



QCCS Missions Trip (Adult) Application

South Africa

- o June 20th –June 28th, 2025
- o
- o Trip Cost = \$3500
- o Open to anyone a 7th grade or older in High School (Alumni/Families welcome)
- o \$250 deposit due (**Application and Deposit due by November 1, 2024**)
- o \$2000 due by 3/31/2025
- o \$1250 due 06/01/25

Mission Trip Application Packet Checklist

- This entire packet must be complete and turned in to Mrs. Ventris along with the following items:
 - Turn in a copy of your health insurance card.
 - If you have a passport, please make a **color copy** and attach it to this application. (Please make sure you make a full-length picture of your passport including the picture and signature page.)

QCCS Mission Trip Application

Personal Information

Name: _____ Date Application Submitted: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Your Cell #) _____

E-mail: _____

Gender: Male _____ Female _____ Birth date: ____/____/____

T-Shirt Size: S M L XL 2XL 3XL

Please answer the following questions honestly.

What church do you attend and what is your involvement?

Christian Experience

Are you a Christ Follower? • Yes • No

Write a brief statement explaining how you came to know Christ personally, including your spiritual growth since then.

How long have you been consistently growing in your walk with God?

- Less than 6 months
- 6 months-2 years
- 2 years or more

For the last six months, spiritually speaking, you have been experiencing:

- Rapid Growth
- Slow, but Steady Growth
- Minor Ups & Downs
- Major Ups & Downs; Very Inconsistent

You spend regular time with God in Bible study & prayer: (circle one)

1 2 3 4 5 6 7 days a week

Why do you feel God is leading you to go on this specific Mission Trip? Please explain.

What do you feel you can personally contribute to this mission trip and team?

What would you say to someone who wants to become a Christian?

Initiative evangelism is making the effort to approach others and share the gospel with them. Would you be able to do initiative evangelism? • Yes • No

Accountability

Are you willing to submit yourself to the leadership of the mission trip, especially in the areas of decision-making and time scheduling? • Yes • No

How would you respond to one of your leaders if you disagreed with them?

Since we are representing Jesus Christ, the trip will have standards of dress and accountability. For example, you will be required to memorize passages of Scripture, know how to share your faith, and learn the culture and vocabulary of where we are going. Are you willing to follow these standards with a good Christian attitude and a spirit of flexibility?

• Yes • No

Are you willing to take time before the trip begins to write and practice your testimony and other presentations as required by your mission trip leaders?

• Yes • No

Are you willing to submit to the authority of the Superintendent, the adult leaders, and student leaders? Do you understand that failure to obey instructions from the leadership team is considered direct disobedience and may result in disciplinary action?

• Yes • No

QCCS Mission Trip Contract

ADULT AGREEMENT

I, _____, understand that I have applied to be involved in a Quad Cities Christian Schools sponsored mission trip. I hereby consent that I will participate in the mission trip/program. Since the mission program desires that God will be honored in every aspect of the trip, it is imperative that adults set a Christ-like example in all situations. I know that I must abide by all rules and regulations set forth by the QCCS staff, the High School administration, and the trip's leadership team. Failure to comply with all rules may result in my removal from the mission trip team. I also understand that QCCS reserves the right to remove me from a mission trip either before or during the trip. I also understand that if I am removed from the team or am unable to participate for any reason, any contributions of support given for the preference of supporting my mission trip will not be returned or refunded. Lastly, if I am removed from a team during the mission trip, I will be sent home at my expense, which is outside the trip cost.

Adult Name (Please Print) _____

Adult Signature _____

Date _____

ADULT AGREEMENT

By signing this statement you are certifying that:

- You have read this application
- You agree to abide by the policies and procedures set forth in the student handbook
- You will ensure that the trip's minimum contribution level of support will be raised by the deadline stated in the Application
- You will ensure that the total goal of financial support for the trip will be raised by the final deadline (determined by the trip sponsor). You understand that not reaching your financial support goal, you may not be allowed to participate on the trip. You understand that you are not raising financial support for yourself but for the mission project/trip.
- You will attend the required meetings set forth by your trip leader
- You will abide by all trip requirements set forth by your trip leader. More information will be discussed at meetings.
- Failure to turn in the entire packet of information, or failure to comply with the above statements may result in a denial of trip participation.

