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**Mission Trip to Douglas- June 29th-July 2nd**

**Youth Application**Please send completed applications to:  
**MTtD c/o Matt Fox 1523 Erwin st, Douglas, Wy 82633**

**General Information**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_­­\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

SPECIAL HEALTH INSTRUCTIONS AND/OR ALLERGIES:

Allergies to any food/medications/etc..\_\_\_\_ \_\_\_\_\_\_

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Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts & Consent for Treatment of a Minor**

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company & Group Cert. or ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, give my permission for the above student to participate in all activities sponsored by Mission Trip to Douglas.

The undersigned, who is one of the parents or legal guardians of the above named student, a minor, herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and/or surgeon licensed to practice in the State of Wyoming, or where the activity occurs, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed in the State of Wyoming, or the state where the activity occurs.

It is understood that this authorization is given to Mission Trip to Douglas for all group activities. Every effort will be taken to locate you before any action is taken. All medical expenses will be accepted by the parents/guardians. Mission Trip to Douglas and sponsor churches are absolved of any or all liability for accidents or injuries received during any or all activities.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual Information**

1. What is the name of your home church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
2. What ministries are you involved with at your church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
3. Do you serve in any volunteer/leadership roles in any activities outside the church? If yes, please explain:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
4. What do you think your gifts are?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
5. Describe how and when you came to know the Lord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
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**MTtD Description, Doctrinal Agreement & Code of Conduct Agreement**

\*Mission Trip to Douglas is an opportunity for **students aged 13 and older (unless accompanied by a parent)** **and adults** to engage in an event focused on serving the residents of Converse County. They will be participating in work projects and evangelistic outreach to show the community the Light and Love of Christ. To get the full effect of a mission trip experience, team members will be staying overnight in the local churches. They will eat together, work together, and begin each day in a time of prayer, worship, and devotion together. For more info, please **contact Pastor Matt Fox at (307)359-9365 or by email at Douglas.ucf@gmail.com**.

Mission Trip to Douglas has a twofold purpose.

1- To provide an opportunity for youth to experience a short term mission trip.

2- To show the community of Douglas that we can work together as local churches to serve and love the world around us.

\*What we believe: we affirm that there is only one true and living God revealed to us eternally in three persons – Father, Son, and Holy Spirit; that all mankind is sinful by nature, and unable to save themselves from the consequences of that sin; that salvation is offered freely by God to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for all who believe.

\*I understand that participation in the Mission Trip to Douglas means that I will be representing my local church and the Lord Jesus Christ to the community around me. I will be working together with other people whose personalities at times may clash with my own. With God’s help, I promise to conduct myself in a manner that will glorify God and minister His grace and holiness to the world and team members around me.

Signature of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_