

Kiokee Student Ministry Mission Trip Application

**APPLICATION & DEPOSITS
ARE DUE Wednesday, February 14, 2024**

(LATE APPLICATIONS ARE SUBJECT TO APPROVAL)

New Orleans, LA

July 6-13, 2024

Trip Cost: approx. \$650 (Deposit: \$100)

Grades 6-12, Leaders, and Parents

Participant Information:

Legal Name (as it would appear on I.D. or Passport):

Grade: _____ DOB: ____ / ____ / ____ T-Shirt Size: _____

Address: _____

Phone: (_____) _____

E-Mail (print legibly): _____

Emergency Contact Information:

Name(s): _____

E-mail: _____

Cell Phone 1: (_____) _____

Cell Phone 2: (_____) _____

Additional Information

Have you been on a mission trip before? (circle one) NO YES

If YES, what year was your last mission trip? _____

Do you consider yourself a Christian? (circle one) NO YES

If YES, please write out your testimony on a separate sheet of paper and turn it in with your application. If NO, please describe below why you'd like to participate on this mission trip on a separate sheet of paper and turn it in with your application.

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

Please check here & provide the details below if there is a medical concern we need to be aware of:

Date of Birth: ____/____/____ Age at the Time of Travel: _____ Grade in Fall: _____

Home Address: _____
City State Zip

In case of an emergency, please notify one of the following in the order listed:

1. Name/Relationship: _____ Phone 1: _____ Phone 2: _____

2. Name/Relationship: _____ Phone 1: _____ Phone 2: _____

Please include as much insurance information as possible below:

Please check here if the participant does NOT have insurance:

Insurance Company: _____ Member Name (Employee): _____

Insurance Phone Number: _____ Member ID#: _____

Group Name: _____ Employer/Occupation: _____

Group ID#: _____ Work Phone: _____

CHURCH INFORMATION

Church Name: _____ Group Leader: _____

Church Phone: _____ Group Leader's Cell: _____

Address: _____
City State Zip

MEDICAL PROFILE

Generally speaking, the participant's health is: Excellent Good Fair Poor

If fair/poor, please explain further: _____

Is the participant bringing any medications that need to be administered by the group leader? NO YES

Is the participant bringing any over the counter (OTC) medications to self-administer? NO YES

(Group leader can provide over-the-counter medications for pain, fever, nausea, diarrhea, allergies, cough, and mild flu-like symptoms.)

If so, please list: _____

Is the participant bringing any "rescue medications" to self-administer? (inhaler, epi pen, etc.) NO YES

If so, please list: _____

Check the following conditions or diseases the participant has **had** or **currently** has:

- ADD/ADHD Anemia Anxiety Attacks Appendicitis Asthma
- Bronchitis Chickenpox COVID-19 Diabetes Dizziness/Fainting
- Epilepsy GI Disorder Hay Fever Heart Disorder Hyperglycemia
- Hypoglycemia Hypertension Hypotension Kidney Disorder Measles
- Meningitis Migraines Mumps Pneumonia Pleurisy
- Polio Sinusitis Tetanus Thyroid Disorder Tuberculosis

Are there any other psychological or physical conditions/diseases that the participant has received/is receiving treatment? If so, please specify the condition and the treatment, if any, he/she is receiving:

Does the participant have any known allergies? _____

Does the participant have any disabilities or restricted dietary needs? _____

Has the participant undergone any major operations (approx. date)? _____

Primary Family Physician: _____ Phone Number: _____

Why do you want to go on this mission trip?

How TEACHABLE are you? Give an example.

Describe how you RESPOND to authority.

Are you willing to serve 10 hours in some ministry at home prior to the trip? YES NO

Participant Commitment

I, _____, commit to:
(Your name here)

- *Praying for this trip*
- *Being faithful in responding to, and communicating with, my supporters*
- *Following through on my Home Ministry Commitments*
- *Being responsible for attending team meetings and coming prepared*
- *Be aggressive in my fundraising efforts*

I understand all of the requirements and dates, and if I don't live up to these commitments, I may be asked not to attend.

Signed: _____

Date: _____

Parent/Guardian Commitment

I agree with my son/daughter's statements above, support their decision to be part of this team, and will encourage them to fulfill the required responsibilities to the team and their supporters. I understand that there are mandatory team meetings that they must attend, and that individual teams will establish additional meeting requirements.

