



CIN Missions Trip Application:

****Please complete and return this application to Allie Durrua, Missions Team Coordinator at allie@cinonline.org to secure your spot on a mission team.**

Date: _____ **Dates of Travel:** _____ - _____

Group you are traveling with: _____

Personal Information (as shown on Passport)

(First Name) (Middle Initial) (Last Name)

Birth Date: _____ Male Female

T-Shirt Size: _____

Passport # _____ Current Not Current

Exp. Date _____ Country Issued from: _____

****Passport must be valid for at least six months after date of return travel****

Country of Citizenship: _____

Do you currently hold a Bolivian visa valid for the dates of service? Yes No
(not required for Colombia or Honduras Teams)

Permanent Physical Address: _____

(City) (State) (Zip)

Phone: _____ Email: _____

Current/Temporary Address: _____

(City) (State) (Zip)

Phone: _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____ Alternate Phone: _____

If Under 18:

Father/Guardian Name _____ Phone: _____

Mother/Guardian Name _____ Phone _____

If parents are separated or divorced, who has legal custody?

Father Mother Joint Other: _____

References:

Home Church Name & City: _____

Please provide the name, email, and phone number of a pastor or church leader from your current church: _____

Spanish Language Ability: None Basic Conversational Advanced Fluent

List any special skills or talents (arts, music, drama, carpentry, nursing, teaching, etc).

Tell us how you heard about Children's Impact Network and if you have traveled with us in the past. If so, when?

Briefly state what your expectations are for this short-term missions trip.

RELEASE OF LIABILITY FORM

The undersigned person in consideration of being granted the privilege of participating in the following on the premises of or under the sponsorship of Children's Impact Network (CIN):

1. Function/Activity: Missions Trip

2. Location: ___ Cochabamba, Bolivia ___ Bogotá, Colombia ___ San Pedro Sula, Honduras

3. Date or Dates:

does hereby acknowledge that attendance at this function or participation in this activity involves some risk of injury, including the possibility of serious injury, and therefore agrees to the following:

- 1. I knowingly and freely assume full responsibility for risks both known and unknown, including but not limited to: any sickness, accident, death, terrorist acts, kidnapping, theft, acts of God or for any other expense beyond that of normal involvement arising from my attendance and/or participation in the above.**
- 2. I agree to comply with the ordinary and customary terms and rules of my participation and I will voluntarily remove myself should I encounter any reasons for not participating and bring such to the attention of the appropriate ministry authority. If I should require medical attention of any sort during the above identified function or activity, permission is given to CIN or other appropriate supervising adults to act in my behalf in seeking such necessary medical attention.**

Ethical Standards

Children's Impact Network expects the members of our missions teams to conduct themselves with ethical standards that reflect our love and loyalty to Jesus Christ.

Therefore, the following behaviors will not be allowed:

- Sexual Misconduct
- Alcohol and/or Tobacco Use
- Theft
- Illegal Activity
- Insubordination

Display of any of these activities from this time forward will result in **immediate** dismissal from the missions trip and loss of costs relating to the ministry trip. Obscene language, inappropriate dress, insubordination, or any other behavior considered detrimental to our witness for Jesus Christ and reflective of CIN will be confronted and could result in dismissal from the ministry team. Should such dismissal be deemed necessary, the participant will be required to pay applicable transportation costs back to their US airport of original departure.

I also testify that I have never been involved or convicted of any crime. (if yes please explain)

I give CIN the right to use my voice, photograph and personal testimony for any form of promotions.

My signature (as well as my parent/legal guardian if I am under 18) signifies my approval of all limitations listed in this document.

Participant: _____
(Please Print Name) (Signature) (Date)

Parent/Legal Guardian: _____
(under 18 yrs old only) (Please Print Name) (Signature) (Date)

*After completing the form, please print sign/date, scan and email it to Allie Durrua at allie@cinonline.org *

THIS FORM MUST BE SIGNED

Dear short-term missionary,

We're so excited for your upcoming trip! As we receive donations from your supporters, we will credit all gifts preferenced to your trip. If you do not raise the needed amount of funds for your trip, you will be responsible for the balance. If excess funds are received, they will be used to support the work of Children's Impact Network. Each individual will be given three specific deadlines, if you have not raised the amount by each deadline, you must submit a payment for the lacking amount. Please read the following information carefully. We encourage you to copy this language directly for use in your letters to raise support.

Important things to include in your letter:

1. Let supporters know that your trip is hosted by Children's Impact Network.
2. Tell supporters about the ministries you will participate in while abroad.
3. Explain that mission support gifts can be preferenced for your trip expenses.
Gifts to Children's Impact Network, with an expression of preference for my trip expenses, are tax deductible to the extent allowed by law. Please make your checks payable to Children's Impact Network and write "missions support – my name" in the memo line. If for some reason, I am unable to go on this trip or if I raise more than needed for my expenses, your gift will be used by Children's Impact Network to impact children around the world.
4. Request prayer support for your trip.
5. Utilize a response form:

We want to support the missions outreach of Children's Impact Network and are sending our gift of \$_____.

Our preference is that this gift be used to support the short term mission trip of [type your name here]. We understand that the use of the gift is subject to the discretion and control of Children's Impact Network.

Donor Names and Address:

Note: In order for gifts to be deductible by the IRS, they must be donations to Children's Impact Network with the intent to support the work of CIN. As a missionary you are a volunteer of CIN helping us carry out our mission. Gifts can not be intended to directly benefit you as a missionary. If one of your supporters would like to help with additional expenses such as your VISA or shots, they must give the money directly to you and it will not receive tax credit. We can not issue refunds for other related travel expenses or if you are unable to go on a short term mission trip. If you raise more than needed to cover your travel expenses, mission support gifts will be used to support the work of Children's Impact Network. We will always use preferenced gifts to support the work of a short term missionary foremost. Thank you for being a blessing!

6. Avoid saying "my support" or "my needed funds". Instead use language similar to: "Please continue to pray that the last 50% of the support I am responsible to raise for CIN comes in soon. God is after all the source of our provisions!"
7. Please contact Michelle Shott, Project Development Coordinator with any questions about raising support. We also ask that you submit your letter to supporters to Michelle for approval prior to distributing them. You can email her at michelle@cinonline.org.

I have read and understand the enclosed information. I understand that if I am unable to go on this mission trip, for any reason other than cancellation by CIN, my support (including my deposit) is nonrefundable.

I understand that my inability to meet the stated deadlines jeopardizes my spot on this trip. If I have not raised the needed amounts by each deadline, I will submit a payment for the lacking amount. By not doing so, I may incur a late fee (passed on by airlines) and/or risk losing my spot entirely on this mission trip.

I understand that if I raise more support than needed, the access balance will go to equally important projects of CIN.

My signature (as well as my parent/legal guardian if I am under 18) signifies my approval of all of the information in this document.

Participant: _____
(Please Print Name) (Signature) (Date)

Parent/Legal Guardian: _____
(under 18 yrs old only) (Please Print Name) (Signature) (Date)

After completing the form, please print sign/date, scan and email it to Allie Durruea at allie@cinonline.org

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