

# Oaxaca

## Mexico

July 28th - August 4th 2018



# Missions Application



# LIVING HOPE CHRISTIAN CHURCH

240-20 Braddock Ave.  
Bellerose, NY 11426  
(718) 347-2554 [Livinghope.cc](http://Livinghope.cc)



Hello Future Teammate!

I am so excited that you are considering joining me in Oaxaca pronounced *wa-ha-ka*), Mexico this summer! We will be traveling to a site called *Trigo y Miel* (Wheat & Honey), a ministry run by Forward Edge with the mission of caring for the children and families living near the city dump on the outskirts of Oaxaca City. The area is one of the poorest in North America, and for many of these families, the focus is on day to day survival. It is my earnest prayer and hope that this summer, we will be a blessing to both Trigo y Miel and the community which it serves.



In Matthew, Jesus tells us to go and spread the Gospel to all nations – as followers of Jesus Christ, we are *all* called to spread the truth and hope of Jesus Christ to all those in our path. I believe that you have a powerful role to play in the work of the Kingdom, and that your story has the power to impact and change lives for the glory of God.

As you prayerfully considering joining this team, it is my personal hope and prayer that God uses this opportunity to set your heart on fire for Him, and that you return empowered and ready to bring change to your community – to your family, your neighbors, your coworkers, and your friends.

God bless you.

*Heather Ludwiczak*  
Team Leader

*Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely, I am with you always, to the very end of the age.*

- Matthew 28:19-20

## Mission Trip Guidelines

1. All participants must be committed followers of Jesus Christ.
2. All participants must be actively involved in Living Hope Christian Church.
3. All participants must be at least 16 years old if attending this trip without a parent; participants under the age of 16 **must** be accompanied by a parent.
4. All participants must attend all meetings and activities designed for the team. *The dates of these meetings and activities will be distributed after the finalization of the team.*
5. All participants must commit to praying regularly for the trip in these areas: the team's spiritual and physical safety, travel to and from the destination, the local churches, the community we will be serving, and for God to use us to advance His Kingdom.
6. All participants must meet the financial deadlines listed for the trip. *The dates of the financial deadlines will be distributed after the finalization of the team.*
7. All participants must secure proper documentation for the trip. Documentation includes: passport, consent letters, liability forms, etc...**Please Note:** if you already have a passport, be sure to check that the expiration date is *more than six months after the return of our trip*. Our trip is **July 28<sup>th</sup> 2018 to August 4<sup>th</sup> 2018**, so all passports must be valid through February 4<sup>th</sup> 2019.
8. All participants must submit to the rules and guidelines established by the team leader(s) for the trip, including requirements for personal conduct.

## Financial Requirements

1. Each individual is responsible for raising the amount of money pre-established for the trip: **\$1,750**. The cost includes: *transportation, accommodations, meal expenses, and supply expenses for the mission's organization* for the entirety of the trip.
2. A **\$300** deposit is required to join the team, and is non-refundable if accepted onto the team.
3. Team members are **required** to participate in **personal fundraising**, and contribute as much as possible to **group fundraising activities**.
4. Excess funds or contributions raised by a participant will go towards team expenses. Due to IRS regulations, we are unable to hold these funds for an individual's future missions trips, nor are these funds allowed to be re-designated for other purposes within the church.
5. Any unpaid balance of trip expenses is the responsibility of the participant and is expected to be paid **before** the departure of the team. If a participant decides to cancel his or her participation in the trip, that individual will be responsible for any prepaid expenses which cannot be refunded.
6. In the event that a team member persistently exhibits behavior that is not Christ-like, creates disorder and disunity within the team, and/or grossly misrepresents Living Hope Christian Church on location, the leader(s) have the right to remove the individual from the team without refund. Participant is then required to pay for all return travel expenses without refund.
7. **Please Note:** to secure a position on the team, a deposit of \$300 is due no later than **February 11<sup>th</sup> 2018 with your application**. If for any reason, the team leader(s) deny your application prior to February 11<sup>th</sup> 2018, deposit will be returned to you. After February 11<sup>th</sup>, however, your deposit is non-refundable.

