



The Ridge Poland Mission Trip 2011

What: Short term mission. We will be using basketball as a medium with the real purpose of sharing God's word & love to the youth of Europe.

Who: Adults and teens (Teens that wish to attend should be responsible enough to attend all activities on the trip without constant supervision from their parents)

When: July 22-31, 2011.

Where: Zakosciele, Poland. (About an hour outside of Warsaw)

How: Through work, play, praise, worship and fellowship.

Signup Deadline: January 16, 2011.

Cost: \$1800: \$250 deposit is due at the time the signup application is turned in. \$1400 will be due by May 10. The remaining amount is due July 1. We will also be doing fundraising for additional funds. Please don't let the cost of the trip keep you from going. This is our 10th year for this trip and every group has always made their goal of raising funds. If you have questions or concerns about money directly, please talk to Fred Sagester at the number listed below.

Retreat: There is a mandatory retreat at Hilltop Christian camp. The retreat date is TBA and will start on a Friday at 7:00pm and end on a Saturday at 1:00pm.

Additional Information: www.theridge.org, www.proem.pl (Summer camps, Interkosz)

Questions: Fred Sagester – 812-343-9485 or fred.sagester@sagester.com





The Ridge Poland Mission Trip Policies & Procedures 2011

If you are interested in participating in the Poland trip with The Ridge, please read the following:

- You must submit this **completed application AND a non-refundable \$250 deposit before** your application will be processed. The \$250 check will be deposited in the bank immediately.
- Participants must adhere to rules outlined in the Team Covenant. Please read it before applying.
- **Once accepted, team members are expected to attend all team meetings.** Each team member must attend a mandatory retreat prior to departure. Please verify that you are available for the retreat before applying for a trip.
- **All trip costs are the team member's responsibility and due on the deadlines listed on the information page.** Your Team Leader will provide ways to raise financial support; however, if full support is not raised, the balance is your responsibility. Overage funding from other team members is split among members that have not yet reached the full fundraising goal. You may not begin to raise funds until you are notified of acceptance to the team and informed of proper fundraising procedures.
- If you are unable to participate in your trip, the Team Leader must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards mission trips are contributions, and the Internal Revenue Service prohibits the refund of contributions.
- Team members will be given information regarding passports and vaccination recommendations from the Department of Health. **Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.** Team members assume the responsibility and liability for their personal health decisions.

The Ridge Poland Mission Team Covenant

As a member of this team, I agree to:

1. Remember that I am representing Jesus Christ as well as The Ridge and your individual churches. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer, "Where you lead me I will follow; what they feed me I will swallow."
3. Remember that we have come to learn, as well as to teach. I will resist the temptation to inform our hosts about "how we do things." I will be open to learning about other people's methods and ideas.
4. Respect the host's view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
5. Develop and maintain a servant attitude toward all nationals and my teammates.
6. Respect my Team Leader(s) and his or her decisions.
7. Refrain from gossip.
8. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. Instead of whining and complaining, I will be creative and supportive.
9. Attend all team meetings before the trip, as well as any follow-up meetings.
10. Remember not to be exclusive in my relationships. If my boyfriend/girlfriend or spouse is on the team, we will make every effort to interact with all members of the team. If I am single and attracted to a teammate, I will not attempt to pursue a relationship until after we return home.
11. Refrain from any activity that could be construed as romantic interest in a national or teammate.
12. Refrain from illegal drugs and abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
13. Observe and practice the values endorsed by The Ridge.
14. Refrain from the teaching or practice of any belief that would not be endorsed by The Ridge (speaking in tongues, infant baptism, etc.).
15. Abide by the fund-raising procedures endorsed by The Ridge and your individual churches and personally thank all financial donors that contribute to my trip.
16. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.

Signed _____ Date: _____

Please sign to show your commitment to this Covenant and keep this for your personal reference.



POLAND MISSION 2011 TRIP APPLICATION

For Office Use Only:

Date App & Dep Rec'd : _____

Sent to TL: _____

Accepted Date: _____

Trip: _____

ENCLOSE **non-refundable** deposit of \$250.