Printed Adult Name: _____

Adult Signature: _____

Date: _____

Medical Consent

The signatures of minor and **ALL** legal guardians must be on this form. All three pages must be returned. (See attached signature page.)

Participant's Name: _____

Project Country: _____

The undersigned do hereby authorize QCCS mission project directors, or such substitute as they may designate, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the minor mentioned herein which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, or dentist, licensed under the laws of the country where the treatment is being provided, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the QCCS mission project directors, or such substitute as they may designate, to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The undersigned hereby authorizes any hospital that has provided treatment to the Minor to surrender physical custody of the Minor to the QCCS mission project directors, or such substitute as they may designate upon the completion of treatment.

The undersigned agrees to cover all costs of medical or dental care for the Minor incurred by QCCS under this authorization. This medical authorization will remain in effect until it is revoked in writing and delivered to QCCS.

Medical Information

Please turn in a copy of your insurance card along with this application.

Insurance Company: _____

Claim Office Address: _____

Claim Phone #: _____

Policy #: _____ Group # (If Applicable): _____

Employer Name & Address: _____

Contact Information In Case of Emergency

Cell Phone: _____ Work Phone: _____

Address: _____

Alternate Contact & Phone #: _____

Please list illnesses or allergies to medicines, foods, bee stings, etc. & describe treatment required.	
Illness/Allergies	Medication or Treatment

Primary Doctor Name: _____

Address: _____

Phone #: _____

Medical Consent Signature Page

This authorization and consent will remain effective unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: _____ Group Name/Number: _____

Name : _____ Birthdate: _____

S.S. #: _____

Address: _____

Street

City

State

Zip

Home Phone:

Work Phone:

Authorization Waiver, Consent & Liability Release

The undersigned do hereby grant permission to _____
name
who was born on _____ to travel and to make a
date of birth
tourist visit to _____.
name of country(ies)

LIABILITY RELEASE

QCCS sends volunteers on international short-term projects. While these projects are rewarding to many who participate, mission trips, by their nature, often involve travel to remote parts of the world where there are risks to the volunteers. Those risks include travel difficulties, illness, injury and even death. In some locations, the political situation can change, possibly increasing security risks. The potential for injury or health-related problems may be increased in some countries due to local conditions. Moreover, the lack of technology can cause temporary delays in communications and transportation.

By their signature, the undersigned acknowledge that they have been adequately informed, either verbally or in writing, of the potential risks and dangers related to participation in the short-term project by the minor named above. Further, the undersigned freely give their informed consent for such minor to participate in the short-term project, notwithstanding the potential risks and dangers related thereto.

Further, the undersigned agrees that QCCS, its director, administrators, officers, agents, employees, successors and affiliates are, hereby, released and held harmless from any liability for damages, whether caused by their negligence or otherwise, to the property, or the person, including illness, injury or death, of the minor named herein that might arise out of, en-route to, en-route from, while in residence, or as a result of, any involvement or participation by said minor in the short-term national projects of QCCS.

Authorization Waiver, Consent & Liability Release

This authorization and consent will remain effective unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: _____ Group Name/Number: _____

Name: _____ Birthdate: _____

S.S. #: _____

Address: _____

Street

City

State

Zip

Home Phone: _____ Work Phone: _____

Address: _____

Street

City

State

Zip

Mission Trip Letter of Recommendation

Quad Cities Christian School

4000 11th Street
Moline, IL 61265
(309) 762-3800

jsteiner@qcchristianschools.org

Please fill out this form as your recommendation on why this person would be a positive contribution to our mission team. Please return to QCCS via mail or email to the above listed addresses. Thank you for your time & consideration. We appreciate you!

1. How is this individual involved in church?

Name: _____ Mission Trip: _____

Your Name: _____ Title: _____

Your Contact #: _____ Your Email: _____

2. How would this person's abilities be best utilized in the mission field?

3. Check how you classify this person's gifts in the following areas?

Gifts	1 (Best)	2 (Strong)	3 (Avg.)	4 (Weak)	5 (N/A)
Leadership					
Compassion					
Flexibility					
Service					
Spiritual Leader					
Teamwork					
Evangelism					

4. Is there anything about this person's personal life that we should be aware of? (Recent loss of family member, parent divorce, tragedy, etc.)

5. Is there anything else you'd like us to know? Please explain.

Signature: _____ Date: _____