Sammamish Presbyterian Church Hebron Community Projects Mission Trip Application

Applications must be received by Sunday, March 18, 2018. All participants must be 18 years of age. Participants 18-21 years of age must be accompanied by parent or guardian.

Trip Information

Trip Details:

SPC is partnering with Hebron Community Projects (HCP) to participate in and support a Christian holiday camp for the children of Citrusdal, South Africa. Attending to the students of this community will be the primary focus of this mission trip. Activities may include but not be limited to: Outdoor games, arts + crafts, music, and Bible lessons. This trip will be led by Jeff Lincicome, Senior Pastor. Space is limited. Participants will need to a bring sleeping bag and a travel pillow. Team members will be expected to engage in activity with children for up to 8 hours a day.

For more information on the organization, see **Hebroncp.org**.

Trip Dates: Thursday, June 21, 2018 – Monday, July 2, 2018 Schedule may vary slightly.

Trip Costs: The cost of the trip is approximately \$2,500 to \$3,500 (depending on airline

costs).

Team Selection:

The SPC Senior Pastor will assemble the team based on the following criteria:

- 1. In conversation with the SPC Mission Pastor, 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 reach a balance of first-time members and returning team members for this mission trip.
- 5. 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.

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:

http://wwwnc.cdc.gov/travel/destinations/traveler/none/south-africa.

PLEASE PRINT

Name		-	
Home Phone	Work Phone	Cell Phone	
Email address			
Address			
City	State	Zip	
Emergency Contact In	formation:		
Emergency contact		Relationship	
Home Phone	Work Phone	Cell Phone	
Email address			
Address			
City	State	Zip	
Passport Information			
Country of Issue (If USA	A – Agency)		
Passport #	Expiration	Date	
Name as it appears on pa	assport		
Please answer the follow	wing – attach additional sheets o	as necessary.	
 Why are you inte 	erested in going on this mission t	trip?	
	C C	•	
2. Describe the way	in which you feel God's leadin	g to participate in this trip.	
•	•	is team will do, what gifts, skills,	, language
proficiency, or o	ther talents will you bring to the	team?	
<u> </u>	• •	your travel (examples include pratrophobic, and sleeping in a strain	
		ns/requirements you may have (v	

Release statement:

Signature	Date	
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trip in future publications including (but n	ot limited to) the SPC website, Facebook, Tw	vitter, YouTube, Instagram, and BlogSpot (initial)
•••		of the above mentioned from the above mentioned
• , . , . ,	. ,	entioned participation during the time period
· · ·	ll not hold Sammamish Presbyterian Church (
by SPC or its agents to hospitalize, secur	e proper treatment for, and to order injection	ons, anesthesia, or surgery for the mentioned above
own behalf and my emergency contact c	annot be reached in an emergency situation	, I hereby give permission for the physician selected
permitted/capable of administering his of	or her own medication (initial) In the	event I am unable to make medical decision on my
I authorize SPC and its agents to	administer the medications listed above to	the mentioned above if the above mentioned is not
, , , , , , , , , , , , , , , , , , , ,	·	CP mission trip activities unless otherwise noted (initial)
HCP mission trip if my conduct is unbecon	ning of an ambassador of Jesus Christ and/	or SPC. The above medical history is correct to the
I acknowledge that I have read & unders	stood the safety information and agree to it	. I acknowledge that I may be disqualified from 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 (<u>must have two blank visa pages in your passport</u>; <u>passport must be valid for 6 months after departure date from South Africa</u>)
- 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).
- \$200 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

Attention: Mission