

2011 SOUTH TEXAS DISTRICT BUDAPEST TRIP

Budapest, Hungary
 April 16 – 25, 2012
 Lead Melanie L. Griffin

APPROXIMATE TRIP COST \$2,975.00

Application Deadline July 31, 2011.
Deposit Deadline: September 1, 2011 - \$1,500 | February 1, 2012 - \$1,000 | March 15, 2012- \$475.00
 Please complete this application and mail to:
South Texas District Women's Ministries | attn: Melanie L. Griffin | PO Box 9714 | Houston, Texas 77213
 Phone: 713.455.1221 | Email: melanie@stxag.org

Include the following with this Mission Trip application:
 1. One photo of yourself, 2. Texas Driver's License,
 3. Pastor's Recommendation

PLEASE COMPLETE AND PRINT CLEARLY AS YOUR NAME APPEARS ON YOUR DRIVER'S LICENSE OR STUDENT I.D.

First (Legal name as written on Passport)		M.I.	Last	
Social Security No. - -	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship U.S. Canada Other: _____	What trip are you applying for?
Mailing Address			City	State Zip
E-Mail Address			Area Code Telephone Number ()	
Age	Height	Weight	Birth Date / /	
Father's First & Last Name (Or legal guardian if applicable)			Area Code Telephone Number ()	
Mother's First & Last Name (Or legal guardian if applicable)			Area Code Telephone Number ()	
Church Name	How long have you been actively involved?		Pastor's First & Last Name	
Church Address / City / State / ZIP Code / Area Code				Telephone Number
Have you ever been on an AIM/Missions Trip before? (Complete on a separate sheet if needed) Trip(s) _____ Month & Year _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involved with: Alcohol Illegal Drugs Cult or Occult If yes, please circle those that apply and explain when and why on a separate piece of paper.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Circle if you have ever been: Expelled from School In a Juvenile Detention Center In Jail (If yes, please explain on a separate sheet of paper)				
Please circle below if you ever had: Psychiatric Care Eating Disorder If yes, please explain on a separate sheet of paper				

The purpose of this South Texas District Women's Ministries Missions trip is for the ministry of the Gospel. Any available site seeing and 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 hinders the ministry. Trip costs and dates are subject to change. Trip may be canceled if there is any political, natural, or mission's related crisis. If the trip is canceled, we will make efforts to refund contributions made in your name. The conduct, dress and Christian lifestyle will be regulated. These are explained in a packet of information which will be sent to all participants once the application has been accepted. Team members and leaders adhere to these policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members and leaders participate and serve at their own risk and South Texas District is not liable in the event of sickness, accident, death, terrorist acts or any other expense involved with the events listed. The trip includes physical activity including extended walking, continuous walking and strenuous days. We require participants to be in good physical and mental condition and may request a physical exam and a reference from a doctor (if needed).

The information I have given South Texas District is accurate and true to the best of my knowledge. I also give the right to use any video that was taken during my Mission trip, my picture, voice, and testimony in any type of promotional or advertising materials. My enclosed signature (and the Signature of my parent or legal guardian, because I am under the age of 18) signifies my approval of all the limitations listed above. Application must be signed and dated by both applicant and parent or legal guardian (if applicant is under the age of 18) before it will be processed.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____ (required if applicant is under 18)

South Texas District Women's Ministries Mission Application

Pastor's Recommendation

To be completed ONLY by the Senior Pastor.

Pastor, the individual you are recommending has applied for a South Texas District Women's Ministries Mission Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

Please Mail to: South Texas Women's Ministries Mission Trips • PO Box 9714 • Houston, TX 77213

Telephone: 713.455.1221 **Email:** melanie@stxag.org

Mission Participant, Please Complete the Shaded Section

First	M.I.	Last	Trip Applying For
Mailing Address			E-Mail Address
City	State	Zip	Area Code Telephone Number ()
Church Name		Pastor's First & Last Name	
Church Address			
City	State	Zip	Area Code Telephone Number ()
How long have you known the Applicant? (Circle one)			
Three months or less	Less Than One Year	One To Five Years	More Than Five Years
How well do you know the applicant?			
By Name	Fairly Well	Very Well	
To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
Have you ever had reason to question the applicant's morals? (Circle One)			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
What is the activity or role of the applicant in your church?			
Briefly, describe the applicant's personality.			
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?			
Yes	No	If no, please provide a brief explanation on a separate sheet of paper	
Based on the above information, the applicant is: (Circle One)			
Strongly Recommended	Recommended	Recommended With Reservation	Not Recommended

The information I have provided to the South Texas District Women's Ministries Trip, regarding this applicant, is accurate and true to the best of my knowledge.

