



Washington Crossing United Methodist Church Short-Term Mission Application

2025 Mission Trip Application & Financial Information

Where: Chiang Mai, Thailand
When: August 7-August 22, 2025
Hosts: Chris & Kyunghi Brown

*This application is for those who would like to participate in a short-term mission trip with The Crossing.

- Please review and complete the Mission Trip Application in its entirety before submitting it.
- Please read and sign the following: Code of Conduct, Liability Release Form, and Financial Memo of Understanding and return with your application.
- Submit your medical release form signed by your physician by June 8th (page 9-10 of the application).
- Include a copy of your passport. **Note that your passport expiration date needs to be at least 6 months past the travel date for international travel.**
- Include your **non-refundable** deposit made out to The Crossing by March 2, 2025 or complete online. In the memo line, please write the name of the person going on the trip and the trip name (Thailand). Deposit amount for international trips is \$100.
- Turn in all forms along with the \$100 deposit by March 2, 2025.
- The amount of the trip is TBD. The approximate total cost is \$3500.00 50% of the total payment to The Crossing needs to be paid by April 1st. The remaining 50% of the payment to The Crossing needs to be paid by June 1st.
- You will be required to complete a background check if you are selected to join the team.

email: missions@crossingumc.org

The Crossing
Attn: Mission Trip
1895 Wrightstown Road
Washington Crossing, PA 18977

*Please note: This is a mission trip application form. Once your application has been reviewed, the mission trip leader will contact you regarding your participation on the trip. If you have any questions, please email us at missions@crossingumc.org



2025 Mission Trip Team Member “Code of Conduct” & Commitment

I support the mission statement of The Crossing.

The Crossing is an *apostolic church* where men, women, and children **discover Jesus** and are **developed** in their unique gifts and calling so they can be **deployed** into the harvest, *releasing heaven on earth*.

I appreciate that mission trips are an important part of how we accomplish that purpose. I understand that all who participate in mission trips are expected to observe and adhere to the following standard of conduct during the entire duration of the mission trip. As a participant of an upcoming mission trip, I understand and agree that:

1. I will demonstrate support for group leader decisions. I will pull the leader off to the side to communicate if I disagree with something. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this mission trip.
2. I will respect local customs and cultures. I will adhere to any dress code established for the trip at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
3. I will not leave the team or the vicinity of our work or housing unless directed or allowed to do so by my team leaders.
4. I will abide by any additional guidelines which may be deemed necessary by the team leaders during the trip.
5. I will complete all the pre-work/preparations required for the trip (i.e. passport application, attend team meetings, immunizations). Future meeting dates (all at 12:15 pm at The Crossing, room 308 unless otherwise noted) are as follows:
 - April 13, 2025
 - May 18, 2025
 - June 8, 2025
 - June 22, 2025
 - July 13, 2025 (via Zoom) time TBD
 - July 27, 2025 (via Zoom) time TBD
 - August 3, 2025
6. I understand that my conduct on this mission trip can influence my participation on future mission trips with The Crossing.

PARTICIPANT'S NAME 18 or OLDER
(Please print)

SIGNATURE

DATE

LEGAL GUARDIAN if under 18
(Please print)

LEGAL GUARDIAN SIGNATURE

DATE



2025 The Crossing - Release of Liability

I have volunteered to participate in a Crossing short-term mission trip coordinated by The Crossing. I also understand that my participation in a trip of this nature, includes certain inherent risks and dangers. They include, but are not limited to, personal injury, illness, disease, serious bodily injury, death and/or property damage or loss.

During this mission trip, I could be working on a house building project or projects that may require me to be working at a temporary construction site with hand tools, select power tools, equipment, ladders, scaffolding, and building materials such as wood, sand, cement, wiring, foam, stucco and paint. The quality of the tools, equipment and materials, as well as the condition of the construction site, may not be to the same standard or level of quality as typically used for professional housing projects in the United States.

I acknowledge there are safety, security and public health concerns when traveling on a mission trip. Such concerns include, but are not limited to, criminal activity (which may include violent crimes), unsafe driving conditions, natural disasters, or exposure to infectious diseases.

