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# PRETEEN MISSIONS TRIP INFORMATION PACKET

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**Trip Dates: July 28-August 2, 2019**

The Preteens head to Kenosha, Wisconsin to help with programs with the youth of the community and improvements to the urban areas.

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Application with deposit due by March 1st.

Dear Prospective Trip Participant,

You are about to embark on a great adventure! No matter how short or long, a missions trip is an amazing way for God to speak to you. God can show you special things about His greatest creation - people! You will see how special everyone is to God, no matter their appearance or possessions. I am excited you are considering going on the trip and want to serve others. Here are a few steps you should take in preparation:

- **Pray** - Ask God if He wants you to go and serve Him on a missions trip this summer
- **Register** - Complete the application online by April 2nd along with \$100 non-refundable deposit. [www.shelterrockchurch.com/children](http://www.shelterrockchurch.com/children)
- **Attend** - Once registered, preteens are expected to regularly attend our Sunday morning classes or Friday night programs. For example, we should see you a minimum of 3 out of 4 times per month.
- **Raise Support** - To help with the cost of the trip, you should participate in the fundraising events mentioned in this packet as well as write support letters to friends and family



A variety of community projects await our group in Kenosha, WI.



- **Team Building** - As a member of the missions trip team, you are expected to attend the team meetings mentioned in this packet. Participation and attendance is mandatory, unless cleared beforehand by Pastor Leslie.
- **Share the News** - A great way to prepare is to let others know what you are going to be doing this summer. This gives others a chance to support you in prayer, and potentially financially

# Missions Trip Requirements

Mission trips are a great opportunity to develop a deeper relationship with Jesus Christ and a greater love for others. You will grow in your relationship with God and with those on our team through daily devotions, worship and evening discussions both in the large group and within a small group. Serving others in Kenosha, WI will provide an opportunity for you to interact with, reach out to and love folks who live very different lives from yours. You will be challenged to step outside your comfort zone and experience God, while others experience God through you!

1. All participants must be currently be in 5th or 6th grade or an adult chaperone (18+ years old)
2. All participants must be actively involved at Shelter Rock Church
3. All participants must receive parental approval
4. All participants must attend all trip meetings. Absences must be cleared with the trip leader
5. All participants must adhere to all deadlines, including financial deadlines. All participants must abide by the deadlines for application, deposits, and payments
6. All participants must be up to date on vaccinations. A tetanus shot is mandatory.
7. All participants must commit to praying for the trip - personally and in his/her family
8. All participants must agree to obey all the rules and guidelines established by the team leaders and our mission organization, Group Missions Trips.



## Finances

1. Trip funding is the responsibility of each participant. There are opportunities for group fundraising, if you choose to take advantage of the events.
2. The cost of the trip includes everything needed for the days away (transportation, lodging, food, etc.) but does not cover personal spending for snacks or souvenirs.
3. In order to adhere to IRS standards, ALL donated funds that come in go toward the trip as a whole, NOT to individual participants. So long as the below guidelines are followed, we do honor the request of donors for funds to go toward an individual's trip, however, once full support has been raised, the additional monies raised go toward the trip as a whole and to support other team members. Due to IRS regulations, we are not allowed to hold these funds for a person's future missions trips. Nor, are these funds allowed to be re-designated by you for other purposes within the church.

4. Contributions to the trip are tax-deductible and non-refundable. In the event a student cancels participation, funds will go directly to support the trip.
5. If you wish to personally assign funds to a specific participant with the option of reimbursement should the person not be able to participate (less deposit and funds already spent on the individual's behalf), the fund will be accepted as payment, NOT as a tax-deductible contribution
6. Any unpaid balance of trip expenses is the responsibility of the participant and is expected to be paid prior to the departure of the team. If a participant decides to cancel his/her spot on the missions trip, he/she will be responsible for any prepared expenses which cannot be refunded.



## Personal Fund Raising:

Individuals who feel called by God to participate in a short-term missions trip are responsible for raising the necessary funds to cover expenses for their trip. When you make a deposit on a trip, or when money is first received for you, we will begin tracking your contributions. You and others may make periodic contributions at any time. All checks should be made out to Shelter Rock Church. It is very important that all contributions be clearly designated for the trip. However, **DO NOT PUT THIS INFORMATION ON YOUR CHECK!** Instead, please write it on the envelope or on a slip of paper included with the check. Checks with individual names on them are NOT acceptable as tax-deductible.

