

Legacy Church of Christ

Member Mission Assistance Application

Please complete this application and forward it the Legacy Mission Ministry Team at least ninety (90) days in advance of the mission for which you are seeking financial assistance.

Today's Date

ABOUT YOU

Printed Name

Telephone Number

Primary E-mail

Current Address

City, State

ZIP

Permanent Address (or write "Same")

City, State

ZIP

Church You Worship with Each Week

ABOUT THE ORGANIZATION WITH WHOM YOU WILL BE WORKING

Sponsoring Church / Organization

Name of Trip Leader or Official Contact Person

Address

Address of Leader / Contact Person

City

State

ZIP

City

State

ZIP

Telephone and/or E-mail

Telephone and/or E-mail

WHAT ARE YOU GOING TO DO

Name of Ministry or Church Where You Will Serve

Website, Telephone, and/or E-mail

My trip, including travel begins on _____ and I return home on _____.

While on this mission trip I will (describe your duties/plans):

_____.

FUNDING NEEDS

The total cost of my trip is \$ _____ * \$ _____ \$ _____
*Attach a detailed budget for the trip Amount I will personally provide Amount already raised

_____ Date funds must be received

Disperse the funds to*:

_____ Name _____ Address _____ City _____ State _____ ZIP

*If not the sponsor, the contact person, or you, explain below.

HEALTH INSURANCE

_____ Insurance Company Name _____ Policy Number _____ Telephone Number

_____ Current Address _____ City, State _____ ZIP

In order for Legacy to participate in funding your trip, you must have a policy which provides for emergency medical evacuation from the areas in which you will be working and/or traveling. Does the policy identified above provide such coverage? ____ Yes ____ No (If no, please complete the next section. If yes, skip to the certifications section below).

MEDICAL EVACUATION INSURANCE

_____ Insurance Company Name _____ Policy Number _____ Telephone Number

_____ Current Address _____ City, State _____ ZIP

MEMBER AND FAMILY CERTIFICATIONS

My/Our signature(s) below indicate an affirmative response to the following statements:

- 1. I and my family accept responsibility for obtaining appropriate immunizations, for any illness or injury that may occur during the mission, including medical evacuation from a foreign country, and agree to bear the complete cost of the same.
- 2. I have in my possession or have applied for the necessary passport and visa(s).
- 3. I have attached a complete budget for my mission and other available literature about the mission.

_____ Applicant Signature _____ Date _____ Parent Signature (if applicant is dependent) _____ Date

FOR LEGACY MISSIONS MINISTRY TEAM USE

_____ Received By _____ Date Received _____

_____ Date Evaluated

____ Funding is approved for the following amount \$ _____.
____ Funding is NOT approved because: _____

_____ Mission Ministry Team Chairman _____ Date