

**MISSIONS APPLICATION**

**New Applicants**

Please read this application carefully and fill it out in its entirety. Upon completion of your application, attach this cover sheet ensuring that you have included everything necessary to process your application. The following information is required for returning and new applicants. Please be sure to make a copy of this application for your personal records.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying to travel to**

**\_\_\_\_\_ Bahamas \_\_\_\_\_ Nigeria \_\_\_\_\_\_ Rwanda \_\_\_\_\_\_ New Haven**

and have completed or updated and included the following items:

🞏 Applicant Information

🞏 Vox Church Involvement/ Overseas Experience/ Skills

🞏 Personal Relationship with Jesus and Missions Goals

🞏 Character References

🞏 Health Information/Emergency Contact Information

🞏 Volunteer Assumption of Risk Form

🞏 Copy of Valid Passport

**Completed application may be mailed to:**

**Vox Church**

**Attn: Lauren Roy-Global Missions**

**61B Amity Road**

**New Haven, CT 06515**

You may also scan and email your application to [LRoy@voxchurch.org](mailto:LRoy@voxchurch.org)

Your application is **due by deadline indicated on our website.**

Questions: [LRoy@voxchurch.org](mailto:LRoy@voxchurch.org)

**APPLICANT INFORMATION**

***PLEASE PRINT NEATLY IN BLUE OR BLACK INK***

*This information will be confidential and only be reviewed by the pastoral staff at Vox Church. You will be contacted upon acceptance after the application deadline.*

Full Name (as it appears on your passport or other government ID):

Street Address:

City: State: Zip Code

Home Phone: Other Phone:

E-mail Address:

Secondary Email Address:

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been on a previous Vox Church Mission Trip? 🞏 YES 🞏 NO

Please indicate location and year of trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

**Primary Emergency Contact Information**

Name:

Address:

Relationship to Participant:

Cell Phone Number:

Home Number:

**Secondary Emergency Contact Information**

Name:

Address:

Relationship to Participant:

Cell Phone Number:

Home Number:

**VOX CHURCH INVOLVEMENT:**

Do you attend Vox Church? Which Campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how long have you been attending Vox Church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, which church do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served in ministry at Vox Church?

Which ministries?

Are you in a Community Group? If so, who is your leader?

Have you signed the Vox Church membership covenant?

Have you been baptized?

What ministries/organizations outside of Vox Church are you involved in?

**PREVIOUS OVERSEAS EXPERIENCE:**

Have you attended any missions’ trips have you previously? If so where and when? Please explain the trip.

Do you speak any foreign languages? 🞏Yes 🞏No

If yes, please explain.

**SKILLS:**

Do you have any skills/hobbies that relate to this trip your applying for?

If yes, please explain.

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

**PERSONAL RELATIONSHIP WITH JESUS AND MISSION GOALS:**

1.When and how did you become a Christian?

2. Why would you like to participate in this trip?

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

3. Please share one experience from your previous trip that impacted your work or life (if applicable.)

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4. What do you think may be the biggest challenge for you to overcome for this trip?

5. Describe your strengths.

6. Describe your weaknesses.

**CHARACTER REFERENCES:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: Phone:

Email Address:

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: Phone:

Email Address:

All information in this application is true and complete. I authorize Vox Church to make such inquiries into related matters as may be necessary in arriving at an acceptable decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature: Date:

**Health Information**

Name of Team Member: Phone: ­

Physician or Doctor: Phone:

**Immunizations are an additional personal expense beyond trip expenses listed.** The Center for Disease Control recommends you are up to date on routine vaccinations such as measles, tetanus, polio, flu shot, etc. The following are other recommended immunizations for international travel. Attached is a list of local providers/doctor’s offices that provide travel immunizations and further information.

\_\_\_\_\_ Hepatitis A \_\_\_\_\_ Typhoid Fever \_\_\_\_\_ Tetanus \_\_\_\_ Malaria  
Blood type (if known): \_\_\_\_\_\_\_\_\_\_\_\_

Have you seen a doctor within the past year? If so, explain reason(s):

Please list any medications you should be/will be taking on the trip:

Please list any/all medical conditions or health issues for which we need to be aware of.

Do you have any allergies? If so, please list all.

Insurance Company:

Carrier: Policy # Group #

I, the undersigned, hereby state the above to be true and accurate to the best of my knowledge, and IN CASE OF EMERGENCY, give my permission to the Physician or Hospital selected by my leaders/pastor to secure proper treatment, to hospitalize and to order injections, anesthesia or surgery for the above named participant.

Signature Date

Recommended Travel Immunization Providers

1. **Dr. Jo-Ann Passalacqua**
   1. 1300 Post Road, Fairfield, CT 06825
   2. Monday-Friday 9am-5pm
   3. Schedule an appointment by calling 203-384-0451
2. **Griffin Hospital Occupational Medicine Center** 
   1. 10 Progress Drive, Shelton, CT 06484
   2. Schedule an appointment by calling 203-944-3718 ask for Deirdre Laverty
3. **Passport Health Clinic** 
   1. Location in New Haven, Hamden, Guilford, Fairfield, Hartford, & Stamford
   2. Schedule an appointment online ([www.passporthealthusa.com)](http://www.passporthealthusa.com))
   3. 1-888-499-7277
4. **Middlesex Hospital** 
   1. Infectious Disease Travel Clinic, 80 South Main Street, Suite 204, Middletown, CT 06457
   2. Phone: 860-358-6878
   3. <https://middlesexhospital.org/our-services/hospital-services/infectious-disease/travel-clinic>

**VOX CHURCH, INC.**

**ASSUMPTION OF RISK**

**DISCLAIMER AND RELEASE**

**PART 1 – ASSUMPTION OF THE RISK:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short-term volunteer mission outreach to with **Vox Church Inc.**, located at 61B Amity Road, New Haven, CT 06515, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of **Vox Church Inc**.

2. I am aware of the hazards and risks to my person and property associated with serving in an "relief worker" capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

I accept my assignment with full awareness of these risks, and subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness and damage to myself or any members of my family associated with such risks, or any damage to my personal property.

3. I attest and certify that I have no medical condition that would prevent me from performing my duties.

4. Subject to any group or personal insurance issued for this endeavor, I waive any and all claims for damages which I, or my heirs or successors, may have against **Vox Church Inc.**, individuals sponsoring **Vox Church Inc.** trip/assignment, or any agent, employee or member of any such organization, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent or legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I understand and accept the following policy of **Vox Church Inc.** regarding ransom payments:

**Vox Church Inc.** has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our missionary team, whether paid or volunteer. **Vox Church Inc.** will defer all communication, action, and response regarding ransom demands to foreign legal bodies and U.S. Embassies.

This policy was made after sufficient study of the policies of evangelical missionary societies and after considering the advice of The United States State Department.

7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

**I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK ANDUNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

**SIGNATURES:**

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

Signature Name Printed

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

Address

City State Zip

**IMPORTANT: *Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.***

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

Witness’ legible signature Name Printed

Address:

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

Witness’ legible signature Name Printed

Address:

**Team Trip Information:**

Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the signed Assumption of Risk form to this address with your application:**

**Vox Church**

**61B Amity Road   
New Haven, CT 06515**