

2018 Missions Trip to COMPACT Family Services
May 14-18, 2018
\$500.00

COMPACT Trip Information:

We will be partnering with Compact Family Services in Hot Springs, Arkansas. The primary focus of this trip will be painting, general repairs and working in the warehouse on site.

- o **Trip Dates – Monday, May 14 - Friday, May 18**
- o **Cost - \$500.00 Ages – 18 and up**
- o **Price covers travel, lodging, meals (price does not include meals traveling to and from)**

PAYMENTS:

Payments can be spread out month by month to help you with your total cost. All funds are non-refundable but are transferable.

- Deposit to reserve your slot - \$150.00 – February 10th
- Final Payment – April 14th

MISCELLANEOUS

- o All activities apart from group scheduled activities must be approved.
- o Please list special skills such as carpentry, electrician, etc.

MISSIONS TRIP APPLICATION FOR COMPACT

Mail this application with your \$150 application fee:
Mississippi Women's Ministries, P.O. Box 720309, Byram, MS 39272; 601-373-1943
**If not accepted or if the trip is full it will be refunded*

PERSONAL INFORMATION (Please Print)

Legal Name

First _____ Middle _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Name you prefer _____ Email (please provide for correspondence) _____

Phone # with Area Code (____) _____ - _____ Cell Phone # with Area Code (____) _____ - _____

Age _____ Birth date _____ - _____ - _____ Single Married Divorced Male Female

Church _____ Church City _____

Pastor's Full Name _____ Church Ph # (____) _____ - _____

HEALTH INFORMATION

1. Are there any health issues/food allergies we need to be made aware of?

2. Are you on a daily prescription drug? No Yes If yes please explain _____

FAMILY INFORMATION

1. Married, Spouse Full Name _____ Cell Ph #(____) _____ - _____

2. Unmarried, family contact: Name/relationship _____ Cell # (____) _____ - _____

3. Emergency contact outside your family: Full Name _____

Cell Ph # (____) _____ - _____ Home Phone # (____) _____ - _____

4. Do you prefer communication by e-mail or text? _____

MISSISSIPPI DISTRICT ASSEMBLIES OF GOD STATEMENT

The purpose of the Mississippi Assemblies of God COMPACT Family Services missions trip is the ministry of the gospel of Jesus Christ & His church. Any available site-seeing & shopping will be permitted only if it coincides with the team's main purpose, but could be canceled if not deemed convenient for travel, time, or if it hinders the ministry. MSAOG regulates conduct, dress & Christian life styles while on this trip. I give the MS District Assemblies of God permission to use photographs and/or multimedia images and recordings in materials used to promote Women's Ministries.

Should someone need to come home due to a death or serious illness of a relative; the cost of this trip will be assumed by you. If a minor, this expense will be the responsibility of the parent/guardian. Team members, leaders & staff serve at their own risk & the MS District Assemblies of God is not liable in the event of sickness, accident, death or terrorist acts.

The information I have given MS Assemblies of God is accurate & true to the best of my knowledge. My signature below and the signature(s) of my parent(s) or legal guardian, because I am under age of 18, signifies my approval of all limitations listed above. Please call 601-373-1943 ext 29 if you have questions.

Applicants Signature

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary Public

My commission expires

2018 COMPACT EMERGENCY MEDICAL INFORMATION FOR ADULTS

_____/_____/____ (____) _____ - _____ - _____
 First Name Last Name Birth Date Age Home Phone # with Area Code Social Security #

 Address City State Zip Code

 Name of Health Insurance Policy Number

____ (____) _____ - _____ (____) _____ - _____
 Pastor's Full Name Home # with area code Cell # with area code

____ (____) _____ - _____
 Church Name & City Church # with area code Date of Last Tetanus Shot

____ (____) _____ - _____ (____) _____ - _____
 In Case of Emergency Person to Contact beside family Work # with area code Cell # with area code

HAS HE OR SHE HAD OR IS HE OR SHE SUBJECT TO:	YES	NO
An attack of appendicitis		
Asthma or hay Fever		
Hernia		
Rheumatic Fever		
Diabetes		
Does he/she take insulin?		
Migraine Headaches		
Headaches		
Poliomyelitis		
Heart Trouble		
Severe Allergies		
Food Allergies		
Special Diet		
Scarlet Fever		
Significant disease, injury, or operation		
Sinus Trouble		
Fainting Spells		
Ear Trouble		
Convulsions		

Poison ivy, oak or sumac		
Reaction to penicillin		
Nervousness or easily upset		
Allergy to aspirin		
Is he/she under medical care requiring medication?		
Is his/her activity restricted due to medical reason?		
Recent pregnancy or miscarriage?		

