



Dear Friends,

Be encouraged that the servant spirit of Jesus is in His followers. You can be like Jesus in helping the spiritually and materially needy.

This year we are challenging ourselves to walk in this spirit...to not be presumptuous about God's will, but willing to do whatever He asks...to lose ourselves as we serve the interests of others rather than ourselves...to experience the rewards in life that are not necessarily comfort rewards, but something much more satisfying.

You can do this here in Hampton Roads by serving in a local outreach mission "trip," joining in missions prayer efforts, investing some of your hard-earned dollars, and more. Or you can take the plunge and go on a trip somewhere overseas. The point is for you to truly listen to Jesus and do what He says.

The spirit of Jesus is to "look not only to your own interests, but also to the interests of others." (Philippians 2:4)

Let's give our hearts, hands, and voices to the Lord and others!

Yours in Christ,

A handwritten signature in black ink that reads "Bruce Anderson". The signature is written in a cursive, flowing style.

Bruce Anderson, Associate Pastor
Director of International Ministries

Kempsville Presbyterian Church International Ministries—Short-Term Missions

SHORT-TERM MISSION TRIP PURPOSES & POLICIES

PURPOSES

- To come alongside our long-term workers and serve them.
- To mobilize KPC to move into God's purposes for their role in International Ministries both at home and abroad.
- To share the Good News of Jesus Christ.
- To discover, in any culture, what questions they ask about God.

POLICIES

Kempsville Presbyterian Church will offer and promote short-term mission trips each year. Eligibility and acceptance for these trips will be based on the following:

- A personal relationship with Jesus and commitment to further His Kingdom, as well as having a vision consistent with that of KPC.
- A servant's heart, humble spirit, and submissive attitude.
- Attendance to 4 of 5 (minimum) team meetings.
- An ability to be flexible in all situations.
- An understanding that cross-cultural ministry often places participants in situations where standards for accommodations, food, and other amenities may be far below those to which we are accustomed and a willingness to cheerfully accept the provisions offered.
- Fulfillment of all requirements for visa, passport, and immunizations.
- Submission of a completed KPC Application and Consent & Release Form.
- Meeting all financial requirements for the trip within designated timeframes.
- As a courtesy, we purchase travel insurance for you. We select a \$500 deductible and coverage up to \$100,000. It is possible to change your deductible and coverage. If you would like to do so, you will need to make a request to the I.M. Department.

POLICIES IN COMPLIANCE WITH IRS and KPC REGULATIONS

- For airfare tickets, non-refundable deposits will be due at the time of purchase or a ticket will not be purchased for the individual.
- 100% of the airline ticket price is due before the purchase of the ticket will be made.
- 80% of trip finances are due two (2) weeks prior to trip departure.
Individuals unable to make this deadline will not be able to participate in the trip.
- In the event that an individual is unable to participate in a trip for any reason, any monies submitted to KPC for that individual will be applied to the team account unless a written request for refund is sent by the donor.
- Any monies contributed to KPC for a team/individual account cannot be used outside the designated calendar year for team or individual use on another trip.

*KPC holds the right to withdraw any team member at any time for inability to meet financial requirements or the policies stated above.

Short-Term Mission (STM) APPLICATION

Kempsville Presbyterian Church

NAME _____

(As it appears on your passport)

DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CHURCH _____

ARE YOU A MEMBER? _____

EMPLOYER _____ HOW LONG? _____ PHONE _____

PASSPORT NUMBER _____ EXPIRATION DATE _____

(If you don't have a passport, apply as soon as possible.)