1025

DATE 00/00/00

PAY TO THE ORDER OF Shelter Rock Church \$50.00

Fifty dollars & 00/100 DOLLARS

MEMO Joe Schmo Missions Trip

ⓧ **Do NOT Write in Memo Line.**

1025

DATE 00/00/00

PAY TO THE ORDER OF Shelter Rock Church \$50.00

Fifty dollars & 00/100 DOLLARS

MEMO

✓ **Nothing in Memo Line. Include Paper with Name on it Instead.**

## Support Raising Guidelines:

1. **Prayer Team:** Even more important than raising financial support for your trip is raising a personal prayer team. You are asked to have a few family members and/or friends who will pray for our team, as well as for you as you personally prepare to go on your trip and for while we are on the trip.
2. **Support Letter:** Participants are encouraged to write a support letter. A sample letter is included in this packet. This letter should be sent to family and friends and should be sent as soon as you are accepted for the trip. **Note:** We suggest that you consider sending your support letters primarily to your friends and family members outside of the church and limit letters given to people within the church to those you are especially close to personally. The reason for this suggestion is that we want to make sure that our church members are not overwhelmed by a large number of support letters. The people within the church will have other opportunities to support the team as a whole in various ways, e.g. group fundraisers. You are encouraged to solicit people from church for your prayer team.
3. **Personal Fundraisers:** Another way you can enlist people's financial support is through personal fundraisers. Think of creative things you can do personally to meet people's needs. In return, simply ask that they make a financial contribution toward your trip. Examples: Baking cookies, cutting grass, raking leaves, shoveling snow, cleaning houses, babysitting, etc.
4. **Group Fundraisers:** Depending on the need, group fundraisers may be used to raise money for the trip. Group Fundraisers will be used to decrease the cost for those team members who participate in the group fundraiser. We want to encourage financial responsibility, and not foster an atmosphere wherein you simply rely on other group members to raise funds for you. Please consider the reality that if we raise \$1,000 but have 20 people participate, that means each person get \$50. The point is, group fundraisers will help some, but don't bank on them bringing in a majority of your trip cost.



## Trip Payment Schedule: Total Cost \$900

|                  |  |
|------------------|--|
| <b>MARCH 1ST</b> | <b>\$250 Deposit &amp; Application Due</b> |
| <b>MAY 1ST</b>   | <b>\$300 Due</b>                           |
| <b>JUNE 1ST</b>  | <b>\$300 Due</b>                           |
| <b>JULY 1ST</b>  | <b>Total Balance Paid in Full</b>          |

## About Kenosha, WI

If you're looking to "live on the edge" this summer, Kenosha could be the right choice! This Wisconsin city lies just on the edge of Illinois and Lake Michigan, right between the hustle and bustle of two larger cities: Milwaukee and Chicago. If the fact that Kenosha is home to the southernmost port on Lake Michigan isn't enough to bait you, perhaps the Jelly Belly factory down the road will be more to your taste!

Years ago, Kenosha was an active center of manufacturing, but like many other cities in this part of the country, the community has been hurt by factory closures and industry changes. At the beginning of 2013, the last wall came down at American Motors—a manufacturing plant that once brought hope and income to many families in the city.



The city of Kenosha has targeted two areas as its top priority to address in the next five years: first, programs to help the youth of the community; and second, improvements to its urban areas. Week of Hope projects will directly and indirectly support these top two initiatives. You and our team will help the city accomplish these worthwhile goals with your involvement!



**Trip Application available online at  
[www.ShelterRockChurch.com](http://www.ShelterRockChurch.com)**



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# TRIP APPLICATION

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Application and deposit due March 10, 2018.

The non-refundable deposit can be paid via cash, check, or online with a credit card.

