



Short Term Medical Missions Team Member Application Packet

Thank you for your interest in Radiant Life Church short-term Missions

In this application packet you will find:

- Short Term Team Member Application
- Short Term Team Financial Policies
- Medical Information Form
- Release of Liability Form

It is very important that you read each document thoroughly and provide your signature in the areas noted.

Your application is not considered completed until all the above documents have been completed and submitted to Radiant Life Church Missions Committee along with the required non-refundable \$50 trip deposit (payable to Radiant Life Church) at:

ATTN: Medical Missions Trip
Radiant Life Church
11533 Gamel Cemetery Road,
Festus, MO 63028

If you have any questions about these documents or short-term missions at Radiant Life Church, please contact Windy Wright at (314) 494-3884.

In Christ,

Windy Wright, RLC Medical Missions Coordinator

Team Member Application

Medical Missions
Radiant Life Church
11533 Gamel Cemetery Road,
Festus, MO 63028
Phone: (636) 937-0800



Application Date: _____ Applying for which team/location: _____

Personal Information

Please type or print FULL LEGAL NAME (as it appears in your passport).

Name: _____
(last) (first) (middle)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Marital Status (please circle): *Single Engaged Married Widowed Separated Divorced*

Passport Number/Issue Date: _____

Place of Issue (City/State): _____

Passport Expiration Date: _____

(You must have an up to date Passport by the departure date to go on the mission trip.)

Relationship to Radiant Life Church

Check one and complete the requested information

☐ Member since _____ (month/yr) and have attended since _____ (month/yr)

☐ Regular attender and active in church since _____ (month/yr)

☐ Occasional or non-involved church attender

☐ Involved in a church other than Radiant Life Church

(specify church _____)

List three people to serve as references. If involved in a church, one must be a member or minister at that church.

1. _____
(name) (email) (phone number) (relationship)
2. _____
(name) (email) (phone number) (relationship)
3. _____
(name) (email) (phone number) (relationship)

If you attend Radiant Life Church, list the ministries that you have been involved with, both past and present (include length of involvement for each ministry and ministry leader).

Ministry Experience

List the cross-cultural and short-term experience you have had (if any) (beginning with the most recent and going back chronologically), indicating the length of each, the organizer's name, and a team leader we can communicate with.

List any foreign languages you speak and how well (i.e., little, conversational, fluent):

Personal Background

Give a brief description of yourself (your background)

Describe your relationship with the Lord and how you came to know him.

What is your primary reason for applying/what do you hope to gain from this trip?

How do you handle working in a team environment?

If you have had previous cross-cultural mission's experiences, either in the U.S. or abroad?

Have you had any past offenses working/volunteering with children? If yes, please give details

Do you have a professional license? If so what?

Do you have any offenses or restrictions on your license? If yes, please give details

Short Term Team Financial Policies

Medical Missions
Radiant Life Church
11533 Gamel Cemetery Road,
Festus, MO 63028
Phone: (636) 937-0800



Deposit Information

Please include your non-refundable deposit in the amount of \$50.00 with this application form. Make check payable to Radiant Life Church (put medical missions trip in Memo) or pay online by going to <https://radiantlifechurch.me/online-giving>. If you are accepted, this amount will go toward your trip cost.

Payment Schedule

After the \$50.00 deposit is paid by each individual, the following payment plan will apply:

50% of the balance due 68 days before the team leaves. **Due Jan 31, 2021.**

100% from each team member due 40 days before the team leaves. **Due March 1, 2020.**

Note: Any extra support raised will not be refunded (this is required by tax law for nonprofits)

Disclaimers

___ Neither the travel agency nor Radiant Life Church will be responsible for extra, unforeseen trip expenses. Should these occur, they will pass along to the traveler.

___ I understand that tobacco use of any kind, vaping, or use of alcohol is strictly prohibited for the entirety of this trip and agree to return home at my own expense if I do not follow this expectation.

___ I will agree to return home at my own expense if the team leadership determines that my behavior is or has been inappropriate.

___ If I decide to cancel my participation on a team after airline tickets have been purchased, I agree to reimburse Radiant Life Church for that cancellation expense.

In submitting this application...

