

LOAVES & FISHES COMMUNITY MEAL  
RAISING THE ROOF  
HABITAT FOR HUMANITY  
FEED MY PEOPLE  
P.A.T.H.



COLLEGE MISSION MINISTRIES  
JAMAICA PARTNERSHIP  
HONDURAS PARTNERSHIP  
NEW YORK MISSION  
KATRINA RELIEF

*“Our greatest fulfillment lies in giving ourselves to others.”*  
*Henri Nouwen*

## Sturgeon Bay Moravian Church Mission Trip

### APPLICATION

<b>Name of Applicant:</b> _____
<b>Address:</b> _____
<b>Phone Numbers: Home</b> _____ <b>Cell(s)</b> _____ <b>Work</b> _____
<b>E-Mail Address:</b> _____

<b>Church Affiliation:</b> _____
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<b>Parent or Guardian:</b> _____
<b>Address:</b> _____
<b>Phone Numbers: Home</b> _____ <b>Cell(s)</b> _____ <b>Work</b> _____
<b>E-Mail Address:</b> _____

<b>Emergency Contact:</b> _____
<b>Phone Numbers: Home</b> _____ <b>Cell(s)</b> _____ <b>Work</b> _____

**Volunteer Mission Philosophy:** *The purpose of Moravian work crew mission ventures is to share and show God’s love for all people in a direct and tangible way. We do so in cooperation with our brothers and sisters within the worldwide unity in response to specific requests. Following Christ’s example we seek to serve rather than be served (Mark 10:45). All God’s people have been given various gifts to be witnesses to the love of Jesus Christ in the world. Therefore, we invite Christians to participate as God calls and enables.*

# Mission Team

## *Covenant*

### **As a Member of the Mission Team, I agree to:**

- Pray daily for the project and all participants.
- Be faithful in my attendance in worship.
- Participate in all training events and meetings.
- Do the fundraising program as outlined by the Mission Task Force.
- Be physically involved in the preparation work at home and the project.
- Take seriously my spiritual growth in the process of planning and participating in the project.
- Be a team player.
- Journal daily while on the project.
- Faithfully report back to all of my supporters and participate in follow up programs at the church and in the community once the project is completed.
- Be mindful that my actions and attitudes are in keeping with Christian teachings of the Moravian Church so that I may be a faithful representative of our congregation and the faith we profess.

Team Member Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_

# Health Form

**Please type or print: fill in as completely as possible**

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_\_

Phones: Home (920) \_\_\_\_\_ Cell(s) \_\_\_\_\_ Work (920) \_\_\_\_\_

Address: \_\_\_\_\_

Passport Number (If applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*(Attached a copy of your passport if available.)*

**In case of Emergency contact:**

Name: \_\_\_\_\_ Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

<p><b>Health History</b> (Give approximate dates of illness)</p> <p>_____ Ear infection</p> <p>_____ Heart Problems</p> <p>_____ Convulsions</p> <p>_____ Diabetes</p> <p>_____ Bleeding/Clotting Disorders</p> <p>_____ Claustrophobia</p> <p>_____ Fainting</p> <p>_____ Sleep Disturbances</p> <p>_____ Constipation</p> <p>_____ Other</p>
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<p><b>Disability(s)</b></p> <p>_____ Orthopedic</p> <p>_____ Visual Impairment</p> <p>_____ Hearing Impairment</p> <p>_____ Mental Retardation</p> <p>_____ Emotional Disturbance</p> <p>_____ Learning Disability</p> <p>_____ Other</p>
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<p><b>Allergies</b></p> <p>_____ Asthma</p> <p>_____ Bee Stings</p> <p>_____ Food</p> <p>_____ Hay Fever</p> <p>_____ Insect Stings</p> <p>_____ Ivy Poisoning (etc)</p> <p>_____ Other Drugs</p> <p>_____ Other</p>
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	Year Primary Series	Year of Booster
<b>Immunizations</b>		
Chicken Pox	_____	_____
DPT	_____	_____
MMR	_____	_____
Oral Polio	_____	_____
Tetanus	_____	_____
Tuberculin Test	_____	_____
Hepatitis B: (Month/year)		
Shot 1	_____	Shot 2
		Booster
		_____

## Insurance Information

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Company Address: \_\_\_\_\_

Policy/I.D. Number: \_\_\_\_\_

## Health Form – Part II

If your child has a disability, complete the following:

Level of involvement (circle one) - Mild   Moderate   Severe   Profound

Nature of Disability: \_\_\_\_\_

Adapted equipment or aids (e.g.: wheelchair, hearing aid, etc.) \_\_\_\_\_

**Please complete the following:**

Operations or Serious Injuries (dates) \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Suggestions or health-related information for adult-in-charge: \_\_\_\_\_

Special considerations: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Suggestions or comments from parents/guardians: \_\_\_\_\_

Other: \_\_\_\_\_

**I understand** that my child may be involved in the following types of work as a part of a mission experience: simple carpentry, simple plumbing, ceramic tile work, which will include lifting of moderate weights or possibly food service and hospitality services such as: soup kitchen, food pantry, or distribution center. Specific activities to be restricted: \_\_\_\_\_

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### Permission and Emergency Medication Authorization

*The undersigned* does hereby give permission to our (my) child, \_\_\_\_\_, to participate in a *Mission Trip* sponsored by **Sturgeon Bay Moravian Church**.

*We (I) authorize* an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

*The undersigned* shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons the undersigned shall assume all transportation costs.

*Our (my) child understands* that he/she must abide by the rules established by the youth group leaders. In the event of his/her failure to abide by the rules we (I) understand that we (I) will be contacted and be expected to come and pick him/her up.

*The undersigned* also does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Sturgeon Bay Moravian Church.

(Signature of Parent or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_