

## Lomas Bonitas Mission Trip Information

We are so excited that you are exploring participating in our upcoming mission trip to Mexico to partner with our church partner in Lomas Bonitas! Here you will find everything you ever wanted to know (or close) about this trip:

We'll minister alongside *Iglesia Jehovah Jireh* in Lomas Bonitas to reach their community through children's ministry and the construction of a learning center on the church grounds.

We'll stay and eat in a nearby hotel, travel to our ministry site daily and experience what God is doing in this community as we give of

Dates: June 10 – June 17, 2023

Cost: \$675/person (plus passport, immunizations, etc.)

Sat, 6/10	Depart RMCC
Sun, 6/11	Arrive @ Lomas Bonitas
Mon, 6/12-Fri 6/16	Ministry & Construction projects
Sat, 6/17	Return to RMCC

**Don't miss these important times together for training and team-building!**

January 29 @ 12:15 – 1:15 pm

February 19 @ 1-2:30 pm

March 19 @ 1-3 pm

April 16 @ 1-3 pm

May 7 @ 1-3 pm

June 4 @ 9 am & 10:45 – Prayer in Worship Services

June 9 @ Time TBD – Packing & Prayer

\*Fundraising Dinner Date TBD

### Getting your passport:

- Must have a valid passport that is good for 6 months past date of return (Dec 17, 2023)
- Go to <https://travel.state.gov/content/travel/en/passports.html> for info
- Get photo taken at post office, Walgreens, UPS Store, etc.
- Complete and send in passport application ASAP
- Approximately \$165 for new passport book to be processed

### Vaccinations & Medications:

[wwwnc.cdc.gov/travel/destinations/traveler/none/mexico](http://wwwnc.cdc.gov/travel/destinations/traveler/none/mexico)

## Raising Support & Payment Schedule

We understand that this trip comes at a cost to you. In addition to the participant cost, we need to raise approximately \$70,000 for materials to build the learning center. Even so, we believe that God will raise up his church to send our team on this mission trip.

We encourage you to send support letters to family and friends inviting them to join in what God is doing through you on this trip. Even if you are able to pay the full amount of the trip, please send letters to build up a prayer team and invite financial support for your fellow team members.

Don't worry, we'll set you up with a template. In addition to support letters, you will be expected to participate in fundraising for the construction project (more details to come on this).

\$100 non-refundable deposit due immediately to secure your space

March 26 - \$300 total support raised

April 23 - \$500 total support raised

May 21 - \$675 total support raised/paid in full

[Payment notes](#)

More information will be coming in our team meetings and trainings.

Above all, please bathe the preparation and our trip to minister in Mexico in prayer. Pray that God's Spirit will bond us together as a team and prepare our hearts to be fully open to serving our ministry partners and growing into the life God created us for.

Don't hesitate to contact us if you have any questions.

Melanie Adams – [madams@ranchomurieta.org](mailto:madams@ranchomurieta.org); (916) 806-9742

Doug Adams – [dadams@aclawyers.com](mailto:dadams@aclawyers.com); (916) 799-0792

Pastor Luke Eldredge – [luke@rmchurch.org](mailto:luke@rmchurch.org); (856) 364-0946

Pastor Phil Fuller – [phil@rmchurch.org](mailto:phil@rmchurch.org); (916) 354-0401

RANCHO MURIETA COMMUNITY CHURCH

TODAY'S DATE \_\_\_\_\_

## MEXICO MISSIONS TRIP – LOMAS BONITAS

JUNE 10 – 17, 2023 – COST \$675/PERSON

APPLICATION DUE FEBRUARY 5, 2023

THIS TRIP IS AN OPPORTUNITY TO JOIN GOD ON MISSION BY SERVING OTHERS, SHARING THE GOSPEL, AND EXPERIENCING HOW GOD IS WORKING AROUND THE WORLD.

### PERSONAL INFORMATION

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

- Share briefly about your understanding of God/relationship with Jesus.
  
- How has God been teaching you or moving in your life lately?
  
- What excites you most about ministering to those in Mexico?
  
- What concerns do you have about ministering in a different culture, across the border, among people who don't speak your language?

- What gifts, skills, or abilities can you contribute as a team member? What other service experience do you have?
  
- What do you see as your strengths?
  
- What do you see as your weaknesses?
  
- What questions or concerns do you have about this mission trip?

