

# GLOBAL TEAM

## 2026 Missions Trip Application

*This application is for those who would like to participate in a short-term mission trip with First Assembly Church*

- Please review and complete the Mission Trip Application in its entirety before submitting.
- Please read and sign the following: Financial MEMO of Understanding, Code of Conduct, and Liability Release Form and return with your application.
- Include a copy of your passport for international trips.
- Include your non-refundable deposit made out to First Assembly Church. In the memo line please write the person's name going on the trip and trip name (e.g. 2024 El Salvador Trip).
- Please return the completed application to the church office or mail the completed forms along with a copy of your passport and deposit to:  
First Assembly Church  
4750 N. Service Road  
Saint Peters, MO. 63376
- **Application is due along with the first deposit by November 30, 2025**

Please note: This is a mission trip application form. Limited space, priority given to applications as they are received. Once your application has been reviewed, the mission trip leader will contact you regarding your participation. If you have any questions, please e-mail [\*\*info@firstassemblychurch.org\*\*](mailto:info@firstassemblychurch.org)

I would like to participate in the following trip or trips:

Brazil

Zambia

El Salvador

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## Trip Basic Requirements

**I understand and agree to the following principles:**

1. Be at least 16 years of age. (Or at least 13 years of age with a parent/guardian participating on the same trip.)
2. Be actively involved in serving and supporting at First Assembly Church and/or a strong past history of serving and Small Group participation.
3. Receive parental approval (for candidates under 18 years of age)
4. Attend all trip meetings. Absences must be cleared with the trip team leader.
5. Will adhere to all deadlines, including financial deadlines, regardless of whether I pay individually the cost of the mission trip or raise the financial support to cover the cost. All participants must abide by the deadlines for application, deposits and payments. If you have any questions, please contact the church.
6. Passport, vaccinations, and any medical prescription costs are incurred by the team member and are their financial responsibility. These costs are not calculated in the trip cost and are not the responsibility of First Assembly Church.
7. I agree to follow all directions and guidance of the team leader while I am on this mission trip. I understand that they are here for my well- being and I will cooperate fully.

I have read the above and agree to the above policies, rules, and terms.

_____	_____	___/___/___/
PARTICIPANT NAME (Printed)	SIGNATURE	DATE (MM/DD/YYYY)
_____	_____	___/___/___/
LEGAL GUARDIAN IF UNDER 18	SIGNATURE	DATE (MM/DD/YYYY)

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## FINANCIAL MEMO OF UNDERSTANDING

- I understand that I am responsible for raising 100% of the funds required for this trip. The money I raise covers, travel cost, food, lodging, visa costs, exit taxes, ministry expense and ground transportation. I am responsible for passport, souvenirs, immunizations, and food/drink while traveling to and from trip destination.
- Financial donations made to First Assembly Church mission team accounts are not mine—they belong to God and have been given to First Assembly Church to accomplish the mission and work of the church.
- If I do not raise enough money to pay for my trip, I may not be able to go. Any money raised will be applied to the current trip or materials needed.
- If I raise an amount of money that exceeds my needs, remaining money will be dispersed to other team members in need or used by First Assembly Church for other financial needs associated with the mission.
- In order to comply with IRS, all checks for support of my trip must be made out to **First Assembly Church**. Donors should **write my name and the trip name in the memo** line of their check.
- If, for some reason, I do not participate on the mission trip to which I have been accepted, I understand that the monies donated to my **trip cannot be refunded to me or to the donors** due to the non-profit status of First Assembly Church. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside the trip. I understand that money is non-refundable and non-transferable
- If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my mission trip as a disciplinary action, none of the money will be refunded to me or any donors. I will also be responsible for the costs of coming home early. (If you are a minor, you will be sent home at your parent's and/or guardian's expense.

