

Discover the World Juarez Application

Trip Dates _____ Team Leader _____

Is this the first time you have applied to go on a mission trip with Cherry Hills Community Church?

Yes No

Is this application for a minor (under age 18)?

Yes No

Name

First Name Last Name

Name as it appears on passport

First Name Middle Name Last Name

Address

Street Apt. #

City State Zip Code

Email _____

Preferred Phone _____ Alternative Phone _____

Citizenship _____ Date of Birth _____
Month Day Year

Passport Number _____ Passport Expiration Date _____
Day Month Year

Gender

Male
 Female

Marital Status

Married Single
 Divorced Widowed

Name of Spouse or Roommate(s) if applicable

Current Occupation/Profession

Any health limitations/problems we should be aware of?

Yes No

If Yes, please explain _____

Medications currently taken _____

Any allergies _____

Are you engaged in any ongoing behaviors that are contrary to Biblical teaching?

Yes No

If Yes, please explain _____

Emergency Contact Information

Emergency Contact

First Name

Last Name

Relationship _____

Email _____

Preferred Phone _____

Alternative Phone _____

Church Information

How are you currently serving in your home church?

Home church if other than Cherry Hills Community Church _____

Have you had a CHCC background check within the last calendar year?

Yes No If yes, what year? _____

Any special skills or talents you would like to share?

DTW Risk Acknowledgement and Liability Release Form

Please read before signing, as this constitutes the agreement as a volunteer or participant and the understanding of your working relationship as a volunteer or participant in a Discover the World Short-Term trip.

I, _____
First Name Last Name

Acknowledge and state the following:

I have chosen to participate in a Discover the World Short-Term trip and to be involved in ministry to others by seeking to meet their physical and spiritual needs.

I understand that this Short-Term trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this Discover the World Short-Term trip at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that Cherry Hills Community Church arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Cherry Hills Community Church, together with their officers, board members, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signature _____ Date _____

Address

Street City State Zip Code

Medical Allergies _____

Emergency Contact _____

Emergency Contact Preferred Phone _____ Alternate Phone _____

Destination Country _____

Trip Dates _____

Confidential Health Questionnaire

Name _____
First Name Last Name

Destination Country _____

Family Doctor's Name _____

Doctor's Phone # _____

Please indicate which apply to you. Please explain any that apply to you.

- Is a Doctor currently treating you?
- Do you have any condition requiring special medical considerations?
- Do you have psychological or emotional disorders or limitations?
- Have you sustained any injury that may limit physical activity?
- Are you on a special diet that has been prescribed by a doctor?
- Have you had major surgery in the past 3 years?

Please explain any of the above that apply to you

Please list your blood type _____

List all medications you use. Provide information on dosage, frequency, and reason for use.

Medication	Dosage/Frequency	Reason for use

List any known allergies: Medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs);
Foods (dairy, wheat, other foods); Contact with substances (plants, soaps, other substances);
Animals: Insect bites/stings

Confidential Health Questionnaire (continued)

Has your reaction ever required emergency room care?

- Yes No

If yes, please explain _____

Please list any current health problems

- Yes No Anemia
- Yes No Bleeding Problems
- Yes No Cancer
- Yes No Malaria
- Yes No Tuberculosis
- Yes No +HIV (Aids) Positive
- Yes No Peptic Ulcers
- Yes No Diabetes
- Yes No Drug Abuse
- Yes No Asthma
- Yes No Emphysema
- Yes No High Blood Pressure
- Yes No Heart Disease
- Yes No Stroke
- Yes No Seizures/Epilepsy
- Yes No Psychiatric Illness
- Yes No Alcoholism
- Yes No Other

If you answered “yes” to any of the above, please explain in detail:

Confidential Health Questionnaire (continued)

Did you ever have any type of surgery?

Yes No

If yes, please explain:

Did you ever experience a serious accident or injury?

Yes No

If yes, please explain:

Did you ever experience any other serious illness or hospitalization?

Yes No

If yes, please explain:

Check immunizations you have previously received:

- | | | |
|--------------------------------------|--|-------|
| <input type="checkbox"/> Diphtheria | Year Diphtheria Immunization Received | _____ |
| <input type="checkbox"/> Tetanus | Year Tetanus Immunization Received | _____ |
| <input type="checkbox"/> Pertussus | Year Pertussis Immunization Received | _____ |
| <input type="checkbox"/> Measles | Year Measles Immunization Received | _____ |
| <input type="checkbox"/> Mumps | Year Mumps Immunization Received | _____ |
| <input type="checkbox"/> Rubella | Year Rubella Immunization Received | _____ |
| <input type="checkbox"/> Polio | Year Polio Immunization Received | _____ |
| <input type="checkbox"/> Influenza | Year Influenza Immunization Received | _____ |
| <input type="checkbox"/> Hepatitis B | Year Hepatitis B Immunization Received | _____ |
| <input type="checkbox"/> Smallpox | Year Smallpox Immunization Received | _____ |

