



prairie lakes  
CHURCH

### Short-Term Trip Funding Application

Personal Information					
Name		DOB			
Address					
Email		Gender Male      Female			
Phone: Home	Cell	Work			
Marital Status Married Single Separated Divorced Widowed	Occupation	Children (First and Last Name)		Gender	Age
Passport Number	Expiration Date	Name as it appears on Passport			

Trip Information	
Location	Dates
Reason for Trip	
Expected Cost	
Agency/Church Affiliation	
Amount Requested from PLC	
Instructions to Contribute Funds	

Stateside Emergency Contact		
Name	Email	
Phone: Home	Cell	Work
Relationship		

**Church Affiliation**

**Are you a member of Prairie Lakes Church?**

**Yes, I am a member of PLC.**

Campus: \_\_\_\_\_

**No, I am not a member, but I attend PLC regularly.**

Campus: \_\_\_\_\_

**No, I am not a member or regular attendee of PLC.**

**Church home other than PLC?**

Yes, Church name: \_\_\_\_\_

**Are you involved in any of the following activities at Prairie Lakes Church?**

(check all that apply and explain)

Bible study: \_\_\_\_\_

Small group: \_\_\_\_\_

Volunteering: \_\_\_\_\_

Ministry: (The Grove, theRiver, etc.) \_\_\_\_\_

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

**Short Answer Questions**

**Describe your current spiritual journey.**

**Why do you feel God leading you to be part of this Short Term Mission trip?**

**What are your goals for this trip?**

**References**

List two references we may contact. Do NOT include family members or senior/staff pastor. Include only those you have known for MORE THAN six months. For pastors applying, please include a spiritual mentor.

Name

Daytime Phone

Address

How long have you known this person?

Email

Relationship

Name

Daytime Phone

Address

How long have you known this person?

Email

Relationship

**Waiver and Release from Liability**

I acknowledge my participation in this trip is voluntary and may require involvement in activities that require traveling or physical exertion. I acknowledge my participation in any Prairie Lakes Church activity presents risks. I may suffer property damage, bodily injury or death. Therefore, in consideration of my participation in this trip, I agree to the following:

- Prairie Lakes Church is not responsible for the loss or theft of personal belongings.
- I understand and authorize that my image may be photographed or filmed and used in video presentations or printed publications of Prairie Lakes Church including the website.
- On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns:
  - A) I waive, release and discharge from any and all claims or liabilities for death or personal injury the following persons or entities  
Prairie Lakes Church, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents for any of the above.
  - B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released or discharged herein except in the case of gross negligence on the part of Prairie Lakes Church or any of its representatives.
  - C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I hereby assume the risks of participating in all Prairie Lakes Church activities.
- I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on my behalf in the execution of this Waiver and Release.
- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat me for any injury received. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk. Permission is also granted to Prairie Lakes Church representatives to provide any emergency treatment prior to my admission to a medical facility.

I have read, understand and agree to the above terms of this Waiver and Release from Liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application Submission****Submit to:**

Missions at Prairie Lakes Church, 1907 Viking Road, Cedar Falls, IA 50613

**Questions/Comments**

Direct questions to: [missions@prairielakeschurch.org](mailto:missions@prairielakeschurch.org)

**Next Steps:** Application will be reviewed by the Missions department. Upon decision, an e-mail notification will be sent.

**For Office Use Only**

**Application received (date, person)**

**Notes**

**Approval**

**Explanation if declined**