If the answer to any of the above questions is yes, please explain. _____

2018 MISSIONS TRIP TO COMPACT FAMILY SERVICES
PASTOR REFERENCE FORM

Please mail this form to:

Mississippi Assemblies of God Women's Ministries Dept., PO Box 720309, Byram, Mississippi 39272; 601-373-1943

To be completed by applicant (Please Print)

Applicant's Full Name

_____ City _____ State _____ Zip _____
Home Address

TO BE COMPLETED BY THE PASTOR

The above named individual has applied for a short-term missionary trip this May through the Assemblies of God Women's Ministries Department. We would appreciate your confidential comments on the applicant's maturity, stability, temperament, ability to adjust to new situations, and physical stamina.

Since it is impossible for us to become personally acquainted with all the applicants, we must rely heavily upon your recommendation. Please complete this evaluation and return it to us as soon as possible, for the candidate's application cannot be processed until it is received. Thank you for your assistance and God bless you richly.

_____ (_____) _____ - _____ (_____) _____ - _____
Pastor's Full Name Home Phone Number with Area Code Cell Phone Number with Area Code

_____ (_____) _____ - _____
Church Church City Church Phone # with area code

QUESTIONS CONCERNING THE APPLICANT:

Would you recommend him/her, without reservation? Yes No If no why? _____

How long have you known the applicant? _____ In what relationship? slightly casually well very well

Comments: _____

Do you believe the applicant is a committed Christian? yes no If no why? _____

To what extent is the applicant involved in your church? very involved involved slightly involved not involved

Comments: _____

Would he/she be a(n) Excellent Good Fair Poor addition? Comments _____

Does he/she have any emotional, mental or physical handicaps? No Yes If yes what? _____

To the best of your knowledge does he/she use drugs, alcohol, or tobacco in any form? No Yes If yes, explain _____

PLEASE CHECK THE FOLLOWING	EXCELLENT	GOOD	FAIR	POOR
1. Spiritual depth and maturity				
2. Dedication to Christ				
3. Christian standards				
4. Ability to get along with others				
5. Follow through on instructions				
6. Cooperation				
7. Teachable				

8. General Attitude				
9. Disposition				
10. Health				
11. General Appearance				
13. Faithfulness to church				

MISSISSIPPI ASSEMBLIES OF GOD WOMEN'S MINISTRIES DEPARTMENT
TRAVEL AFFIDAVIT, CONSENT FOR COMPACT MISSINS TRIP DISCLAIMER,
AND MEDICAL AUTHORIZATION FOR ADULTS

Required for all applicants

Whereas, _____, wishes to be a member of missions trip team which will be traveling to Hot Springs, Arkansas and whereas, certain circumstances and situations may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

Therefore,

1. In consideration of permission for member to participate in said mission, I _____, being of legal age, authorize Mississippi District Assemblies of God or any agent of Mississippi District Assemblies of God, to act in my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my medical well-being for the duration of the mission trip.
3. Any consent by Mississippi District Assemblies of God Ministries shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal health insurance with the following company (Please provide proof of insurance)

_____ Health Insurance Company Name

_____ Policy Number

5. I hereby release and hold harmless Mississippi District Assemblies of God, its officers, employees, and representatives/volunteers from all liability for all hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence, as well as, all property damage or loss arising out of my participation in this trip.

Applicant's Signature

Date

State of _____ County of _____

On this _____ day of _____, 20____, before me, _____, a Notary

Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public: _____

My commission expires: _____