



Lighthouse Christian Center  
Short-Term Mission Trip  
Lighthouse Mission Department  
3409 23<sup>rd</sup> St SW  
Puyallup, WA 98373  
(253) 848-2028

## Team Member's Application Policies and Procedures

Thank you for your interest in participating in a short-term mission trip with Lighthouse Christian Center. To make this trip successful, please read the following:

- You must submit this completed application AND a non-refundable \$100 deposit before our application will be processed and reviewed. Once you are a part of the team, the check will be deposited immediately becoming non-refundable.
- By submitting this application to be a part of a LCC short-term team, you acknowledge that you are personally responsible to pay for, or arrange funding for, your portions of the trip costs.
- No one will be considered or accepted as a team member until a completed application is received.
- Short-term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team meetings.
- If you are unable to participate in your trip, the Team Leader must receive a cancellation notice as soon as possible. You may be responsible for all trip costs.
- Team members will be given information regarding passports and vaccination recommendations from the Department of Health. **Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.** Team members assume the responsibility and liability for their personal health decisions.

**Please keep for your records.**



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## Acknowledgement of Policies and Procedures

I acknowledge and will adhere to the policies for the Mission trip as listed below:

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\_\_\_\_\_  
Team member's signature

\_\_\_\_\_  
Date

Please return to the team leader.

**OFFICE USE ONLY:**

Date app. rec'd \_\_\_\_\_  
Sent to TL \_\_\_\_\_  
Accepted date \_\_\_\_\_  
Deposit \_\_\_\_\_

**Please return application with a \$100 deposit to:**  
Missions Dept. LCC  
3409 23<sup>rd</sup> St SW, Puyallup, WA 98373  
All checks made payable to Lighthouse Christian Center.

*This information on this form will be kept confident and is for use by Lighthouse Christian Center.*

*Confidential Information*

## Team Member's Application SECTION 1

TRIP: \_\_\_\_\_

This application should be filled out and returned to the LCC Mission Department.

**Personal Data** (Please type or print clearly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name as it appears on passport for placing on airline ticket: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Do you have a passport? \_\_\_\_\_ #: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

T-shirt size:  Small  Medium  Large  X-Large  XX-Large

Ages of children (if applicable): \_\_\_\_\_

If under 18 years of age, Name (s) of Parent(s) or Guardian(s): \_\_\_\_\_

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

**LCC Involvement**

Do you attend LCC Worship Services?  Yes  No How long? \_\_\_\_\_

Are you a member of LCC?  Yes  No How long? \_\_\_\_\_

Have you served in a ministry at LCC?  Yes  No

Which ministries? \_\_\_\_\_

How long? \_\_\_\_\_

Are you part of a small group?  Yes  No

If so, which one? \_\_\_\_\_

Where do you serve in the church? \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

References: (Church staff, SG Leader) Name: \_\_\_\_\_

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

If you are a member of a church other than LCC:

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### Occupation

Please describe your present employment and any pertinent information regarding work experience related to missions.

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### Language Fluency *(Other than English – Conversation: Fluent, Fair, Poor)*

LANGUAGE	NUMBER OF YEARS	CONVERSATIONAL FLUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Skills and Talent

Please write the appropriate code next to the skills/talents you possess.

CODES: 1-Average    2-Better than average    3-Professional. Please note that all of these areas may not be offered on all trips.

#### CONSTRUCTION

\_\_\_\_\_ Carpentry  
\_\_\_\_\_ Painting  
\_\_\_\_\_ Masonry  
\_\_\_\_\_ Roofing  
\_\_\_\_\_ Electrical  
\_\_\_\_\_ Plumbing  
\_\_\_\_\_ Other (please specify)  
\_\_\_\_\_

#### BUSINESS

\_\_\_\_\_ Computers  
\_\_\_\_\_ Accounting  
\_\_\_\_\_ Other (please specify)

#### WEB

\_\_\_\_\_ Design/Graphics  
\_\_\_\_\_ Writing

#### MINISTRY EXPERIENCE

\_\_\_\_\_ Teaching class age \_\_\_\_\_  
\_\_\_\_\_ Children's Ministries  
\_\_\_\_\_ Other (please specify)

#### PHOTOGRAPHY OR JOURNALISM

\_\_\_\_\_  
\_\_\_\_\_

#### MEDICAL

\_\_\_\_\_ Nursing  
\_\_\_\_\_ Physician  
\_\_\_\_\_ Dental  
\_\_\_\_\_ EMT  
\_\_\_\_\_ CPR  
\_\_\_\_\_ Therapy  
\_\_\_\_\_ Other (please specify)  
\_\_\_\_\_

#### MUSIC

\_\_\_\_\_ Instrument (pls. list)  
\_\_\_\_\_  
\_\_\_\_\_ Vocal  
\_\_\_\_\_ Other (please specify)  
\_\_\_\_\_

#### OTHER PERFORMANCE

\_\_\_\_\_ Juggling  
\_\_\_\_\_ Clowning  
\_\_\_\_\_ Puppetry

#### OTHER ABILITIES:

\_\_\_\_\_  
\_\_\_\_\_

## Personality Profile

Describe how OTHERS view your personality: \_\_\_\_\_

\_\_\_\_\_

Describe your STRENGTHS: \_\_\_\_\_

\_\_\_\_\_

Describe your WEAKNESSES: \_\_\_\_\_

\_\_\_\_\_

## Mission Experience

*Outline the mission trips you have taken . . .*

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

Dates/Year: \_\_\_\_\_ Impact: \_\_\_\_\_

\_\_\_\_\_

## Personal Spiritual Information

I am not a believer, but I am open to learning and understanding more.

Right now I consider myself:

A skeptic

A spectator (observing)

A seeker (searching)

Unsure (lacking confidence)

I am a believer. I have accepted Jesus Christ as my Savior and Lord.

New Believer (recently trusted Christ)

Maturing believer (developing as a fully devoted Christ's follower)

Describe your present spiritual journey: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel God is calling you to serve this way? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What expectations do you have for this trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What cross-cultural experiences have you had other than mission trips?

*(ministry/business/background/educational)* \_\_\_\_\_

\_\_\_\_\_

## SECTION II

### Confidential Information for use in medical emergencies

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

Blood Type: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of your Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths and dosage.

\_\_\_\_\_  
\_\_\_\_\_

List medical problems for which you have received medical care in the past 12 months:

\_\_\_\_\_  
\_\_\_\_\_

List any history of major illness or surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

List any known allergies (including food allergies) or chronic life-threatening conditions:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your present physical fitness (e.g. walking, manual labor, heavy lifting, carrying luggage)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Authorization**

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed, practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

**In Case of Emergency, Contact:**

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

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

Email Address: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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

Cell Phone: (    ) \_\_\_\_\_

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

**SECTION III**  
**Lighthouse Christian Center**  
**Information and Release Form – Missions Department**

I, \_\_\_\_\_, am participating in the mission trip \_\_\_\_\_ on \_\_\_\_\_ through \_\_\_\_\_ and I, hereby, release and discharge Lighthouse Christian Center and its constituent organizations, agent and employees, as well as our local host ministry/organization from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trips, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals mentioned above.

I hereby, warrant and represent that I am physically fit and capable of taking part in this mission trip.

I agree to abide by the rules and regulations governing a mission trip and to obey any instructions given by the team leader.

I agree to have all recommended immunizations. If I choose to not comply and as a result become ill, I assume full responsibility.

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