Please list 2 references other than family members:

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

# TEAM MEMBER COMMITMENT

- I will be flexible in my attitude, actions and circumstances as I participate in Christ's purposes being carried out through the team.
- I will attend all team trainings and meetings and complete any responsibilities assigned. If I need to miss a meeting due a previous commitment, I will communicate with leaders ahead of time.
- I will strive to be a godly example in work, words, deeds and dress.
- I commit to maintaining a positive attitude and servant's heart as member of this team.
- I realize we are entering into another culture as guests and our purpose is to serve our church partner. I will show respect to our hosts by assuming a posture of learning and respect for their customs and culture so that we might exhibit the genuine love of Jesus Christ.
- In order to reflect the best possible image of Christ, I will refrain from drinking alcoholic beverages and using drugs or tobacco on this trip.
- I will stay with the group and not travel anywhere without another team member, unless given express permission from the team leaders.
- I will minimize media use (phone, music, TV...) in order to focus on service and relationships, and to clear space to experience all that God has in store for me.
- I will keep my focus on serving Christ throughout this trip and maintain non-romantic relationships with team members and nationals as brothers and sisters in Christ (aside from my relationship with my spouse), and will respect our host culture's values for appropriate interaction.
- I will contribute to unity on the team, creating an environment where others are encouraged and refraining from any remarks that may hurt, tear down, or undermine others. If a conflict arises, I will be quick to forgive and give grace, inviting leaders to bring resolution if needed.
- I will be accountable to and honoring of team leaders.

I affirm that the information contained on this application is true and I will, by God's grace meet these expectations as a member of this team.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

(If participant is a minor)

I affirm my son/daughter's commitment to this team and will enable them to meet these expectations as a member of this team.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



# MEDICAL INFORMATION & PARTICIPATION AGREEMENT

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(If Participant is a Minor)

Parent Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

In emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is sponsor authorized to approve medical treatment? YES NO

## **HEALTH HISTORY**

LAST TETANUS SHOT \_\_\_\_/\_\_\_\_/\_\_\_\_\_

ALLERGIES (insects, medications, food, etc.):

CHRONIC CONDITIONS OR MEDICAL PROBLEMS (Epilepsy, Diabetes, Asthma, Heart Conditions, Sleep Disorders, Depression, etc.):

PHYSICAL LIMITATIONS OR RESTRICTIONS (i.e. walking distances, athletics, etc):

If you have any health issues please give details (include normal treatment instructions):

## **INSURANCE**

Part of our team expense is traveler's insurance, but it is only minimal coverage. If you have medical insurance, your carrier will be billed for any medical charges in the case of illness or injury not covered by the traveler's insurance.

Place of employment \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

# PARTICIPATION AGREEMENT

**Name of Sponsor's Coordinator:** Phil Fuller

Telephone: 916-354-0401

**Activities include but are not limited to:** driving, riding in vehicles, crossing border into Mexico, running, jumping, playing, swimming, eating, playing games and others

**Dates and location of activity:** June 10 - 17, 2023

I acknowledge that participation in the activity described above involves known & unknown risks to the Participant (and to the Participant's parents or guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, exposure to COVID-19, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent / guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the Activity as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsor".) Further, the Participant (or parent / guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent / guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (if minor): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (if minor): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Medication Administration Record for Rancho Murieta Community Church

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Trip Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Staff will fill out the boxes below with the following information:**

**A=** Administered medication **R=** Refused Medication **S=** Skipped for medical reasons  
 Please write letter code, time, and your initials in box each time medication is given.  
 Please notify the RN when medication dose was missed.

	SUN Date	MON Date	TUE Date	WED Date	THUR Date	FRI Date	SAT Date
<b>Parents, Please fill out the boxes below:</b>							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							
Medication: _____ _____ Dosage: _____ Frequency: _____ Comments: _____							

1. Please place medications in a Ziplock bag, clearly labeled in permanent marker with student's name.
2. Medications must be in original labeled bottle with doctor's written directions. No loose or combined pills.
3. Asthma inhalers and epi pens should stay with the student.
4. Primary medication dispensing times will be at each meal, unless otherwise specified by a doctor.

Parent Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_



# Mexico Parental Consent

This form is mandatory for minors under 18 at time of departure.

**Once accepted to the team**, please complete this form and sign in the presence of a Notary Public.

To Whom It May Concern:

I/We do hereby give permission for my son/daughter

\_\_\_\_\_ (Full Name as it appears on passport) to  
travel to \_\_\_\_\_ (Team destination) for the dates of  
\_\_\_\_\_ (dates of mission) with  
\_\_\_\_\_ (Team Leader) acting as his/her guardian. This  
consent also applies to any emergency or other medical treatment that is deemed  
necessary.

Signatures of BOTH Parents/Custodians:

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of  
\_\_\_\_\_ in the year \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Signature & Seal of Notary Public: