



Mission Experience Team Member Information

Tell us why you have decided to go and serve in Show Low, AZ? _____

What is your best trait that you offer to your team? _____

Are there currently any spiritual issues in your life that may hinder you in serving on this trip?

Do you have...

FB _____ Twitter _____ Instagram _____ Can we connect with you on social media? Y N

Full name _____ Date of Birth _____

Full address _____

Phone: home _____ Cell _____

E-mail _____

Where do you go to church? _____

Church address _____

Church phone _____ Minister Name _____

Emergency contact info:

Person 1 Name _____ Phone _____

Person 2 Name _____ Phone _____

Relationship status single married engaged widow(er) divorced

Are you a member at your church? _____ Have you been baptized? _____

List any medical problems or limitations we need to know about; please include allergies

If you are under the age of 18, we need a little more information:

Father _____
Father's Phone _____

Mother _____
Mother's phone _____

How interested are you in serving in these areas (use numbers from 1-5 with 1 representing no desire to work in the area to 5 representing that you would love to work in an area)

vbs _____
preaching/teaching _____
holding kids at an orphanage _____
feeding people at the local dump _____
working with homeless teens _____
painting _____
carpentry _____
masonry _____
general construction _____
home visits _____

prayer with sick _____
working at a blind school _____
general school outreach _____
hospital visits _____
pastor/leader seminar _____
street evangelism _____
helping people move _____
sports outreach _____
disaster clean up _____
preparing meals for people _____

Tell us a little about how God has led you to go and serve _____

Commission Encounter can only guarantee a spot if we receive your deposit, so please include your deposit of \$180 with this application.

Please indicate the amount that you have included \$ _____

Disclaimer: all of the options listed above might not be available for your mission experience. Some are dependent on location and others on availability and time of year. Please understand that we want to create your week around your team but sometimes God changes plans to allow you to get out of your comfort zone.



Permission and Release Form

A copy of this form must be signed and returned to Commission Encounter with your application and deposit. We need all three to register you with us.

"I, _____, do hereby certify that I am willing, physically fit, and sufficiently prepared to travel with, and participate in, a voluntary work project with Commission Encounter.

"I, for myself, and on behalf of my estate, heirs, executors, and administrators do hereby full release and discharge Commission Encounter and/or its Executive Director, its Journey Coordinator, its Project Director, and/or their board members, officers, affiliates, agents, representatives, and successors from any liabilities, claims, obligations, damages, and causes of action whatsoever arising or growing out of my traveling and participation in the programs of Commission Encounter. I understand that those serving with Commission Encounter serve at their own risk and Commission Encounter is not liable in the event of sickness, accident, death, or acts of terrorism.

"Furthermore, any of the above-mentioned have my permission to take me to a doctor for medical treatment, hospitalization or emergency surgery if the need should arise. I assume the responsibility for all medical bills for myself. Should it be necessary for me to return home due to medical reasons or disciplinary action, I will assume total transportation costs incurred above the original ticket cost of the work project.

It is essential that Commission Encounter have this document completed. The form covers legalities that are not anticipated, but must be considered.

Specific Limitations: Travel dates and/or work plans may be altered in the event of scheduling difficulties with airlines, political or natural causes, or problems at the mission location.

Signature of Commission Encounter Participant _____

Signature of Parent/Guardian if under 18. _____

____ / ____ / ____ Date

Application and Deposit should be sent to the following address:

Commission Encounter
PO Box 518
Bardstown, KY 40004

Next Steps:

- 1. Submit Application and \$180 deposit by February 22nd**
- 2. April 12th- 50% of Total Due**
- 3. May 24th Final Payment Due**