

5TH GRADE 2021 Application



THE ROAD

Faithbridge Missions

APPLICATION CHECKLIST

Name: _____

T-shirt size: _____

Hard Copy	
<input type="checkbox"/>	Completed Journey List
<input type="checkbox"/>	Completed Student Discovery Questions
<input type="checkbox"/>	Completed Parent Reference Form
<input type="checkbox"/>	Completed Medical Release & Over-the-Counter Authorization
<input type="checkbox"/>	Completed Commitment Form
<input type="checkbox"/>	Completed 2021 Road Season Covid-19 Safety Protocols Form
<input type="checkbox"/>	Copy of Insurance Card
<input type="checkbox"/>	\$50 Deposit Check (payable to Faithbridge) Check # _____ *Please include your student's name in the memo line
<input type="checkbox"/>	Parent Email Address: _____ (this will be used to communicate important dates, information, and reminders)
<input type="checkbox"/>	Personal Reference Contacted <ul style="list-style-type: none"> • Contact reference, ask them if they would be your reference for your mission journey, and let them know to be looking for an email from The Road. Your reference can be a mentor, coach, small group leader, etc., but cannot be FSM or Road staff. <ul style="list-style-type: none"> ○ Reference's Name _____ ○ Reference's Email _____ ○ Reference's Cell _____
	I confirm that I have included all of the items above. _____ <div style="text-align: right;">Student Signature</div>

Roadie Recipient Signature (On Application Day!)

JOURNEY LIST

Name _____ Current Grade _____

- Please rank Journeys with a 1, 2, 3, etc., 1 being your first choice, 2 being your second choice, and so on. Place an "X" next to the Journey(s) you are **NOT** able to go on. Please do not leave any Journeys unmarked.

EXAMPLE		
1	Journey 1	June 22-July 5
X	Journey 2	July 6-15
2	Journey 3	July 17-26

COST	RANK	JOURNEY	DATES	MANDATORY SUNDAY TRAININGS
\$200	_____	Hunger 1	June 7 – 11** 8am-5pm	4/18, 5/16 12:30-2:30pm
	_____	Hunger 2	June 14 – 18 8am-5pm	4/18, 5/16 12:30-2:30pm
	_____	Hunger 3	July 19 – 23 8am-5pm	4/18, 5/16 12:30-2:30pm

**Faithbridge VBS week

In addition to your *mandatory* Sunday trainings, you AND your parents will also need to watch the Goer Orientation Meeting (2/14 – 4pm Online) and attend Missions Sendoff (5/23 during services).

Please provide a brief explanation (dates, cost, etc.) for any Journeys and Sunday trainings you are **not** able to attend. _____

APPROVED PICKUP

Please provide the name and phone number for all who are authorized to pick up your student from team trainings and each day of their mission journey. _____

STUDENT DISCOVERY QUESTIONS

Please complete the following questions, answering them as honestly as you can, so we can get to know the real you and form teams according to what is most beneficial to you!

1. Do you have a personal relationship with Jesus? _____

If your answer is "No," please understand that a "no" answer does not disqualify you from a mission journey with us!

2. What has led you to a relationship with Christ? Tell your story. _____

3. How does God impact your life? _____

4. Why do you want to go on a mission journey? _____

5. What do you love to do? What gifts and talents has God given you? _____

6. Please list one of your strengths and one weakness. _____

7. How do you hope to grow this year? _____

PARENT REFERENCE FORM

Student Name: _____

We would appreciate your candid response to the following questions to assist us in knowing your student better. Along with the rest of the application, this helps us to evaluate and process where God might have him/her this summer.

Parent(s) Name: _____

1. What are your thoughts about your child going on a Mission Journey? (hopes, fears, reservations, etc.) What do you hope your child gains/learns by going on a Mission Journey? _____

2. Where do you feel your child is in his/her relationship with God? _____

3. What strengths does your child have that would complement a team? _____

4. What 3 adjectives best describe your child? Explain, if necessary. _____

5. What do you notice when he/she interacts with new people? _____

6. When conflict arises, how does your child respond? (with peers and adults) _____

7. When/where does your child thrive? _____

8. What else do we need to know about your child to best care for him/her? (food allergies, medical history, special needs, disabilities, etc.) _____

MEDICAL RELEASE AND WAIVER

Participant's Name _____ M F DOB ___/___/___

Address _____ City _____ Zip _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Parent/Guardian Name _____ Email _____

Person(s) to be contacted in emergency: _____ Phone _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy/Group ID # _____

Insurance Co. Phone _____

Medical Information (if any) that Adult Supervision should know: _____

I, _____, the parent/guardian of _____, grant permission for him/her to participate fully in one of the following events:

- 2021 Missions Journey (hereafter referred to as "Activity").

RELEASE

In consideration of participation in the Church Activity, I agree, on behalf of the above named Participant, his/her heirs and representative, to fully and forever release, Faithbridge Church, its staff, officers, elders and trustees, volunteers, host homes, agents and employees (hereinafter collectively referred to as "Church") from any and all liability, claims, demands, damages, actions, or causes of action, whatsoever, belonging to my participant or me arising out of or relating to the Activity, regardless of cause, even if such cause is the result of Church negligence. This release covers everything that happens from the time I leave my participant at the Church until I pick him/her up at the Church or designated pick-up location (including but not limited to trainings, HS Work Crew Weekends, and all mission trip activities and related travel in this season).

