



Gateway Church Short-Term Mission

2019 Mission Trip Application & Financial Information

*This application is for those who would like to participate in a short-term mission trip with Gateway Baptist Church.

- Please review and complete the Mission Trip Application in its entirety before submitting.
- Please read and sign the following: Code of Conduct, Liability Release Form, and Financial Memo of Understanding and return with your application.
- Submit your medical release form signed by your physician by March 15th (page 9 of the application).
- Include a copy of your passport.
- Include your **non-refundable** deposit made out to Gateway Church. In the memo line, please write the name of the person going on the trip and trip name (Haiti). Deposit amount for international trips \$75.
- Scan and email or mail the completed forms. Drop the deposit in the collection plate or mail it.

Gateway Church
Attn: Mission Trip
324 Milltown Road
Bridgewater, NJ 08807

email: outreach@gatewaychurchnj.org

*Please note: This is a mission trip application form. Once your application has been reviewed, the mission trip leader or an outreach leader will contact you regarding your participation on the trip. If you have any questions, please email us at outreach@gatewaychurchnj.org.



2019 Mission Trip Team Member “Code of Conduct” & Commitment

I support the mission statement of Gateway Baptist Church-to help each person at Gateway believe in Jesus, belong to family, become a follower and build God’s kingdom. I appreciate that mission trips are an important part of how we accomplish that purpose. I understand that all who participate in mission trips are expected to observe and adhere to the following standard of conduct during the entire duration of the mission trip. As a participant of an upcoming mission trip, I understand and agree that:

1. I will demonstrate support for group leader decisions. I will pull the leader off to the side to communicate if I disagree with something. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this mission trip.
2. I will respect local customs and cultures. I will adhere to any dress code established for the trip at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
3. I will not leave the team or the vicinity of our work or housing unless directed or allowed to do so by my team leaders.
4. I will abide by any additional guidelines, which may be deemed necessary by the team leaders during the trip.
5. I will complete all the pre-work/preparations required for the trip (i.e. passport application, attend team meetings, immunizations).
6. I understand that a background check will be performed on my behalf as part of my application process.
7. I understand that my conduct on this mission trip can influence my participation on future mission trips with Gateway Church.

PARTICIPANT’S NAME 18 or OLDER
(Please print)

SIGNATURE

DATE

LEGAL GUARDIAN if under 18
(Please print)

SIGNATURE

DATE



2019 Gateway Church - Release of Liability

I have volunteered to participate in a Gateway Baptist Church short-term mission trip coordinated by Gateway Baptist Church. I also understand that my participation in a trip of this nature, includes certain inherent risks and dangers. They include, but are not limited to, personal injury, illness, disease, serious bodily injury, death and/or property damage or loss.

During this mission trip, I could be working on a house building project or projects that may require me to be working at a temporary construction site with hand tools, select power tools, equipment, ladders, scaffolding, and building materials such as wood, sand, cement, wiring, foam, stucco and paint. The quality of the tools, equipment and materials, as well as the condition of the construction site, may not be to the same standard or level of quality as typically used for professional housing projects in the United States.

I acknowledge there are safety, security and public health concerns when traveling on a mission trip. Such concerns include, but are not limited to, criminal activity (which may include violent crimes), unsafe driving conditions, natural disasters, or exposure to infectious diseases.

If I decide to drink any drinking water, or eat any food made available by any of the missions that Gateway Baptist Church supports during this mission trip, I do so at my own risk. I understand that Gateway Baptist Church does not guarantee that any drinking water or food it may make available is without risk. Despite such inherent risks and dangers, I am participating in this mission trip at my own risk. I freely accept and fully assume any and all risks and dangers that may arise out of or in connection with this mission trip, whether caused in whole or in part by the negligence or conduct of Gateway Baptist Church, its subsidiaries or affiliates, or their respective officers, directors, managers, employees, agents, vendors or volunteers.

