

# GO JOURNEY APPLICATION

Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Name (as it appears on your passport): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a member of Parker Hill?  Yes, since (year) \_\_\_\_\_  No

Are you in a Small Group?  Yes; Whose? \_\_\_\_\_  No

Describe your present church involvement (small groups / serving roles):

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Please list two or three personal references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How would you describe your present health?

Excellent  Good  Average  Poor

Please describe any physical disability: \_\_\_\_\_

Current illness or condition: \_\_\_\_\_

Current prescription medications: \_\_\_\_\_

Do you have health insurance?  Yes, with \_\_\_\_\_  No

In the space below, please share (1) your spiritual journey, (2) an overview of your relationship with Jesus and (3) current practices that help your spiritual formation.

Share any cross-cultural ministry experience:

Describe what you hope to see God do in and through you on this GO Journey.

## **MEDICAL RELEASE FORM**

**I, \_\_\_\_\_, intend to participate in a GO Journey with Parker Hill to \_\_\_\_\_ (country) from \_\_\_\_\_ (trip dates).**

### **Acknowledgment of Risks**

I acknowledge that as a result of the travel involved, and being in a foreign country, participating in the short term trip involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of Parker Hill Community Church. International travel is inherently dangerous. Health and safety conditions are often primitive and unpredictable. I understand the potential risks and danger and willingly assume that risk, and hold harmless Parker Hill Community Church.

### **Information Relied on by Parker Hill Community Church**

I acknowledge that I am in good health and of sound mind. If necessary, I have discussed or will discuss with my physician my participation in the short term trip, and have received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. I will participate in the short term trip only if I have received my physician's approval, if I deem it necessary, and believe that I am able to participate without harm. I acknowledge that Parker Hill Community Church will not assess or approve my fitness for participation. I am under no force or duress of any kind to participate in the short term trip or to sign this document.

### **Release**

THIS DOCUMENT IS INTENDED TO ABSOLVE PARKER HILL COMMUNITY CHURCH OF ANY LIABILITY TO ME THAT IS RELATED TO THE SHORT TERM TRIP.

Accordingly, I hereby release Parker Hill Community Church from, waive, and will never sue Parker Hill Community Church for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with my participation in the short term trip. Such liability includes any liability that arises or is alleged to arise from Parker Hill Community Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that I have sued or from whom I have received compensation.

### **Medical Permission**

I hereby authorize Parker Hill Community Church or its representative to initiate any medically necessary care on my behalf in the event of illness or injury sustained while participating in the short term trip, including the administration of emergency anesthesia or surgery. I agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

**(continued on next page)**

**Definitions**

(a) References to "me," "my," and "I" shall include and bind myself, my spouse, any parent for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such minor, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me. (b) "Participation" or "participating" in the short term trip includes planning and preparing for, traveling to, and traveling from, as well as participating in, the short term trip. (c) "Parker Hill Community Church" includes (i) its affiliates, and institutions cooperating in the short term trip; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of Parker Hill Community Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this release by reading before I have signed it.

**PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**  
**(If under 21, a parent / guardian must also read and sign this release.)**

## GO JOURNEYS GUIDELINES

Parker Hill's Global Outreach Journeys are designed to activate the people of Parker Hill Community Church to offer themselves and their resources for God's expanding kingdom. Our hope is to involve our people, support our partners and raise up tomorrow's global servants.

In order to maximize the impact of a Global Outreach Journey, each team member is asked to agree to the following:

1. Submit to the direction and authority of the team leader both during training and on the field.
2. Fulfill team requirements related to training, field policies, and debriefing.
3. Raise the necessary prayer and financial support for the trip. (Support discovery training and deadlines will be provided in the first training session.)
4. Keep a journal of this journey beginning with training and continuing through the debriefing after returning home.
5. Seek to be above reproach in your actions and attitude.
6. Make the necessary lifestyle adjustments in order to adapt to the culture of the host community. This **will require** refraining from abusive language, drinking alcoholic beverages, taking illegal narcotics, and smoking. This **may also include** altering eating habits, dress styles, interaction between men and women, etc.
7. Refrain from the expression of political opinions while overseas, due to political instability and anti-American sentiment in many countries.

I have read, understood and agree to comply with the GO Journey Guidelines.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
**(if participant is under 21)**

**Date:** \_\_\_\_\_

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I, \_\_\_\_\_ hereby permit Parker Hill Community Church to use any audio, video, written, or pictorial footage of myself taken while on this short-term mission trip for future promotions of Parker Hill Community Church GO Journeys.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
**(if participant is under 21)**

**Date:** \_\_\_\_\_