

SHORT TERM MISSIONS TRIP APPLICATION

Thank you for your interest in The Pucusana Project   
and for wanting to participate in one of our Short-Term Mission’s trips!

Policies and Procedures   
  
Please read the following:

1. Acceptance to go on a trip is not guaranteed due to limited availability.
2. Applicants must be at least 15 years of age unless otherwise noted for a specific trip. All applicants under the age of 18 must receive parental approval/signatures.
3. The Pucusana Project requires that all STM applicants under the age of 18 give **TWO** References that can vogue for their character, responsibility and maturity.
4. STM Teams are expected to attend all mandatory Team-Training meetings in person or via phone and read all preparation materials/books.
5. A background check will be performed on applicants
6. Team members assume responsibility for their personal belongings on the trip. The Pucusana Project will not reimburse team members for items that are lost, stolen, or confiscated during the trip.
7. All material in this document must be completely filled out correctly to apply.
8. Upon approval of the written application, a phone interview will be conducted.
9. Once approved for the short-term trip, the trip leader will provide further information about the next steps and the financial commitment.

*NOTE:* DO NOT solicit any funds for support and/or make any commitments on behalf of The Pucusana Project without final applicant approval.

Application instructions:

1. Please fill out the following information CORRECTLY in this word document (for legibility)
2. Then print it out and sign all areas requiring a signature or authorization
3. Next scan and e-mail the complete application to: [Allison@pucusanaproject.org](mailto:Allison@pucusanaproject.org)

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| Application for Short Term Missions Trip | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | |
| Name |  | | |  | | |  | | |  | |
|  | | | | | | | | | | | |
| Address |  | | | | City | | | | State | Zip | |
|  | | | | |  | | | |  |  | |
| Phone Number | | | Today’s Date: | | Email Address | | | |  |  | |
|  | | |  | |  | | | | | | |
| Are You A U.S.Citizen? | | |  | | Social Security Number: | | | | | | |
| Are You Male or Female? | | | | | | | | | | | |
| What is your current age? | | | | | | | | | | | |
| Have You Ever Been Convicted Of A Felony? | | | | | | | | | | | |
| Are you Married, Engaged or Single? (If married, is your spouse also attending? Please provide their name) | | | | | | | | | | | |
| Do you have children? (If so, are any of them also attending with you? Please provide their name(s)) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Education | | | | | | | | | | | |
| School Name | | Location City, State | | | | Graduate Year | | Degree Received | | | GPA |
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|  | |  | | | |  | |  | | |  |
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| **[** | | | | | | | | | | | |
| Current Employment | | | | | | | | | | | |
| Employer: |  | | | Job Title: | | |  | | | Starting Date: | |
|  | | | |  | | | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Passport Information | | | | | | | | |
| Name on Passport |  |  | | |  | | | |  |
|  | | | | | | | | |
| Country Issued: |  | Issue Date: | | | Place of Issue: | | | |
|  | |  | | |  | | | |
| Passport Number: | | | Expiration date: |  | | |  |
|  | | |  | | |
|  | | | | | | | | |

**SCAN & ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical and Emergency FORM | | | | |
| Personal Information | | | | |
| Do you have any allergies? Please list all: | | | | |
| Do you have any physical limitation that might inhibit you from participating in activities such as sports or hard labor? | | | | |
| Are you on any medication and what are they for? Please list all: | | | | |
| Are you a smoker? | | | | |
| What is your blood type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list all surgeries you have had in the last 5 years. | | | | |
|  | | | | |
| **[** | | | | |
| In case of Emergency Contact: (list someone who will not be on the trip with you) | | | | |
| Name: |  | Phone Number: |  | Relation: |
|  | |  | |  |

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| --- | --- | --- | --- |
| Current Physician Information: | | | |
| Doctors Name: |  |  |  |  |
|  | | | |
| Number: |  | Office City Location: | Healthy Insurance Company: |
|  | |  |  |

**Short-Term Missions Trip ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

* I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.
* I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
* I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.
* In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Pucusana Project Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

1. I acknowledge that PPI and their directors, officers, volunteers, representatives, and agents are NOT responsible for the injuries, errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
2. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.
3. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity. And in the event that I am unable to communicate my injuries, deem my activity leader the right to communicate and give medical information on my behalf.
4. I will assume responsibility for my personal belongings during this activity. The Pucusana Project will not take responsibility for or reimburse items that are lost, stolen, or confiscated.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law in the United States of America and the Nation of Peru.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

By signing below, you also acknowledge that all of the personal and medical information listed above is correct, that I am being honest about my health and that I am solely responsible for myself (actions and behaviors) at all times during this activity.

