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| PERSONAL INFORMATION: | | | | |
| Name as it appears on passport (ATTACH COPY OF PASSPORT): | | Date of Birth: | Male Female | |
| Street: | | Town: | State: | Zip: |
| Phone: | | Cell: | Email: | |
| Citizenship: | | Passport #: | Date of Expiration: | |
| Church Affiliation: | | | | |
| Number of Years: | | | Are You a Member: Yes No | |
| EMERGENCY CONTACT: | | | | |
| Name: | | | Relationship: | |
| Street: | | Town: | State: | Zip: |
| Phone: | | Cell: | Email: | |
| TRIP FOR WHICH YOU ARE APPLYING: | | | | |
| Date: | | Location: | Leader: | |
| PRIMARY MEANS BY WHICH YOU PLAN TO FINANCE TRIP: The Valley Brook (VB) Mission Team can offer guidance on raising financial support. All trip payments are tax deductible. | | | | |
| Personal | | Raise support from VB friends | Raise support from non-VB friends | |
| HAVE YOU BEEN ON A VALLEY BROOK MISSION TRIP BEFORE: Yes No | | | | |
| PAST MISSION TRIPS IN WHICH YOU HAVE PARTICIPATED: | | | | |
| Year: | | Location: | Year: Location: | |
| OTHER MINISTRY EXPERIENCES: | | | | |
| HOW WOULD YOU LIKE TO SEE THIS TRIP CONTRIBUTE TO YOUR PERSONAL GROWTH? | | | | |
| HAVE YOU GIVEN YOUR PERSONAL TESTIMONY BEFORE A GROUP? | | | Yes | No |
| HAVE YOU LED ANYONE TO ACCEPT CHRIST AS SAVIOR? | | | Yes | No |
| IS THERE ANYTHING IN YOR BACKGROUND THAT COULD REFLECT NEGATIVELY ON YOU OR VALLEY BROOK? Yes No If yes, please describe: | | | | |
| WORLD VIEW (Please check only <u>one</u> box after each statement): | | | | |
| What part of the world is on your mind the most? | | My Town | Hartford | USA World |
| When you think of God's love, which comes to mind? | | Me | Family | Hartford World |

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| STEWARDSHIP (Please check only <u>one</u> box after each statement): | | |
| Describe your attitude about possessions: | I earn them | I share them once my needs are met |
| | I generously share them | I share them sacrificially |
| Poor people are: | In need of help | Just like me |
| | Lacking options | Potentially self sufficient |
| SERVICE AT VALLEY BROOK: | | |
| How often do you serve in church: | Never/not often | Seasonal |
| | Monthly | Weekly |
| Current service interest: | Mission trip leader | Mission Sunday |
| | Mission Team/Subcommittee | Role in this church department |
| SKILLS YOU HAVE THAT MAY BE USED ON THIS TRIP: | | |
| Construction skills: | Administration | Finances |
| English as a foreign language instructor: | Bible teaching | First Aid |
| Musical instrument: | Computer skills | Photography |
| Sports: | Evangelism | |
| Language: | Social Media | |
| Other: | | |

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| ANY ALLERGIES, ILLNESSES, HEALTH ISSUES THAT COULD AFFECT YOUR PARTICIPATION? | | |
| PRESCRIPTION DRUGS YOU ARE TAKING: | | BLOOD TYPE: |
| DATE OF LAST TETANUS/DIPHTHERIA VACCINATION? (Must be within 8 years) | | |
| I HAVE HEALTH INSURANCE THAT IS VALID IN THE LOCATION TO WHICH I WILL BE TRAVELING: | | |
| Yes | Company: _____ Policy No. _____ | No |

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| PERSONAL REFERENCE | | |
| <i>NOTE: IF THIS IS YOUR FIRST VALLEY BROOK MISSION TRIP, THE REFERENCE SHOULD BE FROM A VALLEY BROOK LEADER</i> | | |
| Name: | Phone: | Relationship: |
| PHOTOGRAPHY RELEASE: I agree to have my or my child's photograph taken during trip activities. The purpose of the photographs will be to tell the trip story and to encourage others to consider attending future trips. The photos may be used on the Valley Brook website, social platforms and/or other digital or print materials. The photos will not be used for fund raising purposes. | | |
| RELEASE OF CLAIMS: If accepted for this trip, I will participate voluntarily and of my own free will. I will not hold trip leaders, the sponsoring mission/missionaries or Valley Brook Community Church responsible for any accident, injury, illness, death or other personal loss that might result from this trip and I will release them from any liability, whether arising from the negligence of those persons or otherwise. I authorize trip leaders as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness which is deemed advisable. I will submit to trip leadership. I will maintain a cooperative spirit and keep the Team Covenant which I will have the opportunity to help create for the trip. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate. I understand health insurance coverage is being purchased for me specifically for this trip. Recognizing that I am a representative of Valley Brook Community Church, I agree to refrain from the consumption of alcoholic beverages and/or use of tobacco during the trip and related activities before and after the trip unless it is a specific expectation of national hosts. | | |
| Signature | | Date: |
| Parent signature (if under 18) | | Date: |
| Return completed application and copy of passport to VB Mission Team, missions@valleybrook.cc. | | |