## Personal Fundraising

Individuals participating in a short-term missions trip are responsible for raising the funds necessary to cover their expenses for the trip. Financial contributions can be made at any time for the trip, and will be tracked by the Missions Coordinator.

All checks must be made out to **Living Hope Christian Church**, with a note in the memo line that clearly indicates that the money is designated for the trip to Oaxaca. The checks **cannot** be addressed to you; rather, please put your name on the *envelope* which contains the check. Checks with an individual's name on them are not accepted as tax-deductible.

### **Support Raising Guidelines:**

1. **Support Letter.** Team members must write letters as their primary means of fundraising. The letter should be sent out to friends and family as soon as you are accepted for the trip. Send out your letters to friends and family outside Living Hope Christian Church. We do not want individual members of the church to become overwhelmed by support letters, or have any issues of "favoritism" arise. Letters to people within the church should be reserved **only** for people you already have a close, interpersonal relationship with. A sample support letter can be found on the next page.
2. **Personal Fundraisers.** Think of creative ways you can request financial support from people by personally serving them. For instance, you can bake cookies, cut grass, rake leaves, shovel snow, babysit, etc...
3. **Group Fundraisers.** Team fundraising projects will take place in the months leading up to the trip. These group fundraisers will be a way to raise money for the team as a whole, and any extra expenses that might arise for the team. Dates and types of group fundraisers will be made available after the finalization of the team.

## Sample Support Letter

Dear \_\_\_\_\_,

I am excited to announce that God has opened a door for me to travel to Oaxaca, Mexico to serve with a group of amazing men and women! I will be traveling with a team from my church from **July 28<sup>th</sup> to August 4th**. While there, our group will be traveling to local churches, assisting local schools, and spending time with children from the community at a site called *Trigo y Miel*. We will be performing skits, completing service projects, sharing our testimonies, and sharing the gospel with those we are serving.

Our team is going to be very busy over the course of the next several months as we begin preparing for our trip. We'll be attending weekly Bible studies, rehearsing our skits and dramas, preparing our testimonies, learning the language, and most importantly through all of this, growing as a team. We need people who will pray for us, as well as our team, as we begin preparations, as well as people who can help us shoulder some of the financial expenses of the trip.

**Please prayerfully consider becoming a part of my support team.** I am putting together a prayer team, and would love if you would prayerfully consider being one of my prayer partners, and financial supporters. Please e-mail me at \_\_\_\_\_ or call me at 555-555-5555. I am planning to keep my prayer team regularly updated with prayer request, praise reports, and updates through a monthly e-mail.

If you are willing and able to support me financially, know that *all* contributions are tax deductible. Checks should be made out to **Living Hope Christian Church, with Oaxaca Missions** written in the memo line. *The envelope (not the check) should be clearly designated with my name and the name of my trip (Oaxaca)*. If the check is designated to **my** name, it may not be acceptable as tax-deductible.

Because we need to meet our deadlines for airfare deposits and other arrangements, I need to have adequate financial support as quickly as possible.

Thank you for your prayer consideration in the matter!

Sincerely,

Luke Skywalker

## One Final Word

In all situations, we are representatives of Jesus Christ, and as followers of Jesus Christ, we are commanded to **GO**. We are commanded to **GO** into the world and preach the Gospel. Our mission does not begin the moment we step foot off the plane in Mexico. It begins long before, in the months of preparation leading up to the trip. How we interact with our family, our coworkers, how we behave on social media...How we conduct ourselves is a part of our testimony. We must strive to represent Christ in *all* circumstances at *all* times.