If I decide to drink any drinking water, or eat any food made available by any of the missions that The Crossing supports during this mission trip, I do so at my own risk. I understand that The Crossing does not guarantee that any drinking water or food it may make available is without risk. Despite such inherent risks and dangers, I am participating in this mission trip at my own risk. I freely accept and fully assume any and all risks and dangers that may arise out of or in connection with this mission trip, whether caused in whole or in part by the negligence or conduct of The Crossing, its subsidiaries or affiliates, or their respective officers, directors, managers, employees, agents, vendors or volunteers.

I am, for myself, my heirs, executors and/or administrators, fully releasing and forever discharging The Crossing, its subsidiaries or affiliates, or their respective officers, directors, managers, employees, agents, vendors or volunteers, from any and all liabilities and claims for personal injury, illness, disease, serious bodily injury, death, property damage or loss which I may sustain arising out of or in connection with this mission trip.

This Release of Liability represents the entire agreement between The Crossing and me with respect to the subject matter set forth above. It supersedes all prior and contemporaneous agreements, communications, representations, or understandings between us. If any provision is determined to be invalid or unenforceable, the remaining provisions will remain valid and enforceable.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST THE CROSSING, ITS SUBSIDIARIES AND AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS AND VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS MISSION TRIP.

PARTICIPANT'S NAME
(Please print)

SIGNATURE

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN- This is required if the above participant is under 18 years of age. I am the parent and/or legal guardian of the above participant. I hereby consent to the above participant's participation in this mission trip. I represent that my consent to this Release of Liability is legally sufficient and no other consent from any other person is required by applicable law.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST THE CROSSING, ITS SUBSIDIARIES AND AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS AND VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS MISSION TRIP.

Father/LEGAL GUARDIAN if under 18
(Please print)

Father/LEGAL GUARDIAN SIGNATURE

DATE

Mother/LEGAL GUARDIAN if under 18
(Please print)

Mother/LEGAL GUARDIAN SIGNATURE

DATE



2025 The Crossing - Financial Memo of Understanding

1. I understand that I am responsible for raising 100% of the funds required for the trip. The money I raise covers travel costs, food, lodging, security, ground transportation, translators and ministry expenses. I am responsible for passport, visas, souvenirs, immunizations, food/drink while traveling to and from the trip destination.
If you are experiencing financial need, The Crossing is able to contribute up to 5–10% of the trip's cost (maximum of \$250). To request assistance, please email us at missions@crossingumc.org.
2. Financial donations made to **The Crossing** mission trip team account are not mine-they belong to God and have been given to **The Crossing** in order to accomplish the mission and work of the church.
3. If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
4. If I do not raise enough money to pay for my trip, I may not be able to go. Funds that I raise can be returned to my supporters or can be applied to the rest of the team.
5. If I raise an amount of money that exceeds my needs, the remaining money will be dispersed to other team members in need or used by The Crossing for other financial needs associated with the mission.
6. In order to comply with the IRS, all checks for support of my trip must be made out to The Crossing. Donors should **write my name and Thailand mission trip in the memo line** of their check. Donors can also give online via <https://pushpay.com/g/crossingumc>
Again, donors should **write my name and Thailand mission trip in the memo line**.
7. If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my mission trip as a disciplinary action, none of the money raised will be refunded to me or any donors.
8. I understand that my participation in this mission trip is contingent on the successful completion and approval of a background check.
9. If you are a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, you will be sent home at your parent's and/or guardian's expense.

I have read the above and agree to the above policies, rules and terms.

PARTICIPANT'S NAME 18 or OLDER
(Please print)

SIGNATURE

DATE

LEGAL GUARDIAN if under 18
(Please print)

LEGAL GUARDIAN SIGNATURE

DATE



The Crossing Mission Trip Application

Last Name:	Passport Number:
First Name:	Passport Expiration Date:
Middle Name:	Country of Birth:
Date of Birth:	Citizenship:
Male: <input type="checkbox"/> Female: <input type="checkbox"/> Status: single <input type="checkbox"/> engaged <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> Spouse Name: _____ Is your spouse supportive of you applying for this trip? Y <input type="checkbox"/> N <input type="checkbox"/>	Emergency Contact Name: _____ Relationship: _____ Phone: _____ Email: _____
Street Address:	
City: _____ State: _____ Zip: _____	
Cell phone: _____	Adult Unisex t-shirt size: __XS __S __M __L __XL __XXL __XXXL
Email: _____	