TRIP: Youth Basketball
 Construction

The information on this form will be kept confidential and is for use by the The Ridge Missions Ministry Team ONLY.

Personal Data (Please type or print clearly)

Legal Name: _____
(As it appears on your passport) (Last) (First) (Middle)

Nickname: _____

Address: _____

E-mail Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Age: _____ Male Female Marital Status: S M D W

Do you have a criminal record? Yes No If yes, please explain: _____

T-shirt size: Small Medium Large X-Large XX-Large

Ages of children (if applicable): _____

If under 18 years of age, list name(s) of parent(s) or guardian(s): _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Church Involvement

Do you attend your church Worship? Yes No If yes, for how long? _____

Are you a member of your church? Yes No If yes, for how long? _____

Where is your membership? _____

Have you served in a ministry at your church? Yes No

If yes, which ministries and how long? _____

Do you attend a Bible Fellowship or Small Group? Yes No

If yes, which one(s): _____

What ministries/organizations outside of your church are you involved in? _____

Occupation

Please describe your present employment and any pertinent information regarding work experience related to missions. _____

Language Fluency (other than English)

| Language | Number of Years | Conversational Fluency | | |
|----------|-----------------|---------------------------------|-------------------------------|-------------------------------|
| _____ | _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| _____ | _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Skills & Talents

Please write the appropriate CODE next to your skills/talents.

CODES: A = Average G = Good P = Professional

I. CONSTRUCTION

____ Carpentry
____ Painting
____ Masonry/Carpentry
____ Roofing
____ Electrical
____ Plumbing
____ Other: _____

II. BUSINESS

____ Computers
____ Accounting
____ Other: _____

III. SPORTS

- Basketball
- Baseball
- Soccer
- Softball
- Volleyball
- Coaching Experience? _____

IV. MINISTRY EXPERIENCE

- Teaching - Ages: _____
- Vacation Bible School
- Crafts

V. MEDICAL

- Nursing
- Physician
- Dental
- E.M.T.
- C.P.R.
- Therapy (P.T., O.T., or other)
- Other: _____

VI. MUSIC

- Instrumental (please list): _____
- Vocal
- Other: _____

VII. OTHER PERFORMANCE

- Juggling
- Clowning
- Puppetry
- Other: _____

Personality Profile

1. What would you describe as your top three spiritual gifts?

2. Describe how OTHERS view your personality: _____

3. Describe your personal STRENGTHS: _____

4. Describe your personal WEAKNESSES: _____

Mission Experience

Outline the mission trips you have taken, if applicable. Include how long you were on each trip, where you went, and what impact each trip had on your life.

Trip Name: _____

Trip Dates/Year: _____

Lessons Learned: _____

Trip Name: _____

Trip Dates/Year: _____

Lessons Learned: _____



I understand and agree to the following policies:

- I have included my \$250 deposit that is due with this application and I understand that the deposit and all contributions are not refundable.
- I have read and accept the "Policies and Procedures."
- If I cancel, I may be responsible for full payment of the trip.
- I have read and signed the Team Covenant. I will adhere to the Team Covenant if accepted to the Short-Term Mission Team.
- I commit to attending and participating in the mandatory retreat for the trip(s) that I've applied for.

Signature

Date

Short-Term Missions
Medical Information & Release

This form must be filled out in order for you to participate in the Poland Mission trip with The Ridge.

Name: _____ Birth Date: _____

Address: _____

City, State, ZIP: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Medical Insurance Provider: _____

ID # _____ Group # _____

Name of Primary Physician: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Emergency Local Contact: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Please check if you suffer from any of the following medical conditions:

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Anxiety |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Migraines | | | |

Physical Limitations - Please list: _____

List any medications (prescriptions or OTC) taken on a regular basis: _____

List Medical & Food Allergies: _____

Blood Type: _____ Have you had any surgery in the past three years: Yes No

If so, please explain: _____

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(only if participant is under 18 years of age)

Relationship to Participant: _____