

FORM A – MISSION TRIP APPLICATION

Hyde Park United Methodist
500 W. Platt Street, Tampa, Florida 33606
813.253.5388

Country _____ Trip Dates _____

FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.

Title (Circle) _____ Name _____
Mr. Mrs. Miss _____
Rev. Dr. Other _____
Last (Family) _____ First (Given) _____ Middle Initial _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address (print plainly): _____

Birth Date (Month/Day/Year): _____ Birth Place: _____

Current or last Employer (if student, name of school): _____

Name on Passport (your name must be shown exactly as written on your passport):

Passport #: _____ Expiration Date: _____

If not a U.S. citizen, list citizenship country: _____

Country/State/City of Issue: _____ Social Sec. No. _____

Marital Status: _____ If married, spouse's name: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Are you a member of Hyde Park United Methodist Church? How Long? _____

Name and phone number of a church member who knows you well: _____

If not a Hyde Park United Methodist member, please list your church name, pastor, and name of a person who knows you well (include contact information):

In which ministry areas of the church have you served?

Please describe the extent of your Christian education, if any – i.e., Sunday school, Confirmation, Disciple Bible Study, Fresh Start, Companions in Christ

Why do you want to serve on this mission?

Why do you believe God has called you to serve on this particular mission?

Do you have any difficulty working with Christians who may have doctrinal viewpoints different from your own?

Describe your cross-cultural living, training and/or travel experiences. What did you learn? What types of difficulties did you experience?

Do you speak a language other than English? If so, please list:

List countries and dates of previous overseas volunteer experiences:

Please describe your strengths, your ministry gifts and skills:

Please describe areas in which you desire growth in your personal and spiritual life:

How do your immediate family members feel about your going on this mission trip?

Have you ever been denied a travel visa or had a travel visa revoked? If so, for which country and what were the circumstances?

Do you have difficulty receiving and following direction from a team leader? If so, how do you propose to overcome this?

Do you anticipate having to raise funds for this trip? Please describe how you plan to raise the additional funds you will need. Do you need any scholarship assistance?

Signature _____ Date _____

Please return this completed form prior to the departure of the trip for which you are applying, along with a completed and signed copy of:

Hyde Park Forms:

- | | |
|---|--|
| <input type="checkbox"/> Application (Form A) | <input type="checkbox"/> Photo Release Form (Form C) |
| <input type="checkbox"/> Mission Trip Covenant (Form B) | <input type="checkbox"/> Background check (every five years) |
- Date of last background check by Hyde Park United Methodist _____

Florida Conference UMVIM Forms

- Medical Authorization and Release of Claims
- Missioner Profile
- Notification of Death
- Physician's Release Form

EI Ayudante Forms

- EI Ayudante Medical Information and Release Form
- EI Ayudante Release of Claim

Please also include:

- Copy of passport
- Need a t-shirt? T-shirt size _____

Return to: **Hyde Park United Methodist**
500 W. Platt Street Tampa, Florida 33606
Attn: Vicki Walker

This application will not be considered until all of the fully completed materials listed above are received. Upon receiving these materials, and prior to accepting the application, Hyde Park United Methodist may review all pertinent information (including that provided by references) relating to the applicant's interest in serving on a particular mission trip. Additionally, if the Missions Team has any questions regarding the applicant's responses or physical ability to serve on a specific trip, a personal interview may be requested. The Missions Team will make the final decision regarding an application, if there are any questions or concerns.

Once an application has been accepted for a specific trip, the applicant will be notified of the acceptance promptly via letter, email or phone call. If, for any reason, an application is denied, the deposit will be refunded in full.

Form B – Mission Trip Covenant

Hyde Park United Methodist
500 W. Platt Street, Tampa, Florida 33606
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Country _____ Trip Dates _____

As a member of this team I agree to:

- Remember that I am representing Hyde Park United Methodist and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and for those with whom we will be in contact.
- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about “how we do things.” I’ll be open to learning about other people’s methods and ideas.
- Respect others’ view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and only bring luggage and possessions that are appropriate for the service needs of the mission and the country’s culture.
- Develop and maintain a servant’s attitude toward all Nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions.
- Respect my team leader(s) and respond positively to his/her decisions.
- Refrain from criticism and gossip about our host(s) and teammates.
- Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive, and supportive.
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Refrain from any activity that could be construed as a special or romantic interest in a National or teammate.
- Watch my language, refrain from discussing politics or other sensitive subjects, and avoid references to the military and to other religious groups or practices.
- Refrain from teaching or practicing any belief that is not supported by the United Methodist Church.
- Attend the mandatory mission team building meetings.
- Participate actively in meetings as well as in mission, through sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.
- Keep confidential discussions and personal information shared among team members.

Signature: _____ Date: _____

FORM C – MISSION TRIP PHOTO RELEASE

Hyde Park United Methodist
500 W. Platt Street, Tampa, Florida 33606
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Release and Consent

Participant Name (print name) _____

I authorize and grant Hyde Park United Methodist Church, Inc., its employees, agents, licensees, independent contractors, successors and assigns (collectively "Producer") the right to record my name, likeness, image, voice and statements (collectively "Appearance") digitally or on film, tape or otherwise for use in a planned video production and any other programming (collectively the "Programming".) I understand and agree that my Appearance may be edited and otherwise altered at the sole discretion of the Producer, and used and re-used by Producer, in whole or in part. I also understand and agree that my Appearance may be used and re-used for any and all broadcasting, advertising, digital distribution, or exploitation of any type, whether audio or visual, or for any purpose in any manner or media (whether now known or hereafter devised, and including but not limited to, Internet broadcast and home media products), including use for advertising or commercial purposes or purposes of trade. I further understand and agree that these rights are granted to Producer in perpetuity and throughout the world. By signing this agreement, I understand that I have no rights to the Programming or any other uses or re-uses, and no right to receive any compensation or consideration for any uses or re-uses of all or part of the Programming or my Appearance.

I also consent to the use of my Appearance in connection with the broadcast, distribution, exploitation or promotion of the Programming, as well as other uses and re-uses, as may be edited by Producer, its employees, agents, licensees, independent contractors, successors or assigns.

If the participant named above is a minor child, I represent and promise that I am the child's parent or legal guardian, and that I have full and sole authority to sign this agreement on my own behalf and on the child's behalf. I agree to all the terms of this agreement on my own behalf and on behalf of the child.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Participant signature _____ Date _____
(or signature of minor child's parent/guardian)

Address _____

Phone _____