Maryland Gospel Church (MGC) Application Form for Mission Committee Approved Mission Trip

Mission Opportunity:

	From _	To		
			(mm/dd/yyyy)	
Mission Trip Locatio	n:			
o Domestic n less.	nission tri		00 of the total cost of each trip,	
al Information:				
Name		Age Email	Cellphone#	
YESNO	Regularl	y attending MGC's pray	vou hope to accomplish / gain?	your main reason o
unavailability				
YESNO	Have sei	rved the Happiness Min	istry's experience. If yes, what s	session/s?
VEC. NO	Regularl	y attending MGC's fello	wship. If yes, which one?	
YESNO	Ü			

^{**} This application is for Maryland Gospel Church active members and his/her direct family members ONLY to apply!

^{**} Please email the form to MarylandGospelChurch@gmail.com, print a hardcopy and give it to MC Chair, vice-chair or secretary. 2024-25 MC Chair is Sylvia W., vice-chair is Alice H. and secretary is Cindy W.

^{**} Once you applied, please wait for MC's decision reply before you take any action, ex. book flight ticket, etc.

♣ Fundamen	tal mission training (attend at least one of the MGC approved courses). If you have done e, please give us the organization and date of taken
YES	NO I am committed to serve in full session according to the above sign-up schedule.
YES Lord!	NO I am committed to serve with the team flexibly in Christ and bring honor to the
YES	NO I am committed to give a report and/or sharing with the congregation.
YES	NO I need to raise fund for this mission trip. I am short of amount.

Volunteer Release, Assumption of Risk, and Waiver of Liability

VEC

I understanding that the organization of this mission opportunity will not allow me to participate in these volunteer activities unless I enter into this-in consideration of my acceptance as a short-term volunteer with the organization of this mission opportunity, represent and agree that:

- 1. Volunteer Acknowledgement: I understand and acknowledge that my service is as a Volunteer, not an employee of the organization of this mission opportunity. As such, I acknowledge that I am not entitled to employee or other benefits from the organization of this mission opportunity including, but not limited to, health or accident insurance, workers' compensation benefits, or compensation for hours worked or services to cover me for any claims or damages that result from any injury illness, death or property damage that occurs while I am volunteering.
- 2. Assumption of Risk/Release: I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being limited to, a risk of illness, physical injury, property damage, or death from hard physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders or other elevated or damaged structures, by accident, disease, war, terrorist act, weather, conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service. [2 Corinthians 11:23-28]. I release and forever discharge the organization of this mission opportunity from any liability for claims or damages I may have resulting from my work with the organization of this mission opportunity as a volunteer and any related claims or damages arising from the organization of this mission opportunity selection of work sites or activities, provision of food, equipment, lodging or transportation in connection with volunteering. I further understand that the organization of this mission opportunity is not responsible for the safety or security of my

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personal effects and release it from liability for theft, damage or destruction of my personal property.

- 3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
- 4. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment from those causes described above.
- 5. Minors participating in missions -- As their parent and legal guardian, I confirm that my children fully understand and abide by the terms and conditions of the application form. I am fully responsible for agreeing on their behalf and bear all risks. I hereby declare that I will bear all the risks they may have as a result, all risks of death, illness or injury.
- 6. Photographs/Use of Image: I hereby grant the organization of this mission opportunity, its representatives and employees permission to photograph and/or film me and use my image in video presentations, printed publications or on its website. I understand that any such photographs, films or video may be used for promotion of the activities of the organization of this mission opportunity, which may include fundraising efforts. I acknowledge that local news organizations may learn of our activities and the organization of this mission opportunity may invite or allow them to photograph or record our events for news reports. I grant this permission for an indefinite period of time unless otherwise revoked by me in writing and delivered by certified mail, return requested, to the organization of this mission opportunity.
- 7. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes as legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
- 8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS; AND I VOLUNTARILY SIGN THIS RELEASE AS MY and/or MY CHILD'S OWN FREE ACT.

Printed Name	Date	
Signature	Address	

Medical Insurance Info

Please list name of Insurance Company, Policy Number, Group Number and any other information that you feel would expedite emergency treatment on behalf of you.

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Insurance Company			<u> </u>
Policy Number			<u> </u>
Additional Info			
Please list two contact persons in	n case of emergency:		
Name	Relationship	Phone	Email
Name	Relationship	Phone	Email
Applicant's name	Signature _		Date
(please print f	ull name)		(mm/dd/yyyy)
Parent/Guardian's name		Signature	
(for mi	nor) (please print full na	ame)	
			Date
			(mm/dd/yyyy)

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Approved		
Not approved, reason		
Ву	Signature	Date
Note:		

Mission Committee's decision: (MC will reply to you no more than two weeks upon the received date)

- a. All applicants must attend the MGC mission training/preparation meeting.
 - > MGC Education Ministry has approved fundamental mission trainings/courses.
- b. Fund-raising was not a requirement prior to the mission trip but would be recommended as needed.
- c. MC members would not need to apply for approval of STM trips but would need to complete the Form.

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