I understand that if they are sent home due to disciplinary reasons, I will be responsible for all of their transportation expenses, and for those of an adult leader.

Signed: _____

Date: _____

Parent/Guardian Printed Name: _____

Prayer Partners

I will commit myself to praying for

 (Your name here)

- At least weekly before this project,
- Daily during this project,
- And at least weekly for one month after this project

1. Name _____ Phone: _____

E-Mail _____

2. Name _____ Phone: _____

E-Mail _____

3. Name _____ Phone: _____

E-Mail _____

4. Name _____ Phone: _____

E-Mail _____

5. Name _____ Phone: _____

E-Mail _____

Mission Trip Commitment

Pursuing Jesus: I commit to a lifestyle that is pursuing a life like Jesus. I recognize that I'm not perfect, but I will live a life that points to Jesus and will flee from impurity, selfishness, and immorality. I commit to asking for help and accountability when needed.

Engaged at Kiokee: Minimum Discipling Group attendance of 60% (18 of the next 30 Sundays), Worship attendance should correspond.

Mandatory Dates & Trainings: I commit to attend all mandatory dates & training sessions planned. I commit to being on time and to not leave trainings early. If I miss any trainings, I commit to making these up on my own time. I also understand that if I miss more than two trainings my position on the team may be put in jeopardy.

Required Materials and Preparedness: I commit to bringing all my required materials to each training. I commit to meeting all deadlines lined out for me. I understand that if I do not come prepared with my required materials, I will need to accept any necessary consequences given.

Exceptional Communication: I commit to exceptional communication with my leaders and the team. I will communicate anytime I will be late. I commit to communicate my feelings when needed. I will not save problems until the last minute. I will communicate in person first, phone calls second, text messages third, and emails fourth.

Protect the Team: I commit to never talking bad about any member of the team. I will keep all problems within the confines of the team and commit to working them out in a Biblical manner (Matthew 18). I will seek out the guidance and help from my leaders if need be.

Sacrifice for Others: As a member of the team, I understand that I will be asked to sacrifice for others. I commit to making that sacrifice willingly.

Pursuit of Excellence: I commit to pursuing excellence in all that I do (Col. 3:23).

Christ-like Attitude: I commit to striving for a Christ-like attitude in all that I do. I will try my best to not complain, murmur, or spread negativity throughout the group. Rather, I will stay positive and talk to a leader about areas I am struggling with.

I know that the point is not to achieve perfection or to be made righteous by my works or actions. However, my goal is to strive to be more like Jesus in all that I think, say and do.

I understand that by not fulfilling any of these commitments I put my position on this team in jeopardy. I will communicate as soon as possible with my leaders if there is anything in the contract that I feel a need to communicate.

By signing this contract, my parent(s) and I commit to have read and stand behind it as best as possible.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Kiokee Baptist Church Permission and Release Form

In consideration of my child/student _____ participating in the following (event, trip, activity) Student Ministry Costa Rica Mission Trip to be held on June 24-30, 2023

I do hereby grant the following permissions and waivers.

1. That Kiokee Baptist Church employees and adult agents of Kiokee Baptist Church are hereby given the following authority during the time period indicated above:
 - a. To consent to any medical treatment that may be required by my child in the place and with the same authority as I would have were I present;
 - b. To record or have some other person record any or all of my child's participation in the event by means of photographs, motion pictures, video recordings, audio recordings, or in any other manner of recording, and to use those recordings without notice to me or recompense of any kind to me or to my child; and
 - c. To exercise authority over my child in the same manner that I would be able to exercise authority were I present; and
2. That Kiokee Baptist Church, Kiokee Baptist Church employees and adult agents of Kiokee Baptist Church are hereby released from liability for all actions taken in good faith in connection with the event;
3. That I shall be fully liable for all costs and expenses arising from medical treatment of any kind received by my child under this permission and release; and
4. That I have full legal authority to grant this permission and release and that Kiokee Baptist Church and its employees and adult agents may rely upon this permission and release in good faith.

Parent or Guardian Signature: _____ Date: _____

For emergency contact: _____

Telephone #: _____

Cell #: _____

Notary Public

I, the undersigned officer duly qualified and authorized to administer oaths, do hereby state and affirm that _____, appeared before me and in my presence executed the above permission and release form. Witness my hand and seal this _____ day of _____, 20____.