- I am expressing my agreement with Radiant Life Church's statement of "This we believe." (viewable online under the "About" tab of our website)
- I will attend all meetings, all packing parties, and complete all orientation or training requirements.
- I whole-heartedly submit to the team leadership and will follow their direction and instruction.
- I am willing to work under the direction of missionaries and national pastors to accept and to perform any and all assignments cheerfully.
- I will be flexible in my attitude; adjusting my demeanor, posture, and manner as needed.
- I am willing to conform to the standards of the national Christians, even if those standards are stricter than my own.
- I have read and agree to the above deposit and payment information.
- I have read and agree to the above disclaimers.

Signature: _____

Date: _____

Your expectations greatly influence the success of a short-term mission trip. We would like your initial thoughts (use additional sheets of paper if needed).

Why are you applying for this team?

What impact are you anticipating that this trip will have on your relationship with God?

How do you think your involvement will strengthen the team?

Describe the type of relationships you hope to build with the people you will be ministering to:

What impact do you expect the team will have?

Medical Information

Medical Missions
Radiant Life Church
11533 Gamel Cemetery Road,
Festus, MO 63028
Phone: (636) 937-0800



Name: _____

Medical Insurance *Note: Everyone will be required to purchase short-term travel health insurance.*

Insured name

Membership Number

Group Number

Company Name

Company Phone Number

In Case of Emergency Please Notify

Name

Relationship

Address

City/State/Zip

Home Phone

Work Phone

Alternate

Name

Relationship

Address

City/State/Zip

Home Phone

Work Phone

YES	NO	(please use an extra sheet of paper if you require additional space)
		1. Are you currently ill or undergoing any medical treatment (including medications)? Explain:
		2. Do you have allergies (foods, medications, hay fever, etc.)? Explain:
		3. Do you have any daily mandatory medical needs (including medications)? Explain:

YES	NO	
		4. Are you in any way physically or mentally handicapped? If so, explain:
		5. Do you have back problems? If so, explain:
		6. Do you have any problems not already mentioned which might hinder you during this mission trip? Explain:
		7. Do you have any special dietary needs/requirements? Explain:
		8. What is your blood type?
		9. Is your tetanus shot current? Date of last tetanus shot:

Radiant Life Church Adult Short-Term Missions Trip Release of Liability

I realize and acknowledge that my participation in a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to a foreign country exposes me to risks including, but not limited to accidents, disease, war, political unrest, and natural disasters.

I expressly agree that all activities associated with the short-term mission trip sponsored by Radiant Life Church to _____ from _____ to _____ are undertaken by me at my sole risk, and that Radiant Life Church, its servants, officers, employees, or agents, shall not be liable for any claims, demands, injuries, damages, or causes of action to me or my personal property arising out the above-described activities associated with the above-described short term ministry trip and I hereby expressly forever release and discharge Radiant Life Church, its servants, officers, employees, or agents from all such claims, demands, injuries, damages, or causes of action arising from acts of active or passive negligence on the part of Radiant Life Church, its servants, officers, agents, or employees.

Signed: _____
Team Member's signature

Date: _____

Radiant Life Church Short-Term Missions Trip Release of Liability for Minors

In signing this form, I, _____, the parent and/or legal guardian of _____ (team member's name), agree to hold Radiant Life Church, its officers, employees, or other agents liable for injury, loss, damage, or accident arising out of the church's negligence or that negligence of its officers, employees or other agents that I (and my minor children participating with me—listed below) might encounter while on one of its mission trips to _____ from _____ to _____.

I realize and acknowledge that my (and my minor child's/children's) participation in a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume risks that might result from my travel to a foreign country, and I agree to hold Radiant Life Church, its officers, employees, or other agents blameless for liability concerning my personal health and well-being arising out of Radiant Life Church's negligence, and liability for my personal property that might be lost, damaged, or stolen while on a mission trip arising of Radiant Life Church's negligence. I also give permission for my child to travel with an assigned staff member from Radiant Life Church outside the United States of America and give that person permission to administer medical care in the case of an emergency.

I have carefully read the foregoing and I understand that my signature herein holds Radiant Life Church, its officers, employees, or other agents harmless for liability for injury, damage, loss, accident, delay, or irregularity in schedule arising out of the church's negligence or the negligence of its officers, employees, or other agent.

Parent or Guardian's signature

Date

Minor Child Participating (under 18 years of age):

Name

Date of Birth

Notarization

In the state of _____ in the county of _____, this instrument was signed, attested, and acknowledged before me on _____ by _____.

Notary Signature

Date