

Application For EUMC BorderLinks Mission Trip
Mandatory Information Meeting: February 24, 2019
Applications Due: February 17, 2019

Who: This mission trip is open to families with children, unaccompanied senior high students, and adults of all ages, who have no mobility restrictions.

What: BorderLinks offers experiential learning opportunities that explore the causes and difficulties of migration, as well as the impact of U.S. immigration policies. The BorderLinks experience is an educational program that may include opportunities to:

- Walk migrant trails in the desert
- Witness migration-related court proceedings
- Visit migrant shelters and immigration detention centers
- Meet with community members, activists, and academics throughout Tucson and the surrounding borderlands
- Travel to Mexico
- Listen to many different voices and hear the stories of people who are impacted by border and immigration policies in a variety of ways.

When: July 24-28, 2019

Cost: \$1200 approximately per person. Actual cost may be less. Scholarships available upon request.

For More Information: borderlinks.org

MISSION TRIP APPLICATION

Name _____ DOB _____ Preferred Gender Pronoun: _____
Ex: she/he/they/ze

Occupation _____ or Student School: _____

Cell Phone _____ E-mail _____

Mailing Address _____

Name on Passport _____

Passport Number _____ Date of Issue: ___/___/___ Date of Expiration: ___/___/___
Passports take 6 weeks to obtain. If you have to renew or obtain a passport, plan to have it by April 1.

EUMC Affiliation: Member Regular Attender Non Attender Other UMC _____

Name _____

1. Why do you wish to participate in this mission? (Please use separate page.) Tell about yourself, including local church involvement, current understanding of immigration issues, and any other information that might be useful regarding this mission.
2. Please indicate the general state of your health. Is there anything team leaders should be aware of health-wise (chronic health conditions, mental health conditions, allergies, diet, asthma, specific medicines that should not be administered, etc.)?
3. Please check all applicable skills and explain in detail, where appropriate. This will help us to know if there are specific skills that may be utilized on the trip.

___ Language(s) spoken other than English: _____
(This is *not* necessary, but helpful for team leaders to know.)

___ Translation: _____

___ Playing a musical instrument (specify) _____

___ Preaching or giving a prepared talk/devotional _____

___ Photography. (Explain) _____

___ Giving talks and slide presentations after return.

___ Social Media / Historian _____

___ Other skills/abilities that will contribute to the team experience: _____

4. Attached letter of recommendation should be completed by a non-related adult (such as teacher, coach, mentor, pastor, youth leader) and submitted along with this application.
5. Sign and submit the attached waiver of liability.

To Be Completed By Applicant:

I understand that team members must be flexible and cooperative. I agree to cooperate at all times with the team leader concerning our life together, including daily assignments, food, lodging, and transportation. I agree to stay with the team from beginning to end. I understand that sharing our faith happens through our actions. We only use words when necessary.

Signature

date

Send completed application to: Clarissa Fuentes at ClarissaF@edmondsumc.org or Edmonds United Methodist Church | Borderlinks Mission | 828 Caspers St. | Edmonds, WA 98020
Questions? Contact Clarissa Fuentes at ClarissaF@edmondsumc.org or 425-778-2119.

EUMC Mission Trip Waiver of Liability

I, the undersigned, will be participating in a short term mission trip to Borderlinks (hereafter the “mission trip”) on or about July 24 to July 28, 2019.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **Edmonds United Methodist Church** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **Edmonds United Methodist Church** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **Edmonds United Methodist Church** its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **Edmonds United Methodist Church** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

IF APPLICABLE:

{I understand and acknowledge that **Edmonds United Methodist Church** does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.}

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____

Witness: _____

Witness: _____

Application For EUMC Borderlinks Mission Trip 2019 Reference Form

For family Applications: One form per family is sufficient
(Feel free to use the back of the form or to include additional pages if needed)

Name of applicant:

Date:

Name of reference:

Relationship to applicant:

How long have you known the applicant?

What strengths, skills, gifts does applicant bring to Borderlinks mission team?

How will applicant potentially benefit from participation on Borderlinks mission team?

What will be challenging and or difficult for applicant?

Any concerns about the applicants' ability to participate fully?

I strongly support support do not support the applicant's participation in the Borderlinks mission.

Any other comments:

Signature:

Please return the completed form to:

Edmonds United Methodist Church | Borderlinks Mission | 828 Caspers St. | Edmonds, WA 98020