CONSENT

To the best of my knowledge, the above-named participant can fully participate in this Activity. I am aware of the risks and hazards connected with the Activity and I hereby elect to allow my participant to voluntarily participate in said Activity, knowing that the Activity may be hazardous to my participant. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by my participant or any loss or damage to property owned by me or my participant, as a result of my participant being engaged in such Activity, regardless of who caused the damage.

HOLD HARMLESS

It is my express intent that this release and hold-harmless agreement shall bind me, my heirs, assigns and personal representatives, the members of my family, and spouse (if any), and that it shall be deemed as a release, waiver, discharge and covenant-not-to-sue the Church. I hereby further agree to defend and indemnify the Church for any claim asserted or action brought against the Church arising out of or relating to my participant's participation in the Activity, including but not limited to the Church's attorneys' fees. I hereby further agree that this waiver of liability and hold-harmless agreement shall be construed in accordance with the laws of the State of Texas.

MEDICAL COSTS

I understand and agree that the Church will not be responsible for any medical costs associated with any injury my participant may sustain.

RULES AND REGULATIONS

My participant and I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

INSURANCE

I hereby acknowledge that my participant has adequate health and accident insurance to cover any personal injury to my participant that may be sustained during the Activity. If you do not have adequate health insurance, you agree that you, personally, will be responsible for any medical expenses incurred.

MEDICAL TREATMENT CONSENT

I hereby further authorize, in advance, any necessary medical treatment required by the above-named participant while in attendance at this Activity. I hereby give permission to the medical personnel to order injection and/or anesthesia and/or surgery for my participant as named above. I further agree to assume responsibility for the costs of any specialized evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also acknowledge that I have/will notify the Church's staff of any special medical needs or information required by the above-named participant.

INFORMED AGREEMENT

I have reviewed this Agreement and am aware of the risks involved in participating in the Activity and the possible injuries that may occur. I freely and voluntarily agree to allow my participant to voluntarily participate in the Activity. In signing this Agreement, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. The Church has not made any oral representations, statements or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for the Activity will be enforced and any violation by my participant may result in a collect call to me with a possible request to come and pick up my participant.

COVID 19

The World Health Organization has declared COVID-19 a worldwide pandemic. I recognize the contagious nature of COVID-19 and understand that the Activity carries a risk of contracting COVID-19. I do not hold Faithbridge Church and/or any of its associated participants responsible in the event that the above-named participant and/or any family member were to contract COVID-19 while participating in the Activity. By signing below, I agree to indemnify, defend, and hold harmless Faithbridge Church against all expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against the released party due to injury, loss, or death from or related to COVID-19. In addition, my participant will not participate in the Activity if he/she was diagnosed with and/or was directly exposed to someone with COVID-19 within the 14 days prior to the Activity or if he/she has shown symptoms of COVID-19 (consisting of, but not limited to: fever, cough, shortness of breath, loss of taste) within the 14 days prior to the Activity. My participant agrees to inform the Activity leader immediately if he/she begins to experience COVID-19 symptoms while participating in the Activity. I understand that my participant serves in the Activity at their own risk and willingness.

Adult/Legal Guardian's Signature: _____ **Date:** _____

OVER-THE-COUNTER MEDICATION AUTHORIZATION

Student's Name: _____ Date of Birth: _____

Student's Current Age: _____ Current Weight: _____

Student is currently taking prescription medication(s) Yes No

Student has asthma (use of inhaler - scheduled or rescue) Yes No

Allergies (latex, seasonal, insect bites, etc.) _____

Food Allergies or Intolerances _____

I permit my student, _____, to take/use the following over-the-counter medications (or their generic equal) according to manufacturer's directions, should my student report a minor complaint to one of the journey's leaders (i.e., headache, muscle pain, stomachache, small cuts, blisters, sunburn, etc.). All medications are to be dispensed by an adult journey leader.

Below is a list of the available over-the-counter medications.

INITIAL the medications that your student IS PERMITTED to take:

- Tylenol _____
- Advil _____
- Head/Cold Congestion Relief _____
- Anti-Diarrheal _____
- Benadryl/Antihistamine _____
- Dramamine _____
- Aloe Vera _____
- Sunscreen _____
- Pepcid/Tums _____
- Cough Drops _____

Adult/Legal Guardian's Signature: _____ Date: _____

COMMITMENT FORM

Read through the commitment you are making as a parent and student by applying for a mission journey, so you can be all in! These expectations are written from our experience with seeing students grow through the servant-leadership development offered through the Road. Know that our desire is for you to get the most out of this season that we believe God has for you in your relationship with Him and others.