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

Participant’s Signature Date Age

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

Participant’s Name   
(Please print legibly)

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

Parent/Guardian Signature Date   
(If under 18 years old, Parent or Guardian must sign)

**Short-Term Missions Trip MEDIA CONTENT AUTHORIZATION AND RELEASE FORM:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant to The Pucusana Project Inc. and anyone authorized by PPI, the non-exclusive, worldwide, and perpetual right to produce, display, perform, transmit, publish, broadcast, or otherwise use, in whole or in part, any photograph, graphic material, artwork, hyperlink, software, visual and/or audio recording, or any other multimedia content that may be taken of me during any activities with PPI or that I may provide to PPI to be used in advertisements or general information on the PPI website, publication, newsletters, or third-party publications, or for any other lawful purpose consistent with PPI’s mission and tax-exempt purposes.

In giving this grant, without fee or limitation whatsoever, and in consideration of the opportunity to participate in the publicity or other lawful purpose, I represent and warrant that I have obtained all necessary rights, consents, and permissions to use and sublicense to PPI to use any Media Content as contemplated herein, in whole or in part, including, but not limited to, any images and recordings of myself or individuals.

I agree to release, discharge, and hold harmless PPI and its employees, from any and all claims, actions and demands of whatsoever nature, including but not limited to any claims of libel, invasion of privacy, or infringement of copyright or publicity rights, arising out of or in connection with any use of said Media Content and/or any part thereof.

I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied by PPI.

By signing below, I understand while participating in this activity, I may be photographed and filmed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by The Pucusana Project Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

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

Participant’s Signature Date Age

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

Participant’s Name   
(Please print legibly)

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

Parent/Guardian Signature Date   
(If under 18 years old, Parent or Guardian must sign)

Please answer the following questions

How did you first hear about The Pucusana Project?

What interested you most about The Pucusana Project?

Which Missions trip are you hoping to attend and why?

Are you a Christian? If yes, for how long?   
Can you briefly describe how you came to trust Jesus Christ as your Savior?

How have you grown spiritually in the past year?

Please describe how you would explain the gospel to a non-believer:

Have you attended mission trips before? If so, where have you gone and what did you do?

List any cross-cultural experience you may have.

How do you feel about The Pucusana Project STM philosophy? – Learn, Encourage, Enable  
(We highly recommend you read our blog post “Short-Term Missions Done Differently” located on our website’s Blog page before answering this question.)

Do you speak Spanish? If so, where did you learn? (Please indicate how little or much Spanish you know on the scale of: 10 being fluent and 0 being none at all)

Personality Assessment

If you have ever taken a Spiritual Gifts Assessment, what are your top two spiritual gifts?

1)

2)

What talents, abilities, and/or professional skills do you have that might contribute to our STM trip?

Do you have any musical or sport talents that could be useful on this trip?

Please take the following Myers Briggs Personality test online:  
 <https://www.16personalities.com/free-personality-test>

What is your Myers Briggs Personality type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your four-letter Myers Briggs Personality code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your percentage listed on your results below:

MIND

\_\_\_\_\_\_\_Extraverted/Introverted \_\_\_\_\_\_\_

ENERGY

\_\_\_\_\_\_\_Intuitive/Observant \_\_\_\_\_\_\_

NATURE

\_\_\_\_\_\_\_Thinking/Feeling \_\_\_\_\_\_\_

TACTICS

\_\_\_\_\_\_\_Judging/Prospecting \_\_\_\_\_\_\_

IDENTITY

\_\_\_\_\_\_\_Assertive/Turbulent \_\_\_\_\_\_\_

CONCLUTION

A mission’s trip requires a major time commitment. In addition to the trip itself, the team meets for training. This training could be up to two hours per week for at least 4 weeks prior to the trip.

1. Are you willing to commit to the necessary time requirements for this trip?
2. Are you willing to read all the material provided at such trainings?
3. Are you willing to respect the decisions and leadership or The Pucusana Project Short-Term Missions Team?