STM you're applying for: _____

Please place photo here

Email attachments are preferred when applying online! allenk@kpc.org

Applications will not be accepted without a photo

Photos will be returned at request

MEDICAL INFORMATION

5. Any major illness during the past year? Yes No If yes, please explain:
5. Do you take medication regularly? Yes No If yes, please explain:
5. Any allergies? Yes No If yes, please explain:
5. Is your tetanus shot current? Yes No If no, when will you update it?
5. Have you been treated or hospitalized for a mental or emotional condition in the last 5 years?
Yes No If yes, please explain:
6. Have you checked with your health care provider regarding this trip? Yes No
7. Any physical limitations/disabilities? Yes No If yes, please explain:
8. Your blood type: _____
9. Do you have adequate medical insurance? Yes No

Company _____ Policy No. _____

10. Who would we contact in case of an emergency?

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Relationship to you: _____

11. Who would you like to name as your beneficiary on the trip insurance policy?

Name: _____ Relationship to you: _____

BACKGROUND INFORMATION

1. Do you speak a language other than English? Yes No

If yes, what language(s)? _____ Degree of fluency? _____

2. What previous overseas travel, missions projects, or experiences have you participated in?
Please indicate when, where, and with whom you traveled.

3. On a separate sheet, briefly describe your relationship with Jesus Christ.

4. On a separate sheet, briefly describe your activity in the church.

5. On a separate sheet, briefly state why you want to go on this assignment and how you hope to use your cross-cultural experiences when you return.
Please attach a photocopy of your passport to the application.

6. Do you have musical ability? Yes No If yes, what instrument?

Do you sing? Yes No If yes, what part?

What other skills or talents can you contribute? Be specific:

7. Have you had any training in evangelism or leading Bible studies?

8. Have you taken First Aid training? Yes No Type: _____

REFERENCES

Who are three people in the church family who know you and would be references for you?

_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone

ADDITIONAL INFORMATION

Use the space below to provide any additional information you would like us to know:

I agree to attend designated training sessions and team meetings, to follow the guidelines of KPC International Ministries Short-Term Missions, and participate in team debriefing and the fall report-back night to the congregation.

Signed: _____ Date: _____

*Upon completion of the application, Trip Agreement, and Medical Consent forms,
please return to KPC International Ministries, Attn: Casey Dycus.*

You will be contacted after your application is reviewed.

SHORT-TERM MISSIONS

MISSION TRIP AGREEMENT

I agree to the best of my ability to fulfill the following requirements in participation with Kempsville Presbyterian Church's International Ministries –Short-Term Mission trip:

- I will attend a minimum of four out of five team meetings in preparation for my cross-cultural experience.
- I will strive to build and foster team unity by loving and encouraging my team members with the love of Christ, understanding that this is the greatest testimony I can give.
- I commit to read any required reading assigned by my team leaders.
- I understand that I am to raise my own support for this trip.
- I will attend and participate in the fall "Report Back" weekend.
- I commit to having a 100% of trip finances prior to trip departure.
- I have read and agree with the Short-Term Missions Trip Purposes, Policies, and Procedures included in my mission trip application packet.

Date

Signature

**CONSENT FOR MEDICAL TREATMENT
RELEASE AND HOLD HARMLESS FOR TRAVEL**

I wish to participate in a Kempsville Presbyterian Church short-term trip for which I will be traveling to and staying in _____ during the period from _____ to _____, 20_____.

In consideration of permission to participate in this trip, I, _____, being of legal age, do hereby authorize any necessary medical and/or dental treatment on my behalf/on behalf of my minor child _____, should I be unable to give such consent. This consent includes reasonable medical and/or dental treatment, including but not limited to diagnostic tests, x-ray examinations, anesthesia, or other procedures which may be deemed necessary to my medical well-being/the medical well-being of my minor child during the duration of the trip.

I certify that I have/my minor child has personal health insurance with:

Company Policy Number

I hereby voluntarily release and hold harmless Kempsville Presbyterian Church, its officers, agents, and employees, from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation/the participation of my minor child's premature return home should this be deemed necessary. I understand that this will be at my own expense should the reason be, as concluded by the leader, my/my minor child's inability to work together with the team in an appropriate manner.

I recognize that conditions in some of the places to which I/my minor child will travel may not be of the same standard as the conditions to which I am accustomed (i.e., political governments and judicial systems). I further realize that there may be certain health and detainment risks as well as other known and unknown risks to me/my minor child and I enter/allow my minor child to enter into participation in this trip with knowledge of this.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage, arising out of my participation/the participation of my minor child in this trip.

Signature (Parent's signature if under 18) Date

Witness signature Date