How did you hear about this trip? _____

Do you attend The Crossing? Y N If not, where do you attend? _____

How long have you attended? _____ Name of Pastor: _____

Can we contact your pastor for personal reference? Y N email: _____

List three other people we can contact for personal reference:

1. Name _____ relationship _____ email _____
2. Name _____ relationship _____ email _____
3. Name _____ relationship _____ email _____

In what areas of the church are you currently serving or have served? _____

Have you previously participated in a mission trip(s)? Y N If yes, list the countries involved, dates, and type of work you did:

Have you or are you currently involved in your church's worship team? Y N

Vocals: Y N Instrument: Y N Would you bring an instrument with you? If yes, please list _____

Are you fluent in any languages other than English? Y N If yes, name language (s):

Please describe any special spiritual or practical skills that may apply to this trip (medical training, worship leading, artistic skills, etc)
.

With regard to financing this trip:
_____ I plan to pay my own way.
_____ I plan to pay part of my way and trust God to provide the balance.
_____ I will need God to provide all of the finances.
_____ I need help learning how to develop my financial support team.

Medical Information

Volunteer projects can be extremely strenuous and stressful. This may include long plane journeys, long rides in the back of a pickup truck or on a bus. Travelers are almost always required to carry their own luggage. Restrooms are not always readily accessible. The food may not be what you are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting location may not have air conditioning. There can be a considerable amount of walking involved in our trip, as well as climbing stairs. Summer months in many parts of the world can be very hot. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel, may provide inadequate care, or none at all.

You will need to submit your medical release statement (page 9) from your physician by June 8th.

Health Questions

Do you have any physical conditions that may limit your participation? Y N If yes, please describe: _____

Are you able to endure rough third world conditions, extreme heat, and a demanding schedule? Y N If not, please describe:

Are you a vegetarian? Y N Are you allergic to any foods or medicines? Y N If yes, which one(s)

*Note: We will do our best to accommodate vegetarian and special diets; however, our options may be limited.

Last Tetanus Shot : _____ Blood Type : _____

What medications are you currently taking, if any or respond N/A:

I declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I authorize The Crossing to verify any and all information provided above.

Sign:

Date:

Getting to know you: (Use additional pages if needed)

Describe your relationship with Jesus.

Tell us a little bit about what God's been teaching you lately:

What is the primary reason you would like to be a part of this particular trip?

What do you hope to take home from this mission experience?



Pre-Participation Physical

This part must be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician's assistant.

Full Name:	DOB:
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You are being asked to certify that this individual has no contraindication for participation in a short term mission trip. Volunteer projects can be extremely strenuous and stressful. This may include long plane journeys, long rides in the back of a pickup truck or on a bus. Travelers are almost always required to carry their own luggage. Restrooms are not always readily accessible. The food may not be what they are accustomed to eating. Fruits and vegetables may not be available or advisable to eat. The housing and meeting location may not have air conditioning. There can be a considerable amount of walking involved in our trip, as well as climbing stairs. Summer months in many parts of the world can be very hot. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel, may provide inadequate care.

Examiner please fill out the following information:

Are there medical restrictions for this individual?		Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, explain _____ _____			
Last tetanus booster _____							
yes	no	allergies/reactions	explain	yes	no	allergies/reactions	explain
		medication				plants	
		food				insect bites/stings	
yes	no	Issue or concern	explain	yes	no	Issue or concern	explain
		eyes				ears/nose/throat	
		lungs				heart	
		abdomen				hernia	
		musculoskeletal				neurological	
		other					
		Does not have uncontrolled heart disease, asthma or diabetes				Has not had an orthopedic injury, musculoskeletal problems or orthopedic surgery in the last year or possesses a letter of clearance from his/her surgeon or treating physician	
		Has no uncontrolled psychiatric disorder				Has had no seizures in the last year.	
		Does not have poorly controlled diabetes.					

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a short term mission trip unless duly noted. Furthermore based on my knowledge and evaluation of this person I am not aware of any emotional or psychological condition which would potentially jeopardize children with whom we will be working during our mission.

Examiner's signature _____ date _____

Provider printed name _____

Address _____ City _____

State _____ Zip _____

Office phone _____