Notary Seal

Notary
My Commission Expires: _____

Cancellation Policy

In the event that you cannot attend this mission trip and need to cancel, please keep in mind the following:

- Deposits are non-refundable after February 14, 2024
- Half of Trip Cost is non-refundable after April 3, 2024
- Total Cost of Trip is non-refundable after May 29, 2024.

Exceptions: If we can fill your spot from our waiting list, you have the options:

- We can send you a refund check in the mail for the amount already given towards the trip.
- If there is no waiting list, there is no possibility of refund after dates listed above.

If you have any questions regarding our *Cancellation Policy*, please contact Jack at 678-654-2231 or jack@kiokee.org

Please sign below, acknowledging that you understand and will comply with the cancellation policy.

Participant Signature:

_____ Date: _____

Parent/Guardian Signature

_____ Date: _____

**Please submit the entire application to Jack, but make a copy for your records.*

Kiokee Student Ministry Fundraiser Policy

1. Student fundraiser money is to be used exclusively on Student Ministry events or Kiokee approved Mission Trips.
2. Students may choose to apply their fundraiser money towards others student's event costs.
3. Any available funds in a student's fundraiser account should be applied toward a requested scholarship or mission trip before any further financial assistance is given.
 - a. For example, the cost for Summer Camp is \$340 and a student is requesting a scholarship. If that student has \$50 in fundraiser credit it would be applied and the balance of \$290 would be given as a scholarship. The same scenario is to be used for someone requesting financial assistance from the Share Team for a mission trip. All fundraiser credit is to be applied before any Share Team funds are expensed.
4. Adults who are student trip participants may be involved in a student fundraiser to earn money toward their cost as a team member.
5. After a student graduates and has moved out of the Student Ministry, at their discretion, their fundraising money may be surrendered to the general Fundraising Savings Account or saved to be used toward future leader costs.
 - a. For example, the cost of being a Summer Camp leader or mission trip team member.
6. A student's fundraising money will not be applied to another family member's or other student's even cost without the consent of the student who has earned the money.

Kiokee Baptist Church
2520 Ray Owens Rd
Appling, GA

{YOUR NAME}- Missionary to New Orleans, LA

Dear { },

I would like to ask you to partner with me in a mission opportunity that I will be participating in June 24-30, 2023. I will be going with a team from Kiokee Baptist Church to Costa Rica. We will be ministering to the people of the local villages surrounding San Jose.

I am presently involved in training and learning how to best reach the people of Costa Rica. Our team will be ministering to the community in mission projects such as roof repair, concrete work, backyard Bible clubs, and more.

Missions will not work unless you have people willing to go, people willing to give, and people who are willing to pray. I want to ask you to be an instrumental part of helping me go. First and foremost, will you be an active member of my prayer team? Secondly, as the Lord leads, will you consider giving a financial gift on my behalf to make it possible for me to go? The cost of the trip is \$650. If you are unable to give at this time, please know that I covet your prayers as we prepare for this awesome opportunity to be involved in carrying out the Great Commission. Enclosed you will find a response card with instructions and information about your commitment.

Also, enclosed you will find a self-addressed envelope and response card. If at all possible, please respond by (INSERT DATE HERE). If you have questions, please do not hesitate to call me at {YOUR PHONE #}.

I want to go to Costa Rica empowered by God to do His work and I pray that God would bless you for your support.

Answering the Call,

{YOUR SIGNATURE}

{MAYBE ADD A VERSE THAT PERTAINS TO YOU AND THIS MISSION OPPORTUNITY}

Kiokee Baptist Church/ {TRIP LOCATION}

Yes, I want to be involved in this mission's ministry.

_____ *I will support the Mission trip to {LOCATION} as a prayer warrior.*

_____ *I am giving a special gift in the amount of \$_____*

Name _____ Phone _____ E-mail _____
Address _____ City _____ State _____ Zip _____

Appeal by: **{YOUR NAME HERE}**

Please make checks payable to Kiokee Baptist Church and the memo reference "New Orleans Mission Trip"
Return this card and check (if applicable) to: Kiokee Baptist Church, 2520 Ray Owens Rd, Appling, GA 30802

Donors will receive a receipt for their gifts to this mission effort with the understanding that the missions committee will disburse these funds. Gift may be tax deductible by following the above instructions.

Kiokee Baptist Church/ {TRIP LOCATION}

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