



Mission Trip Application & Financial Information

- Please complete the Mission Trip Application in its entirety before submitting.
- Please read and sign the following: Financial Memo of Understanding, Code of Conduct, and Liability Release Form and return with your application.
- Include a copy of your passport for International trips.
- Include your non-refundable deposit made out to Ignite. In the memo line please write the person's name going on the trip and trip name. Deposit amounts are as follows:
regional trips \$100 international trips \$200
- Mail the completed forms along with a copy of your passport (if applicable) and deposit to:
Ignite Student Ministries
Attention: Missions Director
1007 E. Boston Ave
Monmouth, IL 61462

Please note: This is a mission trip application form. Once your application has been reviewed, the mission trip leader will contact you regarding your participation on the trip. If you have any questions, please e-mail us at info@igniteyourcampus.com



Requirements for Short-Term Mission Trips:

I understand and agree to the following principles:

1. Be at least 18 years of age. (Or, at least 16 years of age with a parent participating in the same trip.) Selected trips may have other trip-specific age requirements.
2. Be actively involved in a local church and/or Ignite Campus Group.
3. Receive parental approval (for candidates under 18 years of age or those in college).
4. Attend all trip meetings. Absences must be cleared with the trip team leader.
5. Will adhere to all **deadlines, including financial deadlines**, regardless of whether I pay individually the cost of the mission trip or raise financial support to cover the cost. All participants must abide by the deadlines for application, deposits and payments.
6. Passport, vaccinations, and any medical prescription costs are incurred by the team member and are their financial responsibility. These costs are not calculated in the trip cost and are not the responsibility of Ignite Student Ministries.

I have read the above and agree to the above policies, rules, and terms.

APPLICANT:
(PRINTED NAME) (SIGNATURE)

LEGAL GUARDIAN
(PRINTED NAME) (SIGNATURE)

DATE



FINANCIAL UNDERSTANDING:

1. Financial donations made to **Ignite** mission team accounts are not mine—they belong to God and have been given to **Ignite** in order to accomplish the mission and work of the ministry.
2. If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
3. If I do not raise enough money to pay for my trip, I may not be able to go. Any money raised will be applied to the current trip or materials needed.
4. If I raise an amount of money that exceeds my needs, remaining money will be dispersed to other team members in need or used by Ignite Student Ministries for other financial needs associated with the mission.
5. If, for some reason, I do not participate on the mission trip to which I have been accepted, I understand that the monies donated to my trip *cannot be refunded to me or to the donors* due to the non-profit status of **Ignite Student Ministries**. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside of the trip.
6. In order to comply with the IRS, all checks for support of my trip must be made out to **Ignite**. Donors should *the trip name in the memo* line of their check.
7. If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my mission trip as a disciplinary action, none of the money raised will be refunded to me or any donors.
8. If you are a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, you will be sent home at your parent’s and/or guardian’s expense.
9. I will return any unused money from my on-field stipend (if given) to my team leader before leaving the airport upon my return.

I have read the above and agree to the above policies, rules, and terms.

APPLICANT: (PRINTED NAME) (SIGNATURE)

LEGAL GUARDIAN (PRINTED NAME) (SIGNATURE)

DATE



Mission Trip Application Form

Trip Location: _____ **Trip Dates:** _____

In order to participate in an Ignite Mission Trip, you must attend the mandatory team meetings.

Are you willing to attend these meetings? ____ Yes ____ No

PERSONAL DETAILS

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers – Home: _____ Cell: _____

Email: _____ T-shirt size: _____

Date of Birth: _____ Social Security Number: _____

Passport Number: _____ Issue Date ____/____/____ Expiration Date: ____/____/____

Name as it appears on your passport: _____

Male Female Single Married: Spouse's name: _____

EMERGENCY DETAILS

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone Numbers: Home: _____ Work: _____

Email: _____

MEDICAL HISTORY

a. General Health: _____

b. Limitations: _____

c. Any history of the following:

trick knee _____ weak ankles _____ bad back _____ other _____

d. Are you subject to: diabetes _____ epilepsy _____ heart disease _____ hypertension _____
other _____

e. Appendix removed? _____

f. Tetanus shot updated? _____

g. Medicines taken: _____

Reason: _____

h. Allergies (food, drugs, other): _____

Medications used to treat allergies: _____

i. Medical treatment received in the past year: _____

j. Have you had or been exposed to any contagious disease in the past six months? _____

If so, what? _____

k. Do you have any dietary restrictions? _____

If so, what? _____

Physician's Name: _____ **Office Phone:** (____) _____

Address: _____ City: _____ State: ____ Zip: _____

I hereby give permission for my (circle one:) son / daughter / self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____

Date: _____

INSURANCE DETAILS

Insurance issued in the name of: _____

Address of insured: _____

Name of insurance company: _____

Address of insurance company: _____

Policy number: _____

Beneficiary: _____

MINISTRY STRENGTHS

Please tick all boxes that apply:

SPEAKING MINISTRY:

- Teaching
- Preaching
- Story Teller
- Counselor
- One-to-one Witnessing

CREATIVE MINISTRY:

- Singer
- Musician

- Drama
- Dance
- Other: _____

EXPERIENCE WITH:

- Children
- Youth
- Young Adults
- Adults
- Senior Citizens

LEADERSHIP EXP:

- Pastor
- Asst Pastor
- Children
- Youth
- College/Young Adult
- Missions
- Other: _____

GIFTS AND ABILITIES: (Please tell us about any other gifts or abilities you feel will be relevant to this mission)

PERSONAL TESTIMONY: (Please tell us a little bit about yourself, including how and when you came to Christ. Use the back if you need more room.)

