

# Discover the World Trip Checklist

## APPLICATION PACKET

Submit a completed application packet and \$100 application fee (nonrefundable) to:

**Discover the World – ATTN: Crystal Trowbridge**

Cherry Hills Community Church

3900 Grace Blvd., Highlands Ranch CO 80126

ctrowbridge@chcc.org

303.791.4100 FAX 303.791.4600

This includes the following items:

- Application (completed and signed)
- Statement of Faith (signed)
- Medical Information (completed and signed)
- Liability Release Form (Notarized)
- Code of Best Practices (signed)
- Background Check Release Form (signed)

A **\$100** application fee (nonrefundable); checks should be payable to **Cherry Hills Community Church**, with the **trip destination** on the memo line)

**PASSPORT PHOTO PAGE** – A photocopy of the photo page of your valid U.S. passport, which does not expire within six (6) months of the trip return date and has at least two (2) blank pages.

## REQUIRED TRAINING

- Team Meetings (4-6)
- Pre Field Orientation
- Team Commissioning
- Post Field Debrief

## PAYMENTS

**60 days** prior to departure date: 50% of balance due

**30 days** prior to trip departure date: 75%

**14 days** prior to trip departure date: Balance due

All checks should be payable to **Cherry Hills Community Church** with the **trip destination** on the memo line.

## IMMUNIZATIONS

Complete immunizations as recommended for your destination. (See Medical Information Form for specific details.) Please consult with your personal physician and for more information check the CDC website: [www.cdc.org](http://www.cdc.org)



Office use only – Record dates below Deposit received _____ References checked _____ Interview questions sent _____ Application copy sent to TL _____
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Cherry Hills Community Church  
**Discover the World International Application - Youth**

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_

**(Registration fee of \$100 is due with this application and will be applied to your account.)**

Name: \_\_\_\_\_  
 (As shown on passport) Last First Middle

Current Mailing Address: \_\_\_\_\_  
 Street and Number

City State Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Home

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (If applying for passport, check here )

Citizenship: \_\_\_\_\_ Sex:  Male  Female Date of Birth: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced  Widowed

Name of Spouse or Roommate(s) if applicable: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Daytime Evening Cell Relationship

Current Occupation/Profession: \_\_\_\_\_

Languages Spoken and Written: \_\_\_\_\_

Any health limitations/problems we should know about \_\_\_\_\_

Medications currently taken: \_\_\_\_\_

Are you engaged in any ongoing behaviors, which are contrary to Biblical teaching?  Yes  No

If yes, please explain: \_\_\_\_\_

Where are you currently serving in your home church? \_\_\_\_\_

Acceptance of the attached statement of faith  Yes  No

Home church if other than Cherry Hills Community Church \_\_\_\_\_

### What to do next

- Please list three character references below.
- Return this application form, the Code of Best Practices, the Liability Waiver, Health Questionnaire and a copy of the photo and signature pages of your passport along with a \$100 application fee to **DTW, Cherry Hills Community Church, 3900 E. Grace Blvd., Highlands Ranch, CO 80126**. Be sure to make a copy of this application for your records. If you are in the process of obtaining a passport, return all other documents and provide the passport copy at least 1 month before departure.
- Once your application is received, you will be contacted by the Team Leader for an interview. The Team Leader will determine your acceptance on the team.
- If accepted to the team, please begin your support raising immediately. The deadline for all funds to be in is 25 days prior to departure.

### **References**

Please provide three references, one of whom should be a pastor, staff person, or small group leader from your home church. Please do not list family members as references. We will send them reference forms electronically (email) if possible.

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

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

Address: \_\_\_\_\_  
Street City State Zip

Daytime phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City State Zip

Daytime phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City State Zip

Daytime phone: \_\_\_\_\_

# Statement of Faith

## **The Bible**

All Scripture, being truth, requires our unreserved submission in all areas of life to the authority of the infallible Word of God, as written in the sixty-six books of the Old and New Testaments, a unified witness to God's redemptive acts culminating in the incarnation of the Living Word, the Lord Jesus Christ. The Bible, uniquely and fully inspired by the Holy Spirit, is the supreme and final authority in all matters on which it speaks. On this foundation we affirm the following as essentials of our faith:

## **One God**

We believe in one God, the sovereign Creator and Sustainer of all things, infinitely perfect and eternally existing in three persons: Father, Son, and Holy Spirit.

## **Jesus Christ**

Jesus Christ, the living Word, became flesh through his miraculous conception by the Holy Spirit and his virgin birth. He who is true God became true man united in one Person forever. He died on the cross a sacrifice for our sins according to the Scriptures. On the third day he arose bodily from the dead, he ascended into heaven, where, at the right hand of the Majesty on High, he now is our High Priest and Mediator.

## **The Holy Spirit**

The Holy Spirit has come to glorify Christ and to apply the saving work of Christ to our hearts. He convicts of sin and draws us to the Savior. Indwelling our hearts, he gives new life to us, empowers and imparts gifts to us for service, and seals us for the day of redemption.

## **Salvation**

Being estranged from God, and condemned by our sinfulness, our salvation is wholly dependent upon the work of God's free grace; God credits his righteousness to those who put their faith in Christ alone for their salvation, and thereby justifies them in his sight. Only such as are born of the Holy Spirit and receive Jesus Christ become children of God and heirs of eternal life.

## **The Church**

The true Church is composed of all persons who through saving faith in Jesus Christ and the sanctifying work of the Holy Spirit are united together in the body of Christ.

## **The Return of Christ**

Jesus Christ will come again to the earth—personally, visibly, and bodily—to judge the living and the dead and to consummate history and the eternal plan of God.

## **The Great Commission**

The Lord Jesus Christ demands all believers to proclaim the Gospel throughout the world and to make disciples of all nations. Obedience to the Great Commission requires total commitment to "Him who loved us and gave Himself for us."

**Signature of agreement** \_\_\_\_\_

## Confidential Health Questionnaire

Name of Team Member \_\_\_\_\_ Team Name \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

1. Is a doctor currently treating you? \_\_\_\_\_
2. Do you have any condition requiring special medical consideration? \_\_\_\_\_
3. Psychological or emotional disorders, or limitations? \_\_\_\_\_
4. Have you sustained any injury that may limit physical activity? \_\_\_\_\_
5. Are you on a special diet that has been prescribed by a doctor? \_\_\_\_\_
6. Have you had major surgery in the past 3 years? \_\_\_\_\_

If yes for any of the above, please explain. Attach a separate sheet of paper, if necessary.

Please list your blood type if known (**mandatory for African trips**): \_\_\_\_\_

List all medications you use. Provide information on dosage, frequency, and reason for using all medication.

Medication/Dosage	Frequency	Reason for usage

List any known allergies: Medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); Foods (dairy, wheat, other foods); Contact with substances (plants, soaps, other substances); Animals; insect bites/stings.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? \_\_\_\_\_

Please list any current health problems

Condition	Yes	No	Condition	Yes	No
Anemia			Asthma		
Bleeding Problems			Emphysema		
Cancer			High Blood Pressure		
Malaria			Heart Disease		
Tuberculosis			Stroke		
+HIV (Aids) Positive			Seizures/Epilepsy		
Peptic Ulcers			Psychiatric Illness		
Diabetes			Alcoholism		
Drug Abuse			Other		

If you answered yes to any of the above, please explain in detail:

List Previous surgeries

Procedure	Year	Reason

List serious accidents/injuries

Injury	Year	Treatment

List other serious illnesses/hospitalizations

Problem	Year	Treatment

Check immunizations you have previously received

Immunization	✓	Year	Year Last Received
Diphtheria			
Tetanus			
Pertussis			
Measles			
Mumps			
Rubella			
Polio			
Influenza			
Hepatitis B			
Smallpox			
Others			

\_\_\_\_\_  
**Signature**  
**Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

# Discover the World Code of Best Practices

Country\_\_\_\_\_

Trip Dates\_\_\_\_\_

As a member of this team I agree to:

