

# LOUDONVILLE COMMUNITY CHURCH

## Instructions for the Short Term Trip Application for Funding and Prayer

Thank you for your interest in missions. Please follow the instructions below for submitting an application. By submitting this application, you affirm that the facts set forth in it are true and complete. Please submit everything together as **one package** to the LCC office (except the trip report). You will be contacted by someone from the Missions Board upon receiving your application.

Please write a brief testimony of how you came to faith in Jesus Christ.

Please write your answer to the following:

- Why you wish to go on this trip.
- How you would like to grow in your faith because of this trip.
- How you plan to finance the trip. You are required to raise funds through recruiting supporters or make a personal donation to cover the cost of this trip.

Please provide a photocopy of the signature and issue page of your passport.

Please provide a budget sheet for the trip and include the funds you have raised so far (form included in this packet).

Please list 8 people that will be your prayer support specifically for this trip. Please designate those that attend LCC - at least 50% should attend LCC (form included in this packet).

Please sign the Short Term Mission Trip Release and Waiver of Liability sheet (you will need a witness).

If you are accepted for a scholarship you must submit a written report/testimony about your experience. This report is due 2 weeks upon your return from the trip. The report should be 1-2 pages in length. Please submit the report to the LCC Missions Board by handing it in to the LCC church office.

In lieu of the written report you may request time to share about your experience at one of the monthly Missions Board meetings. Please designate your preference.

You will also be required to undergo a background check per LCC policy.

Please read LCC's statement of Faith and sign below:

### LCC Short-Term Missions Personal Statement of Faith

- I believe the Bible to be the inspired, the only infallible, authoritative Word of God. (2Timothy 3:16)
- I believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (Ephesians 4:4-6, 1 Corinthians 12:4- 6, 1 Peter 1:2)

- I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- I believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Titus 3:5)
- I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (Galatians 5:22-23)
- I believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. (Revelation 20:12-13)
- I believe in the spiritual unity of believers in our Lord Jesus Christ. (1 Corinthians 12:4-6ff)

I agree with this statement of faith

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Loudonville Community Church, 374 Loudon Road, Loudonville, NY 12211**

**518-426-0751 Fax: 518-426-1093 [www.lcchurch.org](http://www.lcchurch.org) [lcc@lcchurch.org](mailto:lcc@lcchurch.org)**

# Loudonville Community Church

## Short-Term Mission Trip Application for Funding and Prayer

<b>PERSONAL INFORMATION:</b>			
Full Name (as it appears on passport)		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street	City	State	Zip
Home Phone	Cell Phone	Email	
Citizenship	Passport #	Date of Issue and Expiration	
Name of trip you are applying for			
Dates of trip		Trip Leader	
Purpose of trip			
Sponsoring Organization (ECFA?)			
Briefly describe your role for the trip			
Church Affiliation		Number of Years	Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMERGENCY CONTACT</b>			
Name		Relationship	
Street	City	State	Zip
Home Phone	Work Phone	Cell Phone	

<b>HAVE YOU BEEN ON A MISSION TRIP BEFORE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PAST MISSION TRIPS IN WHICH YOU HAVE PARTICIPATED</b>		
Year:      Location:	Year:      Location:	
Year:      Location:	Year:      Location:	
<b>OTHER MINISTRY EXPERIENCES</b>		
<b>HAVE YOU GIVEN YOUR PERSONAL TESTIMONY BEFORE A GROUP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>HAVE YOU LED ANYONE TO ACCEPT CHRIST AS SAVIOR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>LCC INVOLVEMENT: CHECK <u>ONE</u> AFTER EACH STATEMENT</b>		
How often do you <i>attend</i> LCC? <input type="checkbox"/> Never/not often <input type="checkbox"/> Seasonally <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		
How often do you <i>serve</i> at LCC? <input type="checkbox"/> Never/not often <input type="checkbox"/> Seasonally <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		
Other (explain):		
<b>LIST YOUR SPIRITUAL GIFTS</b>		
<b>ANY HEALTH ISSUES THAT COULD AFFECT YOUR PARTICIPATION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>I HAVE HEALTH INSURANCE IN THE LOCATION TO WHICH I WILL BE TRAVELING</b>		
<input type="checkbox"/> Yes    Company:	Policy: <input type="checkbox"/> No	
<b>Will you purchase trip insurance (may be required)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF THIS IS YOUR FIRST LOUDONVILLE MISSION TRIP, PROVIDE A REFERENCE WHO IS A LCC STAFF MEMBER</b>		
Name	Phone	Relationship
<b>IS THERE ANYTHING IN YOUR BACKGROUND THAT COULD REFLECT NEGATIVELY ON YOU OR LCC?</b> <input type="checkbox"/> No <input type="checkbox"/> YES    IF YES, PLEASE DESCRIBE:		
Signature		Date
Parental Permission (if under 18)		Date



# Loudonville Community Church

## Short Term Mission Trip Release and Waiver of Liability

I am [ ] a volunteer trip participant eighteen (18) years of age or older or [ ] the guardian of \_\_\_\_\_, a volunteer trip participant, and this RELEASE is binding on me my executor, administrators, heirs and assigns.

By signing this form I, \_\_\_\_\_, agree not to hold Loudonville Community Church, its officers, elders, employees or other agents liable for any injury, loss, damage or accident that I might encounter on a short-term missions trip funded (fully or in part), sponsored, organized or promoted by Loudonville Community Church.

I realize and acknowledge that my participation on a missions trip includes many risks and possible dangers. I am well aware that my travel may expose me to such risks as accidents, disease, war, political unrest, and injury from construction projects and other calamities.

I hereby assume any risks that might result from my participation on a missions trip, and I unconditionally agree to hold Loudonville Community Church, its officers, elders, employees or other agents blameless for any liability concerning my personal health and well being or any liability for my personal property that might be lost, damaged or stolen while on a missions trip.

I agree that if for any reason the team leader determines that I am a liability to myself or the rest of the team, I will be sent home immediately at my own expense.

I have carefully read the foregoing and I understand that my signature below releases and holds Loudonville Community Church, its officers, elders, employees or other agents harmless for any liability from injury, damage, accident, delay or irregularity in schedule.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_