I am, for myself, my heirs, executors and/or administrators, fully releasing and forever discharging Gateway Baptist Church, its subsidiaries or affiliates, or their respective officers, directors, managers, employees, agents, vendors or volunteers, from any and all liabilities and claims for personal injury, illness, disease, serious bodily injury, death, property damage or loss which I may sustain arising out of or in connection with this mission trip.

This Release of Liability represents the entire agreement between Gateway Baptist Church and me with respect to the subject matter set forth above. It supersedes all prior and contemporaneous agreements, communications, representations, or understandings between us. If any provision is determined to be invalid or unenforceable, the remaining provisions will remain valid and enforceable.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST GATEWAY BAPTIST CHURCH, ITS SUBSIDIARIES AND AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS AND VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS MISSION TRIP.

PARTICIPANT'S NAME (Please print)	SIGNATURE	DATE
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SIGNATURE OF PARENT OR LEGAL GUARDIAN-Required if the above participant is under 18 years of age. I am the parent and/or legal guardian of the above participant. I hereby consent to the above participant's participation in this mission trip. I represent that my consent to this Release of Liability is legally sufficient and no other consent from any other person is required by applicable law.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST GATEWAY BAPTIST CHURCH, ITS SUBSIDIARIES AND AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS AND VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS MISSION TRIP.

Father/LEGAL GUARDIAN if under 18 (Please print)	Father/LEGAL GUARDIAN SIGNATURE	DATE
Mother/LEGAL GUARDIAN if under 18 (Please print)	Mother/LEGAL GUARDIAN SIGNATURE	DATE



2019 Gateway Church - Financial Memo of Understanding

1. I understand that I am responsible for raising 100% of the funds required for the trip. The money I raise covers travel costs, food, lodging, security, ground transportation, translators and ministry expenses. I am responsible for passport, souvenirs, immunizations, food/drink while traveling to and from trip destination.
2. Financial donations made to **Gateway Baptist Church** mission trip team account are not mine- they belong to God and have been given to **Gateway Baptist Church** in order to accomplish the mission and work of the church.
3. If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
4. If I do not raise enough money to pay for my trip, I may not be able to go. Funds that I raise can be returned to my supporters or can be applied to the rest of the team.
5. If I raise an amount of money that exceeds my needs, the remaining money will be dispersed to other team members in need or used by Gateway Baptist Church for other financial needs associated with the mission.
6. In order to comply with the IRS, all checks for support of my trip must be made out to Gateway Church. Donors should **write my name and Haiti mission trip in the memo line** of their check. Donors can also give online via www.pushpay.com/pay/gatewaychurchnj. Again, donors should **write my name and Haiti mission trip in the memo line**.
7. If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my mission trip as a disciplinary action, none of the money raised will be refunded to me or any donors.
8. If you are a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, you will be sent home at your parent's and/or guardian's expense.

I have read the above and agree to the above policies, rules and terms.

PARTICIPANT'S NAME 18 or OLDER
(Please print)

SIGNATURE

DATE

LEGAL GUARDIAN if under 18
(Please print)

LEGAL GUARDIAN SIGNATURE

DATE



Gateway Church Mission Trip Application

Last Name:	Passport Number:
First Name:	Expiration Date:
Middle Name:	Country of Birth:
Date of Birth:	Citizenship:
Male: ___ Female: ___ Married: Y ___ N ___	Emergency Contact Name: _____
Street Address:	Relationship: _____
	Phone: _____
City: _____ State: _____ Zip: _____	Email: _____
Cell phone:	Which trip are you applying for? Medical ___ Other ___ For medical: What is your license? MD ___ RN ___
Email:	Resident ___ Other ___
Adult Unisex t-shirt size: ___XS ___S ___M ___L ___XL ___XXL ___XXXL	

Tell us a little bit about yourself:

