



## Short Term Missions Resetting Our Communities July 12-16

Thank you for your interest in New Life Church short-term missions! **Included here:**

- Short Term Team Member Application
- Short Term Team Financial Policies
- Medical Information Form
- Release of Liability Form

*It is very important that you read each document thoroughly and provide your signature in the areas noted.*

Your application is not considered completed until all of the above documents have been completed and submitted to New Life Church along with the required non-refundable \$40 trip deposit (payable to New Life Church at:

ATTN: New Life Church  
50 E. Alamar, Santa Barbara, CA 93105

### **Trip Details**

#### **Echo Park, Los Angeles: Dream Center and House on the Hill**

**Description:** We will leave Sunday, July 11, after church and arrive at House on the Hill in Echo Park, L.A. Lodging will be provided at House on the Hill Sunday-Thursday.

During the weekdays, the team will split into two groups and each day one group will either work at House on the Hill, cleaning, gardening, and repairing, etc.

The 2nd group will travel with the Dream Center throughout the day in Los Angeles and participate in their ministry outreach projects in the city.

**Approximate Cost of Trip: \$500.00 (+/- \$50.00) Includes Lodging, meals, gasoline \*This cost is based on 15 people. If more people sign up, the cost of lodging will increase**

# Team Member Application

Resetting our Communities  
New Life Church



Application Date: \_\_\_\_\_

## Personal Information

Please type or print FULL LEGAL NAME (as it appears in your i.d).

Name: \_\_\_\_\_  
(last) (first) (middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status (please circle): *Single Engaged Married Widowed Separated Divorced*

Driver's Lic. Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Relationship to New Life Church

Check one and complete the requested information

- Member since \_\_\_\_\_ (month/yr) and have attended since \_\_\_\_\_ (month/yr)
- Regular attender and active in church since \_\_\_\_\_ (month/yr)
- Occasional or non-involved church attender
- Involved in a church other than New Life Church (specify church \_\_\_\_\_)

List three people to serve as references. If involved in a church, one must be a member or minister at that church.

1. \_\_\_\_\_  
(name) (email) (phone number) (relationship)
2. \_\_\_\_\_  
(name) (email) (phone number) (relationship)
3. \_\_\_\_\_  
(name) (email) (phone number) (relationship)

List The New Life Church ministries that you have been involved with, both past and present (include length of involvement for each ministry and ministry leader).

## Ministry Experience

List short-term missions experience you have had.

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As a participant in this missions trip would you be willing to...

Pray with and for strangers  Yes  Yes, with a partner  Not Sure

Share your Testimony in front of a group  Yes  Yes, with some coaching  
 Not Sure

Share a room with someone (same sex)  Yes  No

Allow yourself to be stretched outside of your 'comfort zone'  Yes  Depends on the  
circumstances  Not sure

Submit to a Covid-19 test and/or provide proof of vaccination (*we will comply with The Dreamcenter policies regarding Covid-19 testing*)  Yes

## Spiritual Background

Have you accepted Christ as your Savior?  Y  N

Have you been water baptized?  Y  N

Have you been baptized with the Holy Spirit?  Y  N

Do you have your spiritual language?  Y  N

Please briefly describe you salvation experience

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## Short Term Team Financial Policies



### Deposit Information

Please include your non-refundable deposit, Due by **April 30**, in the amount of \$40.00 with this application form. make check payable to New Life Church or pay online by going to [nlcsb.org](http://nlcsb.org). and designate **2021 Missions**

### Payment Schedule

After the \$40.00 deposit is paid by each individual, the following payment plan will apply:

Remaining 50% (\$210) due by **June 1st**

100% of the balance due 10 days before the team leaves. (**July 1st**)

*Note: Any extra support raised will not be refunded, but will be applied as a donation to the Dream Center (this is required by tax law for nonprofits)*

### Disclaimers

\_\_\_ New Life Church will not be responsible for extra, unforeseen trip expenses. Should these occur, they will be passed along to the traveler.

