



### SECTION III - MEDICAL INFORMATION

Date of last tetanus shot (DPT): month / year \_\_\_\_\_ / \_\_\_\_\_

Please check any item that applies to you and give a detailed explanation below.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Physical Disabled          | <input type="checkbox"/> Asthma                             | <input type="checkbox"/> Allergies            |
| <input type="checkbox"/> Hay fever                  | <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Anemia               |
| <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> High blood pressure                | <input type="checkbox"/> Heart defect/disease |
| <input type="checkbox"/> Lung problem               | <input type="checkbox"/> Pregnant                           | <input type="checkbox"/> Fractured bones      |
| <input type="checkbox"/> Back trouble               | <input type="checkbox"/> Measles                            | <input type="checkbox"/> Seizures             |
| <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Coordination problems              |   |
| <input type="checkbox"/> Covid-19                   | <input type="checkbox"/> Others ( <u>please describe</u> ): |   |

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Medication currently taken:

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*(Pharmacy labeled preferred or must send written instructions by parent or guardian.)*

**All special diets and medication are the participant's own responsibility.**

Activity restrictions:

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**IMPORTANT:** Please inform the local church personnel if the participant has been exposed to a communicable disease or has been ill during the three weeks prior to the trip.

## SECTION IV - MINISTRY INVOLVEMENT INFORMATION

Name of Participant: \_\_\_\_\_

1. Why are you interested in going on this mission project?
  
2. List five words that describe you.
  
3. List any activities and organizations with which you are involved in your school or your church.
  
4. List any ministry experience in working with children, youth or adults.
  
5. If you have participated in the mission project in previous years, please answer the followings:
  - A. In the training sessions, what areas of preparation do you feel need to be covered that were not given last year?
  
  - B. What are your expectations of the mission project this year?
    - a. For you?
  
    - b. For the group?
  
6. After some thought, comment on the following subjects with a total of no less than 200 words:
  - A. Your life before knowing Christ.
  - B. How you saw a need for Christ and received Him.
  - C. How Christ is changing and influencing your life.

**SECTION V - Ministry Assignments Preference** (you may indicate more than one)

\_\_\_\_\_ **Site Pastor**

\_\_\_\_\_ **Site Director**

\_\_\_\_\_ **Head of Food Service Team** – must know how to prepare meals for at least 30 people.

\_\_\_\_\_ **Food Service Team** – must be an adult who has some knowledge of cooking.

\_\_\_\_\_ **Prayer Team** – team of 2 or more persons assigned to lead groups in praying on site.

\_\_\_\_\_ **Work Project leader** – must know about carpentry, electrical or plumbing.

\_\_\_\_\_ **Adult or Young Adult Bible Study Leader** – must be an adult who is able to lead small groups of older adults in a discussion and application of Biblical concepts.

\_\_\_\_\_ **Lead Bible Teacher** – what grade? pre-k / 1-2 / 3-4 / 5-6 / JR Hi / HS /college

\_\_\_\_\_ **Assistant Bible Teacher** – what grade? pre-k / 1-2 / 3-4 / 5-6 / JR Hi / HS / college

\_\_\_\_\_ **Music Leader**

\_\_\_\_\_ **Music Team Member** - what instrument(s) do you play? \_\_\_\_\_)

\_\_\_\_\_ **Sports Coach** (must have formal coaching experience): check one or more

\_\_\_\_\_ basketball    \_\_\_\_\_ volleyball    \_\_\_\_\_ baseball    \_\_\_\_\_ soccer

\_\_\_\_\_ **Sports Camp Assistant** (must have experience on a high school, college or league team)

\_\_\_\_\_ basketball    \_\_\_\_\_ volleyball    \_\_\_\_\_ baseball    \_\_\_\_\_ soccer

## YSMP CONDUCT COVENANT

1. I will actively seek every opportunity as led by the Holy Spirit to share the good news of Jesus Christ with the local residents.
2. I will respect all pastors, site directors, designated group leaders, and peers. I will follow all the rules set up by the pastors and site directors and will take full responsibility for any misconduct or accidents I might cause.
3. I will seek to govern my speech and behavior by conscientiously applying Biblical principles of conduct.
4. I will actively seek to make the YSMP a personal learning and growing experience, and to contribute to the growth of other team members by praying, encouraging, and serving with each other.
5. I am committed to do my share of the ministry and workload and giving forth my best effort.
6. I will minimize personal desire for romance by concentrating on ministry.
7. I will promptly notify the site leaders of any medical or health problems, including experiencing any symptoms of Covid-19.
8. I will give restitution for the loss or damage of items.
9. I understand that an uncooperative attitude, unacceptable behavior, or repeated violation of rules will result in discipline and immediate notification to parent or guardians. If necessary, I will be sent home at my own expenses.
10. I will observe the following dress code - The local Indian Baptist churches make a point every year to stress the importance of dressing properly. It is an important and sensitive issue for the local churches and pastors. What we wear convey our desire and character. We certainly do not want our clothing to distract or undermine our witness.

