetanus Shot		
Asthma			Glasses/Contacts			Stress Restrictions		
Hernia			Penicillin Allergy			STD's		
Rheumatic Fever			Other Allergies:			Operations:		
Polio								
Heart Trouble			Hemophilia			Diabetes		
Sinus Problems			Scarlet Fever			Daily Medications		
Fainting Spells			Broken Bones			Other:		
Ear Problems			Nervous Behavior					

Your Testimony

How did the Gospel get introduced to you? _____

When and why did you believe the Gospel? _____

What are you doing for God (Please describe the last five years of your involvement in ministry)

Description	Avoid It	Try It	Yes!	Description	Avoid It	Try It	Yes!
Consistent Devotions				Guitar/Keyboard Ministry			
Long Vehicle Traveling				Drama			
Airplane Travel				Puppets			
Working with Hostile People				Singing in Public Ministry			
Try New Unusual Foods				Sharing your Testimony			
Sleeping on Floors				Preaching			
Clowns				Photo Journalism			
Sound Technician				Balloon Art			