In submitting this application:

* I am expressing my agreement with The Pucusana Project STM philosophy
* I have read and agree to the trip policies and procedures
* I whole-heartedly submit to the team leadership and will follow their direction and instructions
* I will attend all training sessions and complete all training requirements
* I am confirming that I have the time and energy to devote to the pre, mid, and post-trip responsibilities
* I am willing to work under the direction of missionaries and national pastors to accept and to perform any and all assignments cheerfully and with a God- honoring attitude
* I agree to be respectful and understanding of the culture differences I am entering into
* I will agree to return home at my own expense if the team leader determines that my behavior is/has been inappropriate
* I agree to raising or providing enough money to attend this trip by the time given upon acceptance

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

Participant’s Signature Date Age

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

Participant’s Name   
(Please print legibly)

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

Parent/Guardian Signature Date   
(If under 18 years old, Parent or Guardian must sign)

**\*\*\*Anyone under the age of 18 is considered a minor and therefore they and their parent/guardians must continue onto the next page(s)**

**\*Release of Liability for Minors**

In signing this form, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Team Member's Name), agree not to hold The Pucusana Project Inc., its officers, employees, or other agents liable for injury, loss, damage, or accident arising out of the companies negligence or that negligence of its officers, employees or other agents that my minor child might sustain while on one of its mission trips.

I realize and acknowledge that my minor child's/children's participation on a missions trip to a foreign country includes many risks and possible dangers. I am well aware that travel to a foreign country may expose my child/children to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I also acknowledge that my child/children’s following reference forms have been honestly and accurately written by an adult outside of our family.

I hereby assume risks that might result from my travel to a foreign country, and I agree to hold  
The Pucusana Project Inc., its officers, employees, or other agents harmless for liability concerning my child/children’s personal health and well-being arising out of The Pucusana Project’s negligence, and liability for my child/children’s personal property might be lost, damaged, or stolen while on a mission trip arising out of The Pucusana Project’s negligence.

I also give permission for my child to travel with an assigned staff member from The Pucusana Project outside the United States of America, and give that person permission to administer medical care or consent to medical care in that country in the case of an emergency.

I have carefully read the foregoing and I understand that my signature herein holds The Pucusana Project Inc., its officers, employees, or other agents harmless for liability for injury, damage, loss, accident, delay, or irregularity in schedule arising out of the companies negligence or the negligence of its officers, employees, or other agent.

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

Parent/Guardian Signature Date

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

Name of child or children participating

\*\*The Pucusana Project requires that all STM participants under the age of 18 give **TWO** References from individuals outside of their family. These references must fill out the following questions and vogue for the applicant’s Godly character, responsibility and maturity.

PPI SHORT TERM MISSIONS REFERENCE FORM

Name of Applicant:

Your relationship to the applicant:

It is important that you be as candid as possible in your responses. Use as much space as your need to answer each question but please limit this document to two Word pages, single-spaced. If you would like to discuss an issue that might relate to a particular question, please contact The Pucusana Project via the “contact page” on our official website: pucusanaproject.org

We are not looking for perfect people for our mission trips, but we do want to identify negative traits that may be a detriment to our team in a successful ministry situation. So please be honest in answering the following questions. Please do not answer questions simply "yes" or "no", but give further explanation that you think might be helpful to us. We suggest having a “heart-to-heart” conversation with the applicant regarding the trip and the following questions before taking the time to fill them out.

1. Do you believe the applicant is ready for this trip (spiritually, emotionally, socially)?
2. Does the applicant respond positively to authority figures and listen to directions well?
3. How does the applicant respond when he/she doesn't get his/her way?
4. What are the best characteristics of this applicant?
5. Does the applicant display servant-like characteristics?
6. Do you think the applicant is mature enough to witness extreme poverty and travel outside the USA? Why or why not?
7. Where do you believe this applicant needs to grow the most in the following areas: spiritually, emotionally, socially?
8. \*Optional question: Do you believe this applicant is a *real* Christian? Meaning they have an active real relationship with God outside of the usual formal Christian habits (attending church, daily devotionals)? Yes or no and why?

Your Name:

Phone Number:

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

Reference Signature Date