### Females

- No low cut, tight blouses (and shirts), or short blouses (and shirts); put in bluntly, cover the breasts and the belly;
- Tops should have sleeves, even if very minimal
- blouses should not have spaghetti straps and should fully cover the shoulder
- skin-tight is not OK, but form-fitting is OK
- shorts must have an inseam of at least 8 inches, and a length that is no more than four inches higher than the knee
- shorts or pants must be high enough to cover the waist
- Undergarments are not displayed
- Lewd clothing and clothing which displays alcohol, tobacco products, satanic symbols, and inappropriate language and/or symbols, is not permitted

### Males

- T shirts required
- no baggy or sagging shorts, shorts must cover up to the waist
- Undergarments are not displayed
- Lewd clothing and clothing which displays alcohol, tobacco products, satanic symbols, and inappropriate language and/or symbols, is not permitted

## **Description of Responsibilities**

### **Site Pastor (SP)**

1. The Site Pastor is responsible for all activities at the site, and supervises the Site Director(s) and all other participants.
2. The SP works with the SD(s) to divide the responsibilities among themselves.
3. The SP approves the activities and the schedule at each site.

### **Site Director (SD)**

1. The Site Director serves under the supervision of the SP and assists the SP in carrying out the work at each site.
2. The SD fulfills the responsibilities assigned by the SP.
3. The SD generally assists the SP in supervising the participants in the conduct of Bible classes, activities and any other tasks assigned to them.
4. The SD is responsible for monitoring the health of the participants. If any health issues arise, leaders will work with the Site Pastor and the local church pastor to determine if immediate medical treatment is necessary.

### **Head of Food Service Team**

This individual is responsible for preparing all the meals for the participants at the site. He/she serves under the supervision of the SP.

**YOUTH SUMMER MISSION PROJECT 2024**  
**ADULT PARTICIPANT**  
**LIABILITY RELEASE FORM**  
*Please type or print.*

I, \_\_\_\_\_, being a participant of the Youth Summer Mission Project 2024 through \_\_\_\_\_ Church, as described in this Application Form, hereby assume all risks and hazards incidental to the conduct of the activities and transportation in connection with the Mission Project. I do hereby release, absolve, indemnify and hold harmless the said church, the organizers, sponsors, and supervisors associated with the Mission Project from any and all loss, injury, or other damage to me arising out of the trip. In case of injury to myself, I hereby waive all claims against said church, said organizers, sponsors, or any of the supervisors appointed by them in connection with the Mission Project. I likewise release from responsibility any person transporting me to and from the activities in connection with the Mission Project.

This form shall remain effective until the earlier of (i) the date I return to my home from the Mission Project or (ii) July 13, 2024 unless sooner revoked in writing delivered to the Coordinator of the Mission Project.

X \_\_\_\_\_  
Signature of Participant (Date)

**YOUTH SUMMER MISSION PROJECT 2024  
MINOR PARTICIPANT  
MEDICAL TREATMENT AUTHORIZATION  
AND LIABILITY RELEASE FORM**

*Please type or print.*

I (We), \_\_\_\_\_, being the parent(s)/legal guardian(s) of \_\_\_\_\_ (name of Minor) hereby give our approval for the said minor to attend the Youth Summer Mission Project 2024 through

\_\_\_\_\_ Church, as described in this Application Form. The above health information is correct, so far as I know, and the person herein described has permission to engage in the Mission Project except as noted. In the event I cannot be reached in an emergency during the Mission Project dates noted on this form, I hereby give permission to the physician selected by the site pastor or site director of the site at which my child serves to provide the necessary medical treatment. I also give permission to the site pastor and site director to provide for my child a certified First Aid provider to administer First Aid and over the counter medication as needed for illness or injury as well as the medication noted above.

I (We) assume all risks and hazards incidental to the conduct of the activities and transportation in connection with the Mission Project. I (We) do hereby release, absolve, indemnify and hold harmless the said church, the organizers, sponsors, and supervisors associated with the Mission Project from any and all loss, injury, or other damage to us or the above-named Minor arising out of the trip. In case of injury to my (our) child, I (we) hereby waive all claims against said church, said organizers, sponsors, or any of the supervisors appointed by them in connection with the Mission Project. I (we) likewise release from responsibility any person transporting our child to and from the activities in connection with the Mission Project.

This authorization and form shall remain effective until the earlier of (i) the date my child returns to my home from the Mission Project or (ii) July 13, 2024, unless sooner revoked in writing delivered to the Coordinator of the Mission Project.

X \_\_\_\_\_  
(Signature of Parent/Guardian) (Date)