\_\_\_ I will agree to return home at my own expense if the team leadership determines that my behavior is or has been inappropriate.

\_\_\_ \$40 application fee is non-refundable. Other deposits are non-refundable after June 15th

In submitting this application...

- I am expressing my agreement with New Life Church's statement of "What we believe." (viewable online under the "About" tab of our website)
- I am agreeing to attend 2-3 training sessions prior to the trip.
- I whole-heartedly submit to the team leadership and will follow their direction and instruction.
- I am willing to work under the direction of the pastors and the Dream Center personnel and will accept perform service cheerfully.
- I will be flexible in my attitude; adjusting my demeanor, posture, and manner as needed.
- I have read and agree to the above deposit and payment information.
- I have read and agree to the above disclaimers.

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

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

# Medical Information



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

## Medical Insurance

Insured name \_\_\_\_\_ Membership Number \_\_\_\_\_

Group Number \_\_\_\_\_ Company Name \_\_\_\_\_ Company Phone Number \_\_\_\_\_

### In Case of Emergency Please Notify

### Alternate

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

YES	NO	(please use an extra sheet of paper if you require additional space)
		1. Are you currently ill or undergoing any medical treatment (including medications)? Explain:
		2. Do you have allergies (foods, medications, hay fever, etc.)? Explain:
		3. Do you have any daily mandatory medical needs (including medications)? Explain:
		4. Are you in any way physically or mentally handicapped? If so, explain:
		5. Do you have back problems? If so, explain:
		6. Do you have any problems not already mentioned which might hinder you during this missions trip? Explain:
		7. Do you have any special dietary needs/requirements? Explain:
		8. What is your blood type?
		9. Is your tetanus shot current? Date of last tetanus shot:

**New Life Church  
Adult Short-Term Missions Trip  
Release of Liability**

I realize and acknowledge that my participation in a mission trip includes possible risks. I am well aware that my travel can expose me to risks including, but not limited to accidents or injuries.

I expressly agree that all activities associated with the short term missions trip sponsored by New Life Church to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ are undertaken by me at my sole risk, and that New Life Church, its servants, officers, employees, or agents, shall not be liable for any claims, demands, injuries, damages, or causes of action to me or my personal property arising out of the above-described activities associated with the above-described short term ministry trip and I hereby expressly forever release and discharge New Life Church, its servants, officers, employees, or agents from all such claims, demands, injuries, damages, or causes of action arising from acts of active or passive negligence on the part of New Life Church, its servants, officers, agents, or employees.

Signed: \_\_\_\_\_  
*Team Member's signature*

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

**New Life Church**  
**Short-Term Missions Trip**  
**Release of Liability for Minors**

In signing this form, I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_ (team member's name), agree to hold New Life Church, its officers, employees, or other agents liable for injury, loss, damage, or accident arising out of the church's negligence or that negligence of its officers, employees or other agents that I (and my minor children participating with me—listed below) might encounter while on one of its mission trips to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I realize and acknowledge that my (and my minor child's/children's) participation in a mission trip includes many risks and possible dangers. I am well aware that my travel exposes me to such risks as accidents, or injuries.

I hereby assume risks that might result from my travel to a foreign country, and I agree to hold New Life Church, its officers, employees, or other agents blameless for liability concerning my personal health and well-being arising out of New Life Church's negligence, and liability for my personal property that might be lost, damaged, or stolen while on a mission trip arising of New Life Church's negligence.

I also give permission for my child to travel with an assigned staff member from New Life Church and give that person permission to administer medical care in the case of an emergency.

I have carefully read the foregoing and I understand that my signature herein hold New Life Church, its officers, employees, or other agents harmless for liability for injury, damage, loss, accident, delay, or irregularity in schedule arising out of the church's negligence or the negligence of its officers, employees, or other agent.

\_\_\_\_\_  
*Parent or Guardian's signature*

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

Minor Child Participating (under 18 years of age):

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date of Birth*