- Remember that I am representing Cherry Hills Community Church and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and for those on the field.
- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods/ideas.
- Dress modestly, and to only bring luggage and possessions that are determined by DTW to be appropriate for the service needs of the mission and the country's culture.
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate my willingness to serve others and share Christ, while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
- Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the team guidelines for handling conflict.
- Refrain from criticism and gossip about our host(s) and my teammates.
- Refrain from complaining as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive, and supportive.
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Refrain from any activity that might be construed as a special or romantic interest in a national or teammate.
- Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.
- Watch my language, refrain from discussing politics or other sensitive subjects, and avoid references to the military and to other religious groups or practices.
- Refrain from teaching or practicing any belief that is not supported by Cherry Hills Community Church.
- Attend the mandatory team meetings, pre field orientation, and post field debrief.
- Participate actively in meetings as well as mission, through sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.
- Keep confidential discussions and personal information shared among team members.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

# Authorization for Minor to Leave the U.S.A. with only one Parent

To the required authorities:

I, the undersigned parent of the minor(s) listed below:

\_\_\_\_\_  
(Minor's name as it appears on Passport or Birth Certificate)

Birth date (DD/MM/YY) \_\_\_\_\_

have given permission to my husband/wife \_\_\_\_\_

and other adults accompanying the Discover the World Team to take my child/children out of the United States of America during the dates of \_\_\_\_\_

Dated this \_\_\_\_\_ day of (month and year) \_\_\_\_\_

At (City and State) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent not traveling

***This form must be signed and notarized.  
The parent traveling with the child should carry the original of this form.***

Notary Public \_\_\_\_\_

Date \_\_\_\_\_

# DISCOVER THE WORLD PARTICIPANT LIABILITY RELEASE FORM FOR MINOR

***Please read before signing, as this constitutes an agreement and understanding between you as a parent(s) of a minor child participating in a Discover the World (DTW) Short-term Mission trip and Cherry Hills Community Church.***

I \_\_\_\_\_, acknowledge and state the following:  
(please print)

I have chosen for my son/daughter to participate in a Discover the World Short-term Mission trip and to be involved in ministry to others by seeking to meet their physical and spiritual needs.

I understand that this Short-term Mission trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that my child is in good health and physically able to make this trip.

I understand that my child is engaging in this DTW Short-term Mission trip at his/her own risk. I assume all risk and responsibility for any damage or injury to his/her property or any personal injury that my child may sustain while involved in this project, and related medical costs and expenses.

In the event that Cherry Hills Community Church arranges accommodations, I understand that they are not responsible or liable for my child's personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for my child, my estate and my heirs, I release, discharge, indemnify and forever hold Cherry Hills Community Church, together with their officers, board members, agents, servants and employees, harmless from any and all causes of action arising from my child's participation in this project, and travel or lodging associated therewith.

**Please fill out a form for each child. Trip Destination/Dates \_\_\_\_\_**

CHILD'S NAME \_\_\_\_\_

SIGNATURES (Both parent's signatures are required even if one is not going on the trip.)

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Please Print) (Include Apt.# if applicable)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEDICAL ALERT/MEDICAL ALLERGIES \_\_\_\_\_

EMERGENCY CONTACT & PHONE \_\_\_\_\_

WITNESS \_\_\_\_\_

# AUTHORIZATION FOR MINOR TO LEAVE THE COUNTRY

To the required authorities:

We the undersigned parent(s) or legal guardians of the minor listed below:

\_\_\_\_\_ (Minor's name as it appears on Passport or Birth Certificate)

Birth date (DD/MM/YY) \_\_\_\_\_

Have given permission to \_\_\_\_\_ (Team leader)

and other adults accompanying the team leader to take our young person out of the

United States of America into \_\_\_\_\_ (name of country) during the dates of

\_\_\_\_\_ to \_\_\_\_\_. The above minor is a member of the group from

CHCC of Highlands Ranch, Colorado. Furthermore, while in \_\_\_\_\_ (name of

country), we authorize the team leader to seek the necessary medical care should our young person

experience any illness or accident.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month and year) at

\_\_\_\_\_ (city and state).

\_\_\_\_\_, Father

\_\_\_\_\_, Mother

\_\_\_\_\_, or Legal Guardian

Both parents must sign this form

***This form must be signed and notarized.***

Notary Public \_\_\_\_\_

Date \_\_\_\_\_