If God is asking you to join us in Mexico, begin praying now for how your story and your testimony can be used for the advancement of the Kingdom of God, not only in the lives of those in the community we are serving, but for our fellow teammates as well. It is my hope and prayer that as we minister to the community, that both the community and our teammates minister to us, so when we return home, we return changed – that our relationship with Christ is stronger, our dedication to the mission He has called us to is renewed, and we are consumed with a fresh hunger to bring hope and spiritual revival to our community.

May God grant you the clarity to see His vision for your life, and embolden you to pursue Him and His plans with reckless abandon for the glory of His Kingdom.

# Application



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### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

T-Shirt Size (circle one):    S            M            L            XL            XXL

### Christian Walk

How and when did you receive Jesus Christ as your Savior?

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Describe your growth in Jesus Christ throughout your walk with Him.

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Have you ever been baptized?     YES     NO



## Passport Information

*If you do not have a passport, apply for one **immediately**. The process can take several months. Passport applications are available at most post offices. Passports **must** be valid for at least six months after the end date of the trip.*

Your name as it appears **exactly** on your passport: \_\_\_\_\_

Passport #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Agency Issuing Passport: \_\_\_\_\_

## Missions Experience

Previous Missions Experience:

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Why do you want to go on this trip?

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Do you have any vocational skills (carpentry, baking, computer programming, etc.) that you think will be helpful on this trip? If so, what are they?

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Are you a member/regular attendant of Living Hope Christian Church?

[ ] YES [ ] NO

If not, where do you regularly attend church? \_\_\_\_\_

What church activities are you regularly involved in?

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Name two people in your church family that know you well, and would serve as character references on your behalf:

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

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

## Health Information

Present Health Condition (circle one): Excellent    Good    Fair    Poor

If you have any pre-existing health conditions, please list them below:

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Are you on any medications? [  ] YES [  ] NO

Are you presently covered by health insurance?    [  ] YES [  ] NO

Do you have any severe food allergies? If so, to what? (Please list them below).

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Do you have any dietary restrictions **related to a pre-existing medical condition?** If so, please list them below.

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## Emergency Contact Information

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Agreement**

*I have read the Short-Term Missions Trip Information packet, including the policies and guidelines. I understand my responsibilities to the team through the preparations and fundraising for the trip, and am committed to the entire process leading up to the trip.*

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

# Waiver & Indemnity Agreement & Authorization for Medical Treatment Form

Name of Participant: \_\_\_\_\_

For (Name of Event/Trip): \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

In consideration of your accepting me for participation in the above named program, activity, or sport, I hereby, for myself, my heirs, my executor and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization, its agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity, or spot, I will personally indemnify, defend, or hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

### **Authorization for Medical Treatment**

This release and consent gives Living Hope Christian Church (LHCC) permission to take me or my child to the nearest medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact my emergency contact. However, in case of emergency, if my emergency contact cannot be reached, I hereby give LHCC permission to act on my behalf in seeking medical treatment by qualified personnel for myself or my child in the event that any such treatment is deemed necessary or advisable for my child's health, safety, and welfare. I release LHCC, its staff (paid or volunteer), and all medical providers from liability in acting on my behalf in this regard to rendering such medical treatment.

**Note: I understand that my personal insurance is primary. I have read and understand this agreement.**

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

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

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### **Current Medical Condition**

List **any and all** medical conditions, allergies, or medical limitations that you or your child are experiencing or have experienced in the past:

\_\_\_\_\_  
\_\_\_\_\_

### **Current Medications (Medications must be sent with participant in their original containers)**

<u>Medication Name</u>	<u>For</u>	<u>Dosage</u>
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Health Insurance Co: \_\_\_\_\_ Group Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insured under who's name: \_\_\_\_\_ S.S.# of insured: \_\_\_\_\_

Participant's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In an emergency, you may call the person listed below in the event an emergency contact cannot be reached:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SIGNATURES**

By signing, you agree that the above statements are true and that you agree to abide by all of the rules and guidelines set forth by LHCC.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Print Parent/Guardian Names: \_\_\_\_\_ Phone #: \_\_\_\_\_

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