

**DOUBLE OAK COMMUNITY CHURCH  
MISSION APPLICATION**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE-AM (\_\_\_\_\_) \_\_\_\_\_ PHONE-PM (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

**MARITAL STATUS:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ CHILDREN'S NAMES \_\_\_\_\_

PASSPORT# \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

DO YOU HAVE AN IMMUNIZATION CARD (Yellow) \_\_\_\_\_

PRAYER PARTNERS 1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**FINANCIAL INFORMATION**

THE COST OF THE MISSION IS \$\_\_\_\_\_. (PLUS AIRFARE - )

HOW DO YOU ANTICIPATE PAYING FOR THE MISSION?

\_\_\_\_ PAY THE ENTIRE AMOUNT

\_\_\_\_ I AM REQUESTING A SCHOLARSHIP FROM DOCC

# SKILLS

PLEASE LIST ANY SKILLS YOU HAVE IN LANGUAGES OTHER THAN ENGLISH.

CHECK ANY OF THE SKILLS BELOW THAT APPLY TO YOU. GIVE FURTHER EXPLANATION IF NECESSARY.

## MEDICAL

- Doctor
- Nurse
- Dentistry
- Nutrition
- Other (name it)

## CONSTRUCTION

- Carpentry
- Masonry
- Plumbing
- Electrical
- Other (name it)

## COMPUTER

- Programming
- Data Entry
- Word Processing
- Other (name it)

## BUSINESS

- Accounting
- Management
- Marketing
- Other (name it)

List type of Computer:

## PERSONAL MINISTRY

- Bible Study Leader
- Evangelism
- Singing
- Musical Instrument
- Other (name it)

## OTHER

- Horticulture
- Agriculture
- Arts/Crafts
- Food Service
- Other (name it)



## LIABILITY RELEASE FORM

In signing this form, I \_\_\_\_\_, agree not to hold Double Oak Community Church its officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their missions trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Double Oak Community Church its officers, employees, or agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged or stolen while on a mission trip.

I have carefully read the foregoing and I understand that my signature herein holds Double Oak Community Church, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signature of Parent or Legal Guardian (if a minor) \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

NOTARY:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ ON THIS DAY  
OF \_\_\_\_\_ 20\_\_\_\_, BEFORE ME PERSONALLY APPEARED

\_\_\_\_\_ TO BE KNOWN TO BE THE  
PERSON(S) WHO EXECUTED THE ABOVE RELEASE, AND ACKNOWLEDGE  
THAT \_\_\_\_\_ VOLUNTARILY EXECUTED SAME.

NOTARY PUBLIC: \_\_\_\_\_

DATE OF EXPIRATION OF NOTARY COMMISSION: \_\_\_\_\_

NOTARY SEAL

**PARENTAL CONSENT FORM  
(For Minors Only)**

**IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE A DESIGNATED REPRESENTATIVE OF DOUBLE OAK COMMUNITY CHURCH MY PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE MY PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO BY USING MEASURES DEEMED NECESSARY. I FURTHER ABSOLVE THE DOUBLE OAK COMMUNITY CHURCH, FROM LIABILITY IN THIS REGARD.**

**DATE: \_\_\_\_\_**  
**\_\_\_\_\_**  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**  
**MUST BE EMERGENCY CONTACT LISTED ABOVE**

**NOTARY**

**MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_**

**NOTARY: \_\_\_\_\_**

**NOTARY STAMP**

**DOUBLE OAK COMMUNITY CHURCH MISSION 2007**

**MORAL OBLIGATION**

I \_\_\_\_\_ **HEREBY AGREE AS A**

**FOLLOWER OF JESUS CHRIST TO BE MORALLY RESPONSIBLE THAT IF I, FOR ANY REASON, HAVE TO DROP OUT OF DOUBLE OAK COMMUNITY CHURCH MISSION 2007 AFTER \_\_\_\_\_, 2007, I WILL BE RESPONSIBLE TO PAY FOR THE DESIGNATED AIR FARE OF THIS TRIP OR FIND A REPLACEMENT THAT IS ACCEPTABLE AND APPROVED BY DOUBLE OAK COMMUNITY CHURCH MISSIONS COMMITTEE.**

**DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

**(of parent or legal guardian if under 18 yrs. old)**

**PLEASE HAVE THIS FORM SIGNED AND IT MUST BE SIGNED AT THE \_\_\_\_\_ MEETING. THANK YOU FOR YOUR PROMPT RESPONSE.**

## **MISSION PARTICIPANT COVENANT**

**I, as a member of the Short Term Mission Team, covenant the following:**

- 1. To prepare for the experience by participating in team orientation sessions.**
- 2. To prepare spiritually for such a mission.**
- 3. To represent double oak community church as honorably as I can.**
- 4. To uphold group spirit by cooperating with group decisions and by obeying the few, necessary directives of the team leader.**
- 5. To participate in daily devotions with team members.**
- 6. To share my faith in an appropriate manner while on the mission.**
- 7. To prepare myself physically for the mission.**
- 8. To return to church and community and give as freely as I can of my time in interpretation of the mission experience to our church members who were unable to go on the mission.**

**I, in return, as part of the covenant, expect:**

- 1. To grow in my Christian experience and commitment.**
- 2. To experience life as other people live it.**
- 3. To realize a valid contribution to those who need help.**
- 4. To share joy of service with a group of Christians.**
- 5. To feel the support of the other members of the work team.**
- 6. To enjoy the work experience.**
- 7. To appreciate my church, my home and my community.**

**(Add any other expectations you have with respect to the mission)**

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**EMERGENCY AND HEALTH INFORMATION**

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

**EMERGENCY INFO FOR (PRINT NAME):** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE-AM ( )** \_\_\_\_\_ **PHONE-PM ( )** \_\_\_\_\_

**CELL ( )** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HEALTH INSURANCE CO:** \_\_\_\_\_

**POLICY #:** \_\_\_\_\_

**PHYSICIANS NAME:** \_\_\_\_\_ **PHONE ( )** \_\_\_\_\_

**DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WE SHOULD KNOW ABOUT?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES, PLEASE DESCRIBE:** \_\_\_\_\_

\_\_\_\_\_

**ARE YOU PRESENTLY TAKING ANY MEDICATIONS: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES, EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**DESCRIBE ANY SPECIAL DIETARY NEEDS:** \_\_\_\_\_

**PLEASE PRAY BEFORE FILLING THIS FORM OUT. REMEMBER YOUR ANSWERS ARE IMPORTANT SO THAT WE CAN IMPROVE ON THE NEXT MISSION TRIP AND IN ORDER TO SERVE GOD MORE EFFECTIVELY.**

**SHORT-TERM MISSION EVALUATION FORMS**

**NAME:** \_\_\_\_\_

**Did you feel adequately prepared?      Yes\_\_\_\_\_      No\_\_\_\_\_**

**Did you experience the power of God on this mission?      Yes\_\_\_\_\_      No\_\_\_\_\_**

**In what areas:** \_\_\_\_\_

**Have you grown closer to God?      Yes\_\_\_\_\_      No\_\_\_\_\_**

**In what areas:** \_\_\_\_\_

**What type of things did you learn?** \_\_\_\_\_

\_\_\_\_\_

**What would you like to see changed?** \_\_\_\_\_

\_\_\_\_\_

**Did you get sick?      Yes \_\_\_\_\_      No \_\_\_\_\_**

**What was the problem?** \_\_\_\_\_

\_\_\_\_\_

**What did you do for this?** \_\_\_\_\_

**How long did it last?** \_\_\_\_\_

**Was this a life changing experience for you?      Yes \_\_\_\_\_      No \_\_\_\_\_**

**How do you plan to get involved in missions now that you are back home?**

\_\_\_\_\_