How did you hear about this trip? _____ _____
Do you attend Gateway Bridgewater or Flemington? Y ___ N ___ If not, where do you attend? _____
How long have you attended? _____ Name of Pastor: _____
Can we contact your pastor for personal reference? Y ___ N ___ email: _____
List three other people we can contact for personal reference: 1. Name _____ relationship _____ email _____ 2. Name _____ relationship _____ email _____ 3. Name _____ relationship _____ email _____

In what areas of church are you currently serving or have served? _____

Have you previously participated in a mission trip(s)? Y ____ N ____ If yes, list the countries involved, dates, and type of work you did: _____

Have you or are you currently involved in your church's worship team? Y ____ N ____

Vocals: Y ____ N ____ Instrument: Y ____ N ____ Would you bring an instrument with you? If yes, please list _____

Are you fluent in any languages other than English? Y ____ N ____ If yes, name language (s):

Please describe any special spiritual or practical skills that may apply to this trip (medical training, worship leading, artistic skills, etc).

Medical Information

Volunteer projects can be extremely strenuous and stressful. This may include long rides in the back of a pickup truck or on a bus. Travelers are almost always required to carry their own luggage. Restrooms are not always readily accessible. The food may not be what you are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting location may not have air conditioning. There can be a considerable amount of walking involved in our trip, as well as climbing stairs. Summer months in many parts of the world can be very hot. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel, may provide inadequate care, or none at all.

You will need to submit your medical release statement (page 9) from your physician by March 15th.

Health Questions

Do you have any physical conditions that may limit your participation? Y ____ N ____ If yes, please describe:

Are you able to endure rough third world conditions, extreme heat, and a demanding schedule? Y ____ N ____
If not, please describe:

Are you a vegetarian? Y ____ N ____ Are you allergic to any foods or medicines? Y ____ N ____ If yes, which one(s)

*Note: We will do our best to accommodate vegetarian and special diets; however, our options may be limited.

I declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I authorize Gateway Baptist Church to verify any and all information provided above.

Sign:

Date:

With regard to financing this trip:


- _____ I plan to pay my own way.
_____ I plan to pay part of my way and trust God to provide the balance.
_____ I will need God to provide all of the finances.
_____ I need help learning how to develop my financial support team.

Getting to know you: (Use additional pages if needed)

Tell us a little bit about what God's been teaching you lately:

What is the primary reason you would like to be a part of this particular trip?

What do you hope to take home from this mission experience?



Pre-Participation Physical

This part must be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician's assistant.

Full Name:	DOB:
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You are being asked to certify that this individual has no contraindication for participation in a short-term mission trip.

Volunteer projects can be extremely strenuous and stressful. This may include long rides in the back of a pickup truck or on a bus. Travelers are almost always required to carry their own luggage. Restrooms are not always readily accessible. The food may not be what they are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting location may not have air conditioning. There can be a considerable amount of walking involved in our trip, as well as climbing stairs. Summer months in many parts of the world can be very hot. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel, may provide inadequate care.

Examiners please fill out the following information:

Medical restrictions to participate:		Y ____ N ____	If yes, explain _____				
yes	no	allergies/reactions	explain	yes	no	allergies/reactions	explain
		medication				plants	
		food				insect bites/stings	
yes	no	Issue or concern	explain	yes	no	Issue or concern	explain
		eyes				ears/nose/throat	
		lungs				heart	
		abdomen				hernia	
		musculo-skeletal				neurological	
		other					
		Does not have uncontrolled heart disease, asthma or diabetes				Has not had an orthopedic injury, musculoskeletal problems or orthopedic surgery in the last year or possesses a letter of clearance from his/her surgeon or treating physician	
		Has no uncontrolled psychiatric disorder				Has had no seizures in the last year.	
		Does not have poorly controlled diabetes.					

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a short-term mission trip unless duly noted. Furthermore based on my knowledge and evaluation of this person I am not aware of any emotional or psychological condition, which would potentially jeopardize children with whom we will be working during our mission.

Examiner's signature _____ date _____

Provider printed name _____

Address _____ City _____ State _____ Zip _____

Office phone _____