EXPECTATIONS FOR PARTICIPATION

- Attending all training sessions with the team prior to the journey
- Understanding and respecting that approval must be obtained ahead of time in order to miss a meeting
- Handling any and all medical needs/immunizations prior to the journey
- Raising prayer and/or financial support
- Paying my balance due for my journey or, before the deadline to pay, meet with Road staff to discuss a payment plan.
- Maintaining Christ-like character and behavior
- Praying for my team and our impact before, during, and after the journey
- Submitting to the authority of my leaders
- Valuing and supporting unity of the team
- Maintaining a flexible and servant-hearted attitude

CANCELLATION PROCEDURE

- Under the event that I am no longer able to attend my journey by choice, I must contact The Road stating the reason I no longer wish to participate in the journey.
- I must contact supporters informing them of my decision and inform them that support will go towards others on the journey.
- Expenses are incurred in advance for my participation in these journeys; therefore:
 - For journeys in June, cancellation must occur before April 1 in order for me not to incur additional costs,
 - For journeys in July, cancellation must occur before May 1 in order for me not to incur additional costs.

JOURNEY GUIDELINES

- For medical expenses incurred during the journey:
 - Receipts will be obtained and given to the parent(s) upon return.
 - Reimbursement to Faithbridge must take place as quickly as possible.
 - Filing claims with my insurance company is at my discretion and will not be done by Faithbridge or its staff.
- If my behavior is deemed unacceptable by Faithbridge's staff or its journey leaders, I will be removed from the team or sent home at my parents' expense.
- I agree to have my name (student's) posted on the Faithbridge website from February 7 at 5pm through February 9 at 5pm for team formation decisions.

COMMITMENT AGREEMENT

My Parent/Legal Guardian and I have fully read and agree to the above participation expectations, cancellation procedure, and journey guidelines.

Student Name _____ Student Signature _____

Parent Name _____ Parent Signature _____

2021 ROAD SEASON COVID-19 SAFETY PROTOCOLS

TRAINING SEASON

- Training season will be on campus, following the same Sunday protocol in place at Faithbridge.
- We will not have our traditional sandwich building stations, but instead opt for pizza to be eaten in individual breakout spaces to allow for distancing.
- Team building games will be restructured to allow for distancing or omitted.
- We will order The Road branded masks to have on hand should anyone forget or need an extra.

PRE-JOURNEY

- We will ask Goers on overnight Journeys to quarantine for 1 week prior to their Journey.
- We will require a negative test result within 36 hours of departure.
- We will reiterate that after their test, Goers are required to strictly quarantine until their departure date to mitigate as much potential for exposure as is possible.

Why do we go to all of this trouble?

- By quarantining and testing, we will create 'bubbles' within our teams.
- Knowing our teams are COVID free prior to departure will allow for Goers to let their guard down on their journey, but **only when not exposed to people outside of their teams.**
 - o Examples of times that masks will not be required are as follows:
 - Van rides
 - Sleeping
 - Team Time
 - Other times when teams are isolated from anyone not part of their Journey.
 - o Masks will **absolutely** be required during ministry hours with our partners, on work site, and in any public place where potential exists to encounter anyone who is not a part of the team.
- By quarantining and testing, we hope to build trust with the families of Goers. These actions communicate a great deal of thought and care for their Goers. Overall- it says that we want this season to be as "normal" as possible, while not compromising the safety of our teams or those who we are ministering to.

ON SITE

- Before anyone gets in a van to depart for their site, they will answer screening questions and have temperature taken and recorded.
- A rapid testing site will be identified on each site before departure.
- Should a Goer exhibit any COVID symptoms, the following will happen immediately:
 - o The ill Goer will be taken to receive a COVID test.
 - During this time, the rest of the team will stay put. We will contact our partners and let them know that we will not be on site until we have results.
 - o If the test is positive...
 - The Journey is over.
 - Goer's parents will be notified and will have 24 hours to be on site to pick up their student. The parents will receive a \$200 United travel voucher.
 - The remaining Goers will be tested. Any positive cases will be treated as outlined above.
 - Goers testing negative will be immediately driven back to Spring.

- If the test is negative...
 - Treat student that is ill and continually monitor symptoms.
 - If the situation progresses, or new symptoms emerge, we will repeat the process outlined above.
 - The Journey continues.

OTHER PRECAUTIONS:

- Interns will be quarantined and tested at the beginning of each Summer Session.
 - This is at the beginning of the summer, and then again in July following our disorientation week.
- On site, temperatures will be taken each morning and recorded by our site staff.
- All teams will avoid airports. We will utilize 12 passenger and mini vans to travel. (vehicle type depends on the journey. If you are going out of state, you will be in a minivan.)
- Interns will fly from site to site, as necessary, and always following safety guidelines.
- Goers on our 5th/6th grade day trips will mask for the entirety of their journey, as we cannot control what happens at night when they are in the care of their families. The same screening questions and temperature check requirements apply, but these teams will not be required to quarantine or test prior to Journey dates.

*ALL PROTOCOL IS AS OF January 13, 2021 AND IS SUBJECT TO CHANGE.

My Parent/Legal Guardian and I have fully read and agree to the above 2021 Road Season Covid-19 Safety Protocol.

Student Name: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____