Other Immunizations Received Year Other Immunizations Received _____

Note: Up-to-date Tetanus shot is required for all trips to Juarez

Parent or Legal Guardian of a Minor must sign below

Signature: _____

Date: _____

Discover the World Code of Best Practices

Destination Country _____

As a member of this team I agree to:

- Remember that I am representing Cherry Hills Community Church 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 on the field.
- 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/ideas.
- Dress modestly, and to only bring luggage and possessions that are determined by DTW to be 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 my willingness to serve others and share Christ, while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
- Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the team guidelines for handling conflict.
- Refrain from criticism and gossip about our host(s) and my 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 might be construed as a special or romantic interest in a national or teammate.
- Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.
- 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 Cherry Hills Community Church.
- Attend the mandatory team meetings, pre field orientation, and post field debrief.
- Participate actively in meetings as well as 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 _____

Discover the World Code of Best Practices – Minor Child

Country _____

Trip Dates _____

As a member of this team I agree to:

- 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 be careful to never tell any of the people we meet in Mexico that the way we live or do things at home is better than the way they live or do things in their country. I'll be open to learning about other people's methods/ideas.
- I will leave my cell phone, ipod, ipad, video games or other electronic devices either at home or in my luggage at the Team Center.
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate my willingness to serve others while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members.
- Respect the decisions and instructions of parents and the team leader(s) and will respond positively to them at all times.
- Refrain from criticism and gossip about our host(s) and my 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 make sure all the children on the team and that we meet feel included in our games and activities.
- Watch my language and refrain from using curse words or other derogatory or insulting language.
- Attend all the team meetings and gatherings as instructed by my parents and team leader.
- Participate actively in meetings as well as 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 (Team Member) _____ Date _____

I understand that, should my child fail to abide by the above best practices, the team leader and/or Cherry Hills Community Church leadership may decide that it is in the best interest of my child, the rest of the team, and the ongoing mission for my child to return home. I agree that, should such a situation occur, I will accept financial and custodial responsibility for getting my child home.

Signature (Parent/Guardian) _____ Date _____

DTW Risk Acknowledgement and Liability Release Form -Minor Child

Please read before signing, as this constitutes an agreement and understanding between you as a parent(s) of a minor child participating in a Discover the World (DTW) Short-term Mission trip and Cherry Hills Community Church.

I _____, acknowledge and state the following:
(please print)

I have chosen for my son/daughter to participate in a Discover the World Short-term Mission trip and to be involved in ministry to others by seeking to meet their physical and spiritual needs.

I understand that this Short-term Mission trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that my child is in good health and physically able to make this trip.

I understand that my child is engaging in this DTW Short-term Mission trip at his/her own risk. I assume all risk and responsibility for any damage or injury to his/her property or any personal injury that my child may sustain while involved in this project, and related medical costs and expenses.

In the event that Cherry Hills Community Church arranges accommodations, I understand that they are not responsible or liable for my child's personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for my child, my estate and my heirs, I release, discharge, indemnify and forever hold Cherry Hills Community Church, together with their officers, board members, agents, servants and employees, harmless from any and all causes of action arising from my child's participation in this project, and travel or lodging associated therewith.

CHILD'S NAME _____

SIGNATURES (Both parent's signatures are required even if one parent is going on the trip.)

_____ DATE _____

_____ DATE _____

ADDRESS _____
(Please Print) (Include Apt.# if applicable)

CITY _____ STATE _____ ZIP _____

MEDICAL ALERT/MEDICAL ALLERGIES

EMERGENCY CONTACT & PHONE

Date: _____

Background Check Authorization and Release



Confidential Information – Discover the World Only

This Background Check Authorization and Release Form is for use by the Cherry Hills Community Church Human Resources Department and will be disclosed to the Director of Short-Term Outreach only if an applicant fails to pass the background check. The information provided by the applicant on this form is only intended for use in conducting background checks.

Background Check Authorization and Release

I have applied for a Discover the World Short-Term Mission trip with Cherry Hills Community Church. All of the information that I have provided during the course of the application process is complete and accurate to the best of my knowledge. I understand that misrepresentations or omissions are grounds for rejection of my application or dismissal from the team.

I understand that a background check is part of the application process. I request and authorize Cherry Hills Community Church, for purposes of a background check, to contact an outside agency of their choice to conduct background checks.

I agree that the background checks may cover any job-related information, including, but not limited to, any convictions related to violations of law.

I agree to hold harmless and to waive any and all claims I may have against Cherry Hills Community Church and its agents and employees for any and all loss or injury I may sustain as a result of Cherry Hills Community Church's investigating my background in accordance with this release. I also agree to hold harmless and to waive any and all claims I may have against the entities, individuals, agents and employees who provide information to Cherry Hills Community Church in connection with Cherry Hills Community Church's investigation of my background, for any and all loss or injury I may sustain as a result of any disclosure made in accordance with this release. I understand that this includes the possible rejection of my application for employment.

I have received a copy of this Authorization and Release, understand it and have had an opportunity to ask questions and obtain answers to my questions.

Applicant's Signature

Applicant's Printed Name

____/____/_____
Birthdate (MM-DD-YYYY)

____ - ____ - ____
Social Security Number

Today's Date

Applicant's Address