**BROOKWOOD CHURCH INTERNATIONAL MISSION TRIP APPLICATION**

**\*Applicants must be a member or attendee of Brookwood Church**

**except when requested by Brookwood Leadership. \***

**\*You must complete all questions on this application\***

**\*Please return completed application to Michelle Stoudemire, Missions Coordinator**

**along with a photocopy of your Passport and a $100 deposit\***

**Latvia, Riga**

**Team Leader**: Jacob and Nicole Bors

**Trip dates**: Late Fall 2026

**Trip cost**: $3,000

50% of the trip funds are due 8 weeks prior to departure, and full payments will be due to Brookwood 30 days prior to trip departure.

**Application Information:**

Name: Click here to enter text.

Full name as it appears on Passport: Click here to enter text.

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Email Address: Click here to enter text.

Preferred phone number: Click here to enter text. Date of Birth (include year): Click here to enter text.

Passport #: Click here to enter text. Expiration date: Click here to enter text.

Emergency contact name: (emergency contact may not be on this trip) Click here to enter text.

Emergency contact preferred phone: Click here to enter text. Relationship: Click here to enter text.

Beneficiary Name: Click here to enter text. Relationship: Click here to enter text.

Who would you like us to contact for team updates during travel: Email: Click here to enter text.

Have you been on a mission trip in the past? Choose an item.

If yes, please list previous trips and approx. dates: Click here to enter text.

Please list which Brookwood Ministries you serve in/ Small Group you attend:

 Click here to enter text.

Please list reference from Small Group Leader/ Ministry Leader and/or Brookwood Friend: (name/phone/email)

Click here to enter text.

Please share a summary of your faith story: Click here to enter text.

**PASSPORT:** You must have a current valid passport to participate on a Brookwood Mission Trip. Passport must be renewed if the expiration date is less than 6 months from the trip dates. You must pay for your passport. To apply for or to renew your passport contact your local post office or online at <http://travel.state.gov/passport/passport_1738.html>. **Please attach copy of valid passport along with this application.**

**VACCINATIONS:** Brookwood requires each volunteer to study the CDC recommendations for safe travel and vaccinations. <http://wwwnc.cdc.gov/travel/>. Brookwood requires all CDC mandated vaccinations. You must pay for your vaccinations.

**Mission Trip Commitment Statement**
I understand that by joining this mission trip, I am serving on behalf of Brookwood Church and as a representative of Christ. I commit to upholding and reflecting Brookwood Church's values and aligning my conduct with biblical principles. To the best of my ability, I will demonstrate humility, respect, cultural sensitivity, and a Christ-like spirit of service in both my words and actions throughout travel and all mission trip activities.

To review Brookwood’s essentials of Faith, please visit [Brookwood-Church-OUR\_BELIEFS.pdf](https://www.brookwoodchurch.org/Content/External/Brookwood/PlanMyVisit/AboutUs/PDF/Brookwood-Church-OUR_BELIEFS.pdf)

**Mission Trip Policies and Costs:**

* Each team member must be a **membe**r or **attendee** of Brookwood Church unless otherwise approved by the Mission department.
* If allowed minors under the age of 18 must be accompanied by a parent or legal guardian.
* All mission trip participants 18 years of age and older will be subject to a background check prior to the trip.
* Each team member must attend any pre-trip meetings(March-July) and one post-trip debrief meeting.
* Trip costs as advertised include air and ground transportation, 1 checked bag per person, room and most meals, and emergency insurance for the trip. But they will be responsible for any personal snacks and any meals on their own. Trip leaders will discuss these details at pre-trip meetings.
* Trip costs do not include Evisa fees, passport fees or the cost of inoculations.
* **Each team member is responsible for all trip fees/expenses. Once airline tickets are purchased, the team member is responsible for the cost of their ticket regardless of trip attendance.**
* Brookwood Church provides a sample letter and guidelines to ask for financial contributions from family and friends.
* Deadlines for half and full payments will be set for each trip. This is to purchase air travel and make other arrangements for the trip in advance. Deadlines are not negotiable. Generally, the half payment deadline is due 10-12 weeks prior to departure, and full payments are generally due four (4) weeks prior to departure.
* I have read and understand the Mission Trip Spiritual and Social Requirements and Trip Policy Statements. By signing my name below, I agree with the requirements set forth above.