**I have read the above and agree to the above policies, rules, and terms.**

_____ PARTICIPANT NAME (Printed)	_____ SIGNATURE	____/____/____/ DATE (MM/DD/YYYY)
_____ LEGAL GUARDIAN IF UNDER 18	_____ SIGNATURE	____/____/____/ DATE (MM/DD/YYYY)

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In order to participate in a First Assembly International Mission Trip, you must attend the mandatory training sessions/team building. Are you willing to attend these meetings?      ☐ Yes ☐ No

## Personal Information (printed)

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Type (circle) Mobile / Home / Work /

Other \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_\_

Passport Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full Name EXACTLY as it appears on your passport or passport application:**

\_\_\_\_ Male \_\_\_\_ Female

T-Shirt size (circle): S / M / L / XL / XXL / XXXL

## In Case of Emergency, please notify

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

## **Medical History**

- a. General Health: \_\_\_\_\_
- b. Limitations: \_\_\_\_\_
- c. Any history of the following- trick knee\_\_\_\_ weak ankles\_\_\_\_ bad back\_\_\_\_  
Other \_\_\_\_\_
- d. Are you subject to: \_\_\_ diabetes \_\_\_ epilepsy \_\_\_ heart disease \_\_\_ hypertension\_\_\_\_  
Other \_\_\_\_\_
- e. Appendix removed? \_\_\_\_\_ f. Tetanus shot current? \_\_\_\_\_
- g. Prescription Medicines currently taken  
\_\_\_\_\_  
Reasons \_\_\_\_\_
- h. Allergies (food, drugs, other) \_\_\_\_\_
- i. Major medical treatment received in the past year:  
\_\_\_\_\_
- j. Been exposed to any contagious disease in the past 6 months (y/n)? \_\_\_\_  
If so what? \_\_\_\_\_

Primary Physician \_\_\_\_\_  
Office Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_  
Zip \_\_\_\_\_

## **Consent**

**I hereby give permission for my (Please circle one - son / daughter / self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent or legal guardian must sign if under 18)

## **Insurance**

Insurance issued in the name of \_\_\_\_\_  
Address of insured \_\_\_\_\_  
Name of Insurance company \_\_\_\_\_  
Address of insurance company \_\_\_\_\_  
\_\_\_\_\_  
Policy Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_

## Involvement

How long have you been attending First Assembly Church? \_\_\_\_\_

Are you a First Assembly Church member? \_\_\_\_\_

Please list any ministries and Small Groups that you are currently participating in at First Assembly: \_\_\_\_\_

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Please indicate any special skills, talents, or Christian service experience that you feel may be helpful on this mission trip

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Please list any previous mission trip experience

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## Testimony

Please share your brief testimony (use additional space if necessary)

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What do you believe is the most significant thing the Lord is doing in your life right now ?

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What do you believe God is teaching you? Be as specific as possible.

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Briefly explain what you hope to see the Lord do in and through you on this missions trip?

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Please list two references. These people should be Christ-followers and First Assembly Church members, ministry leaders, missions trip leaders or others that have served with you in some capacity, even if that service was outside the ministries of First Assembly Church.

Name (1): \_\_\_\_\_

Phone: \_\_\_\_\_

Name (2): \_\_\_\_\_

Phone: \_\_\_\_\_

# First Assembly Church-Liability Release Form

In consideration for being accepted by First Assembly Church for participation in the **2026 First Assembly Mission Trip**, I do hereby release, forever discharge and agree to hold harmless First Assembly Church and the directors thereof from any all liability, claims, demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said person is participating in the above described trip or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result or participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

## ***(If the participant has not attained the age of 18 years):***

We (I) are the parents(s) or legal guardians(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____	_____	____/____/____
PARTICIPANT NAME (printed)	SIGNATURE	DATE (MM/DD/YYYY)

(If under 18, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign. If under the care of a Legal Guardian then Legal Guardian must sign.)

_____	_____	____/____/____
FATHER (printed)	(SIGNATURE)	DATE (MM/DD/YYYY)
_____	_____	____/____/____
MOTHER (printed)	(SIGNATURE)	DATE (MM/DD/YYYY)
_____	_____	____/____/____
Legal Guardian (printed)	(SIGNATURE)	DATE (MM/DD/YYYY)