2018 - Sammamish Presbyterian Church Lesvos, Greece Refugee Mission Trip Application

Applications must be received by Sunday, December 3.

Trip Information

Trip Details: To serve the refugees in Lesvos, Greece with Greater Europe Mission's

Euroteam, shining God's light through our actions and love. Duties at the camp will include sorting donations, distributing meals, welcoming new refugees and doing anything else we're needed to do in service to the

community.

Sunday, February 24, 2018 – Saturday, March 8, 2018 Schedule may vary **Trip Dates:**

slightly.

The cost of the trip is approximately \$1800-2200 (depending on airline costs). **Trip Costs:**

Team Selection: The SPC Associate Pastor for Missions will assemble the team based on the following criteria:

1. We will seek out those people who have a discernable sense of God's calling to participate in this particular mission effort.

- 2. We will seek to give preference to individuals who demonstrate a commitment to participation in life and ministry at SPC.
- 3. Consideration will be given to a person's health and physical ability to meet the challenges of this mission trip.
- 4. We will seek to ensure a gender and age balance on this trip so that all are welcomed and included in SPC's international mission work. All participants must be 18 years of age.
- **5.** An online application and background check for Euroteam will need to be completed by each member of the selected team

Mandatory Team Dates:

Training Session 1 – Sunday, December 10, 2017 from 5:00pm - 8:00pmTraining Session 2 – Sunday, January 21, 2018 from 5:00pm - 8:00pmTraining Session 3 – Sunday, February 11, 2018 from 3:00pm - 6:00pm

Other Required Training

Completion of an online mission safety course is also required by Euroteam

International Travel Medical Information

SPC encourages all mission trip participants to consult with a **travel doctor** prior to international mission travel. Your doctor or health-care provider will determine what you will need, depending on your health and immunization history, areas of the country you will be visiting, and planned activities. The CDC website may also provide helpful travel information:

https://wwwnc.cdc.gov/travel/destinations/traveler/none/greece

PLEASE PRINT

Name		
Home Phone	Work Phone	Cell Phone
Email address		
Address		
City	State 2	Zip
Emergency Contact In	nformation:	
Emergency contact		Relationship
Home Phone	Work Phone	Cell Phone
Email address		
Address		
City	State 2	Zip
Passport Information		
Country of Issue (If US	A – Agency)	
Passport #	Expiration I	Date
Name as it appears on p	passport	
Please answer the follo	owing – attach additional sheets a	as necessary.
1. Why are you int	erested in going on this mission tr	rip?
2. Describe the wa	y in which you feel God's leading	g to participate in this trip.
•		s team will do, what gifts, skills, language
proficiency, or o	other talents will you bring to the t	team?
4 5 7 1		
motion, altitude,	your travel (examples include problems with trophobic, and sleeping in a strange	
environment). I allergies, etc.).	Please include any food restriction	ns/requirements you may have (vegetarian,

Release statement:

Signature	Date
including (but not limited to) the SPC webs	ite, Facebook, Twitter, YouTube, Instagram, and BlogSpot (initial)
	photographs of the above mentioned from the above mentioned trip in future publications
. , , , , , , , , , , , , , , , , , , ,	ng out of the above mentioned participation during the time period described in this application
the mentioned above (initial) Furth	er, I agree that I will not hold Sammamish Presbyterian Church (SPC) or their agents/employees
the physician selected by SPC or its agent	s to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for
medical decision on my own behalf and m	y emergency contact cannot be reached in an emergency situation, I hereby give permission for
above mentioned is not permitted/capabl	e of administering his or her own medication (initial) In the event I am unable to make
otherwise noted (initial) I authorize	te SPC and its agents to administer the medications listed above to the mentioned above if the
to the best of my knowledge. (initial)	The above mentioned can participate in all Lesvos Greece Mission trip activities unless
. ,	unbecoming of an ambassador of Jesus Christ and/or SPC. The above medical history is correc
· ·	ood the satety intormation and agree to it. I acknowledge that I may be disqualitied trom the

By submitting this application, I commit to the following:

- To be an active participant in fundraising, team training and mission experiences.
- To be responsible for all financial costs incurred on my behalf.
- Adhere to the policies/procedures set by SPC and the service organization I am partnering with.
- Understand the culture of the country, city and/or organization in which we are serving.
- Do my best to be present, communicate and reflect the love of Jesus Christ as a full participant on the mission team.

Please include the following items:

- Completed and signed application.
- Copy of your passport (must be valid for 6 months after departure date from Greece).
- Copy of insurance card (for safety while on the trip). You may also include a list of medications. All information is confidential to the team leader(s).
- \$150 deposit must accompany each application. This deposit is non-refundable once the team is set.

Applications can be dropped off or mailed to:

Sammamish Presbyterian Church 22522 NE Inglewood Hill Road Sammamish, WA 98074 <u>Attention</u>: Greece Mission