MISSION EXPECTATIONS: (Please tell us why you have applied to be a member on this mission trip)

MISSION EXPERIENCE

Have you been on local mission before?
 Never
 Once
 Several Times

Have you been on overseas mission before?
 Never
 Once
 Several Times

WHICH COUNTRIES

SIGNATURE

APPLICANT:
(PRINTED NAME) (SIGNATURE)

LEGAL GUARDIAN
(PRINTED NAME) (SIGNATURE)

DATE



Mission Team Member “Code of Conduct” and Commitment

I understand that all who participate in Ignite Missions events are expected to observe and adhere to the following standard of conduct during the entire duration of the event, including the travel time of a mission trip.

As a participant in an upcoming Ignite Missions event, I understand and agree that:

1. I will pray for the team leaders and give them my undivided support. I will follow them without criticism or delay. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this event.
2. I will adhere to any dress code established for the event at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
3. I will not leave the team or the vicinity of our work unless directed or allowed to do so by team leaders.
4. I agree that contact with members of the opposite sex should be limited and controlled, so that we reflect the light of God and avoid even the appearance of inappropriate behavior.
5. I will not participate in activities or visit any establishment or place which may be seen by others as inconsistent with a Christian lifestyle.
6. I will not use profanity at any time.
7. I understand that I cannot smoke or consume tobacco products at any time.
8. I will not possess, use, or distribute any drug or substance for which possession or distribution is unlawful either in Illinois or at our destination.
9. I will abide by any additional guidelines which may be deemed necessary by the team leaders during the event.

APPLICANT:
(PRINTED NAME) (SIGNATURE)

LEGAL GUARDIAN
(PRINTED NAME) (SIGNATURE)

DATE



Short-Term Missions Risk Statement

This Risk Statement is to advise participants of the potential risks involved in working in foreign nations and to realize and take full responsibility for the consequences as one assumes those risks. We ask that you gather as much information as you feel necessary and, when you are completely satisfied and confident that this is what you want to do, **read this form and if you (or your parent/legal guardian) agree, sign and return the application form.** Keep a copy of this form for your records. We count it a real privilege to assist you in your desire to participate in reaching Europe with the Gospel.

RISK STATEMENT

I understand and acknowledge that there are certain risks and dangers associated with international programs and travel, including (by way of example and not limitation) airplane and vehicle accidents, hijacking, kidnapping, piracy, terrorism, criminal activities, civil unrest, mishaps of lodging and eating, disease, serious medical effects from exposure to radioactive or other hazardous materials, illness, inadequate medical care, and death. I also understand that there may be other risks involved of which I may not be presently aware.

Ignite Student Ministries, Inc.'s goal is to advise all participants in short-term missions of the assumed risks associated with mission work in a foreign country. In addition, we encourage you to prepare yourself for service through a number of ways:

- Prepare yourself spiritually, physically, and mentally for service.
- Read all you can on the country of service. (Resources available upon request)
- Contact your government office to obtain the most up to date information on the area.
- Preventative medical treatments (such as vaccinations) and medicines may be necessary for traveling and residing in some foreign countries. It is your personal responsibility to: (i) seek advice from your personal physician to determine what, if any, treatments and medicines are recommended, (ii) procure them, and (iii) use them at your own risks.
- Take any additional steps you feel are necessary.

I understand and will assume these risks, whether such risks are known or unknown at this time.

APPLICANT:
(PRINTED NAME) (SIGNATURE)

NOTARY PUBLIC REQUIRED:

State of: County of:

Subscribed & sworn before me this day of, 20.....

Notary Public:

My Commission Expires:.....



Liability Release Agreement

The undersigned wishes to participate in a short-term mission trip (herein the "Activity") with Ignite Student Ministries, Inc., a registered charity in the United States (herein the "Organization") who is providing assistance in arranging this trip. The Organization and the undersigned agree that the Activity poses risks including the following specific risks: sickness, crime, political instability, governmental opposition to mission activities, as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of The Organization assisting the participant in the Activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/ herself and his/her personal representatives, assigns, heirs, distributes, guardians and the next of kin (herein the "Releasers"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue The Organization and its affiliates, subsidiaries, divisions, members, trustees, directors, employees and the agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned also agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether for injury or illness, and whether required as a result of the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not, provide medical insurance for the undersigned.

The undersigned further agrees that he/she bears the sole responsibility for any and all travel expenses which he/she incurs in the event his/her team leader or other project leadership finds it necessary to send the participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not cover travel expenses for the undersigned.

The undersigned warrants that he/she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

APPLICANT:
(PRINTED NAME) (SIGNATURE)

NOTARY PUBLIC REQUIRED:

State of: County of:

Subscribed & sworn before me this day of, 20.....

Notary Public:

My Commission Expires:.....