## Personal Information

I am applying for the trip to: \_\_\_\_\_

Scheduled for: \_\_\_\_\_, 20\_\_\_\_\_

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male / Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Are any family members traveling with you on this trip? Yes / No

If yes, how are you related? \_\_\_\_\_

T-Shirt Size (circle once):    YS    YM    YL    S    M    L    XL    XXL

Why do you want to go on this trip? \_\_\_\_\_

\_\_\_\_\_

What concerns do you have about this trip? \_\_\_\_\_

\_\_\_\_\_

What expectations do you have for this trip? \_\_\_\_\_

\_\_\_\_\_

## Church Involvement

Are you a member/regular attender at Shelter Rock Church:        Yes / No

If not SRC, where do you attend church regularly? \_\_\_\_\_

Number of years attending SRC (or other church): \_\_\_\_\_

With what church activities are you regularly involved? \_\_\_\_\_

\_\_\_\_\_

Name two people in your church family that know you well and would serve as character references for you:

Name: \_\_\_\_\_        Email: \_\_\_\_\_

Name: \_\_\_\_\_        Email: \_\_\_\_\_

## Christian Experience

How and when did you receive Jesus as your Savior? \_\_\_\_\_

\_\_\_\_\_



Describe what Jesus means to you: \_\_\_\_\_  
\_\_\_\_\_

Have you been baptized? Yes / No

## Health Information

Are you presently covered by Health Insurance? Yes / No

Please provide a copy of your insurance card attached to this application

Present Health (circle one):            Excellent            Good            Fair            Poor

Date of Last Tetanus Shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check all that apply and provide explanation:

Physical Disability: \_\_\_\_\_

Illness or condition for which you are being treated: \_\_\_\_\_

Allergies: \_\_\_\_\_

Presently Taking Medication

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

# Trip Team Meetings

|                   |                         |            |                                     |
|-------------------|-------------------------|------------|-------------------------------------|
| <b>MARCH 10TH</b> | <b>Manhasset Campus</b> | <b>5PM</b> | <b>Homework #1 Due April 8th</b>    |
| <b>APRIL 8TH</b>  | <b>Syosset Campus</b>   | <b>5PM</b> | <b>Homework #2 Due May 6th</b>      |
| <b>MAY 6TH</b>    | <b>Manhasset Campus</b> | <b>5PM</b> | <b>Homework #3 Due June 10th</b>    |
| <b>JUNE 10TH</b>  | <b>Syosset Campus</b>   | <b>5PM</b> | <b>Family Pool Party - July 1st</b> |

Team Meetings are a requirement of the trip. If you are unable to attend 3 out of the 4 meetings, you must reconsider your trip participation. If there are known conflicts for the above listed dates, please mention them here:

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## Team Covenant:

### For the Student:

I have read all the information provided to me. I understand my responsibilities as outlined in terms of financial commitment, attendance at team meetings and other areas of preparation and fully embrace the commitment I am making to God and to my team. I agree to refrain from questionable behavior or vulgar language, public displays of affection or any other culturally offensive behavior while on location with the team. I understand that if I am not living up to the standards agreed upon in the Team Covenant I will be removed from the team.

Signature: \_\_\_\_\_

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

### For the Parent:

I have read the information in this packet including policies and guidelines. I understand my responsibility to ensure my child fulfills his/her commitments to preparation and to their team as outlined in terms of financial commitment, attendance at team practices and meeting and other areas of preparation.

Signature: \_\_\_\_\_

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

# Permission Slip/Waiver & Indemnity Agreement & Authorization for Medical Treatment Form

Name of Participant: \_\_\_\_\_  
(Please print)

For (Name of Event or Trip): \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity or sport, I will personally indemnify, defend or hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

## Authorization for Medical Treatment

This release and consent give Shelter Rock Church (SRC) permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give SRC permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release SRC, its staff (paid or volunteer), and all medical providers from liability in acting on my behalf in this regard rendering such medical treatment.

**Note: I understand that my personal insurance is primary. I have read and understand this agreement.**

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

## Current Medical Condition

List **any and all** medical conditions, allergies, of medical limitations that the child may be experiencing or has experienced in the past.

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Group No.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insured under whose name: \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In an emergency, you may call the person listed below in the event a parent cannot be reached.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Photo/Video Release**

I further acknowledge that photos and videos taken of me during my participation may be used by Shelter Rock Church and/or their partner organizations at their discretion.

**SIGNATURES**

By signing you agree that the above statements are true and that you agree to abide by all of the rules and guidelines as set forth by SRC.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**Application and deposit due March 10, 2018.**

**The non-refundable deposit can be paid via cash, check, or online with a credit card.**