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Click here to enter text.

signature AND DATE

**Helpful Information:**

1. Is there something specific you would like to do to serve on this mission trip?

If yes, please explain Click here to enter text.

1. Are you a medical professional and will you utilize those skills on this trip? Choose an item.

If yes, please provide a copy of your current medical license to practice medicine.

1. Do you sing or play a musical instrument, please list: Click here to enter text.
2. Why do you think God wants you on this mission trip? Click here to enter text.

**Important Items:**

1. Have you been convicted of a crime? Choose an item.

If so, please explain:

 Click here to enter text.

1. Have you talked with the trip leader? Choose an item.
2. How you intend to pay for the trip? Choose an item.
3. Are you dealing with any current life crisis causing you stress? Choose an item.
4. If you are married, is your family supportive of your going on this trip? Choose an item.
5. If you have children, have you been able to make plans for their care while you are away? Choose an item.
6. If you are employed, have you been able to make arrangements with work to be away? Choose an item.

**Cancellation Policy**

A trip may be cancelled if:

* Conditions change on the mission field
* The number of people going is not sufficient
* Funds are not sufficient to meet deadlines for trip costs

**Health Information:**

It is very important that the health of each team member be accurately disclosed. Your health and well-being have a direct effect on the team. All medical information will be treated with the utmost confidence and respect for your privacy. The mission’s department or an approved medical volunteer may contact you to clarify any medical conditions or medication.

1. Are you under the care of a doctor for an illness or medical condition that requires medication?

Choose an item.

If yes, please explain: Click here to enter text.

1. Please list all medications prescribed by your doctor [Dr’s name Click here to enter text. ] that relate to the treatment of a medical condition regarding your health or fitness:

Medication: Click here to enter text.

Medication: Click here to enter text.

Medication: Click here to enter text.

Medication: Click here to enter text.

1. Please list any allergies: Click here to enter text.
2. Please assess your fitness for us to help us make sure you are applying for the right trip.

Choose an item. My weight/health may be a problem with extreme heat and strenuous activity.

Choose an item. I have the following health issue: Click here to enter text.

Choose an item. I have a heart condition.

Choose an item. I have difficulty sleeping.

Choose an item. I have respiratory issues.

Choose an item. I am diabetic and must take medication.

Choose an item. I am under significant stress. Please explain: Click here to enter text.

Choose an item. I am willing to be assessed by a medical professional to be certain I am OK for this trip.

**Release and Hold Harmless Agreement:**

I, do hereby release and hold harmless Brookwood Church (BC) from any responsibility for any harm or loss that might come to me by any means on the Dominican Republic Summer Camp mission trip I am taking with BC. I am aware of and informed that trips, particularly trips out of the country, have inherent risks associated with them. I believe that I have been adequately and fairly informed of the risks, to the extent that they can be anticipated. I further understand that there are certain risks that can arise on such a trip that may not be fully anticipated. I hereby, for myself, my heirs, executors and assigns, release and forever discharge and hold harmless BC and any of its affiliates, subsidiaries, directors, employees and volunteers, who are acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or injury to me or my property, which may occur from any cause, including negligence of any type, during such a trip. I also release BC from any and all responsibility for any additional expenses which may arise from a mission trip or which I may incur for any reason. To the extent that insurance proceeds are available for any injury, loss or damage, the parties waive subrogation as to any additional claims.

**By signing my name below I state that I have read, understand and agree to the above Release and Hold Harmless statement.**

Click here to enter text.

signature AND DATE