



COSTA RICA MISSIONS 2012 APPLICATION PACKET

IMPORTANT INFORMATION

THE FOLLOWING ITEMS MUST BE SUBMITTED IN ORDER TO BE CONSIDERED

- Application Form – p. 4-7
- Medical Information Form – p. 8
- Waiver and Release of Liability Form – p. 9
- Valid Passport Copy
- Non-refundable \$75 application fee payable to “Grace Community Chapel,” with “Costa Rica Missions” and your name on the memo line.

HOW TO SUBMIT

- Submit in-person to Mina Kim (SB) / Diana Yu (Bergen) -or-
- Mail to :
Grace Community Chapel
P.O. Box 1415
New Brunswick, NJ 08903
ATTN: Missions Committee
Applications submitted via email will NOT be accepted!

CONTACT INFORMATION

GCC Missions Committee

Email: gccmissions@googlegroups.com

website: www.gccmissions.org



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ABOUT COSTA RICA MISSIONS 2012

** Prices & dates subject to change.*

MINISTRY INFORMATION

We will be partnering with the Abraham Project, which is located in Villas de Ayarco (about 25 miles from Costa Rica's capital, San Jose). The Abraham Project is an all encompassing ministry reaching out to Costa Ricans by attending to their physical, emotional, and spiritual needs. Their ministry began in 2001, when they received 2.5 acres of land as a donation. Local companies donate shipping crates, which are then disassembled and prepared so that they can be used for building. The Abraham Project's vision is to build homes and provide motherly and fatherly care to orphaned children. During our stay, the team will be participating in the building process and spending time with the children.

IMPORTANT DATES

- Sun, 10/23 Applications Due (including passport copy + \$75 deposit)
- Sun, 10/30 Orientation - 1st meeting (all meetings are mandatory)
- Sun, 11/20 Initial Payment Due (\$500 or cost of plane ticket)
- Sun, 01/01 Remaining Balance Due
- Sat, 01/07 Departure
- Sat, 01/14 Arrival

** Note: all other training dates and important information will be set and discussed by the team leader at the appropriate time.*

TRIP COSTS

Judging from last year's expenses and current flight costs, please expect to raise around \$1200 in funds for this trip. Missions Committee will provide information on raising financial support.



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POLICIES & QUALIFICATIONS

- You must be 18 or older and an active participant of a local church in order to apply.
- You must submit the application and a **non-refundable \$75 deposit** before your application will be processed and reviewed. Your check will be held until your application is accepted. In the event that your application is not accepted, your check will be returned to you. Once you are a part of the team, your check will be deposited immediately. The deposit is non-refundable and will be included in your fundraising amount.
- Your application must also include a copy of a valid passport. The expiration date must be at least six months later than the return date of this trip.
- No one will be considered or accepted as a participant until a completed application is received.
- Your application will be reviewed and a personal interview may be required.
- Once accepted, the applicant is **required to attend all of the trainings** (approx 6-8 meetings in various locations).
- If you are unable to participate in your trip, the GCC Missions Committee & Pastor Jae Park must receive a cancellation notice as soon as possible. You may be responsible for all trip costs. The non-refundable deposit is a contribution to the mission trip, and the Internal Revenue Service prohibits the refund of contributions.
- All trip costs are your responsibility. Missions Committee will provide information on raising financial support. However, if full support is not raised, the balance is your responsibility and your spot on the team may no longer be guaranteed. You may not begin to raise funds until you are notified of acceptance to the team.
- You will be given information regarding Passports and Vaccinations from GCC's Missions Committee & the Department of Health. **Passport and Vaccination costs are not included in the trip costs and are your responsibility.** You assume all responsibility and liability for your personal health decisions. (This procedure is only applicable if the destination is outside of the United States)
- Short-term mission trips can be rewarding and life changing. However, they can also be stressful. Please consider factors in your personal life that may distract and prohibit you from fully committing to the trip and adapting to unusual conditions.



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APPLICATION FORM

All information on this form must be completed in order for this application to be considered.

A. PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth:

Age:

Address:

City/State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Are you a citizen of the United States?

Yes

No

Are you a Permanent Resident or a Legal Non-citizen

Yes

No

Visa Status/Type:

School:

Grade/Year:

Home church:

Denomination:

Head Pastor's name:

Phone:

Church Name:

Church Address:

Describe your ministry involvement(s) if any:



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B. CHRISTIAN COMMITMENT

1. Are you willing to work in cooperation with different denominational missions organizations? Yes No

2. Have you accepted Jesus Christ as your Lord and Savior?

3. Describe your personal relationship with Jesus Christ.



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D. PERSONAL STATEMENT

In about 250 words (2 paragraphs), please describe why you would like to participate in this mission trip. How do you think God is calling you to serve? (If the space provided is inadequate, please attach an addendum to this form).



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MEDICAL INFORMATION

All information on this form must be completed in order for this application to be considered.

Name of Applicant:

Medical Information:

Do you have medical insurance? Yes

No

Insurance Provider:

Doctor's Name:

Your policy number:

Doctor's phone:

Insurance provider's phone:

Emergency Contact person/phone:

1. List all medical problems for which you have received medical care in the past 12 months:

2. List any history of major illness or surgery:

3. List any known allergies (including food allergies) or chronic life-threatening conditions:

4. List any known physical limitations and/or disabilities:

5. Do you have any special medical problems that may hinder your involvement in missions?
If so, please explain here:



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WAIVER & RELEASE OF LIABILITY

In consideration of Grace Community Chapel, a non-profit organization, organizing, arranging, and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against Grace Community Chapel, its respective chapters, directors, officers, employees, and members (collectively the "Grace Community Chapel Representatives"). I hereby release and discharge Grace Community Chapel and the Grace Community Chapel Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors, and assignees ever had, now have or hereafter will have resulting from or arising in connection with my travel to, attendance at or participation in Grace Community Chapel events.

I acknowledge that certain legal rights against Grace Community Chapel or Grace Community Chapel Representatives may be available to me now or in the future as a result of any losses and claims, and that by executing this waiver and release of liability, my spouse, family members, children, invitees, heirs, executors, administrators, and I are forever relinquishing those rights against Grace Community Chapel and Grace Community Chapel Representatives. I acknowledge that no promises, representations or affirmations of fact were made to me by Grace Community Chapel or Grace Community Chapel Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative teaching, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability. I accept the terms of this waiver and release of liability as a condition to my attendance at the event.

Authorization and Consent for treatment

I have read the above waiver and release of liability and agree to its provisions. I confirm that all of the information provided is true and accurate. I hereby authorize the release of all personal information relevant to the missions trip.

Name: _____

Signature: _____

Date: _____