Pastor's Signature _____ Date _____

South Texas Women's Ministries Mission Trip Application

Mature Christian Reference

Pastor, the individual you are recommending has applied for a South Texas Women's Ministries Mission Trip. Serious consideration will be given to your evaluation of the individual character and fitness for this trip. We need to know as much as possible about the individual. We encourage openness and honesty regarding the individual. This application will be kept private. Thank you in advance for your prompt completion of this form.

Please Mail to: South Texas Women's Ministries Mission Trip • PO Box 9714 • Houston, TX 77213

Telephone: 713.455.1221 **Email:** Melanie@stxag.org

Please Complete the Shaded Section of your information:

First	M.I.	Last	Trip Applying For
Mailing Address			E-Mail Address
City	State	Zip	Area Code Telephone Number ()
Church Name		First & Last Name	
Church Address			
City	State	Zip	Area Code Telephone Number ()
How long have you known the Applicant? (Circle one)			
Three months or less	Less Than One Year	One To Five Years	More Than Five Years
How well do you know the applicant?			
By Name	Fairly Well	Very Well	
To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation? (Circle One)			
Yes	No	If yes, please provide a brief explanation on a separate sheet of paper	
Have you ever had reason to question the applicant's morals? (Circle One)			
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What is the activity or role of the applicant in your church?			
Briefly, describe the applicant's personality.			
Is the applicant physically, mentally, and spiritually prepared to participate on a short-term mission's trip?			
Yes	No	If no, please provide a brief explanation on a separate sheet of paper	
Based on the above information, the applicant is: (Circle One)			
Strongly Recommended	Recommended	Recommended With Reservation	Not Recommended

The information I have provided for the South Texas Women's Ministries Mission Trip, regarding this applicant, is accurate and true to the best of my knowledge.

Signature _____

Date _____

BACKGROUND CHECK

AUTHORIZATION

During the application process and at any time during the tenure of my service with **South Texas Women's Ministries**, I hereby authorize **South Texas Women's Ministries**; to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Full Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ County: _____

Applicant Signature

Date

Applicant Social Security Number

Applicant Date of Birth (mm/dd/yyyy)

BACKGROUND VERIFICATION DISCLOSURE

This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating your for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private records.

South Texas District Women's Ministries (attn: Melanie L. Griffin)

PO Box 9714, Houston, Texas 77213

Phone: 713.455.1221 • Email: melanie@stxag.org

Assumption of Risk

(for those 18 years and older)

- I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with the South Texas District Women's Ministries, represent and agree that:
- 1 I am a volunteer worker and acknowledge that I am not an employee of the South Texas District of the Assemblies of God, or the General Council of the Assemblies of God.
 - 2 I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, 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, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to me or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
 - 3 I attest and certify that I have no medical conditions that would prevent me from performing my duties.
 - 4 Subject to insurance coverages required by the Women's Ministries Mission Trip, I waive and release any and all claims for damages which I, or my heirs or successors, may have against the South Texas District of the Assemblies of God, the ministries of the South Texas District, the local church sponsoring the Youth Mission trip, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
 - 5 In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by the Women's Ministries Mission Trip, 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.
 - 6 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 a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
 - 7 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 of my own, free act.**

Name (please print)

Signature

Date

Witness Name (please print)

Witness Signature

Date

**South Texas District Women's Ministries (attn: Melanie L. Griffin),
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**Women's Ministries MISSION TRIP – Budapest, Hungary
Details**

2012
SOUTH TEXAS DISTRICT
Budapest, Hungary MISSION TRIP
Monday, April 16 to Wednesday, 25, 2012

Approximate Trip Cost:
\$2,975 per person

\$1,500 Deposit due by September 1, 2011
(Non-refundable)

February 1, 2012
\$1,000

March 15, 2012
Remainder of Trip Cost Due
\$475

Departs Houston: Monday, April 16, 2012

Returns to Houston: Wednesday, April 25, 2012