



# Impact Trip Process & Application

## 1. Apply for an Impact Trip

Choose a domestic or international destination. There are opportunities for adults, students, community groups, families, medical professionals and more. For current opportunities visit: <https://Cornwall.servicereef.com/events>

## 2. Meet your team

You'll take your Impact Trip journey with a team of people who will collectively plan the trip activities, leverage each person's gifts, grow through personal connection, and share the entire experience.

## 3. Invite others to support you.

You'll learn how to invite people into your journey through financial contributions and prayer.

## 4. Go serve

You'll make a difference by serving many of our under resourced and marginalized neighbors locally and around the globe.

## 5. Process your experience

When you return, you'll reflect on your experience and explore options for personal next steps.

**In response to God's incredible love (Phil 2:1), we are...**

**Tight with the team:** As we relationally connect with others with humility and vulnerability, we become closer and aspire to move into the lives of others. Phil 2:2

**Serious about serving:** As a servant-disciple of Jesus Christ, we go and adopt a servant's heart with those around us. Phil 2:3

**Enhance the partnership:** When Cornwall connects with any of our partners, we desire to positively impact that partner. We are all about helping our partner accomplish the mission. Phil 2:4

# Impact trip Application and Financial Policy Agreement

**Destination:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ (if known)

Team Leader(s): \_\_\_\_\_ (if known)

Your Full Name (as shown on passport) \_\_\_\_\_

Nickname \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ T-shirt size (circle one): S M L XL 2XL

If traveling internationally you must have a valid passport that does not expire within the next **six months** after your trip date. Please select one of the following:

Yes, I have a valid passport

I am currently working to obtain a valid passport

I am not traveling outside the United States.

Describe your health (circle one): Excellent Good Average Fair Poor

Are there any health conditions, allergies or limitations we should be aware of? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any special needs when traveling? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please provide the following Emergency Contact information:**

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Describe how you came to know Jesus Christ: \_\_\_\_\_

\_\_\_\_\_

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Describe your current relationship with God: \_\_\_\_\_

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Why do you believe God is calling you to this Impact trip? \_\_\_\_\_

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Have you ever been to a third world country or had any cross-cultural experiences? If so, tell us about it (when, where, with whom): \_\_\_\_\_

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What expectations do you have related to this Impact trip? \_\_\_\_\_

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If you were selected for this trip, how do you feel you would benefit the team? \_\_\_\_\_

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Tell us about your special skills, gifts and talents (i.e. photography, music, carpentry, etc.):

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Please read through the following financial policy and liability release carefully and indicate your agreement by initialing and signing in the spaces provided.

## Impact Trip Financial Policy

### **COST:**

The cost per person generally includes: Airline tickets, all accommodations (lodging), food, tips, taxes, all transportation (taxi, bus, etc.), departure tax and visa. It does NOT include cost of passport, medications or immunizations, personal items, or spending money.

### **DONATION OF FUNDS:**

1. Funds donated by individuals or agencies (check, cash or credit card) should be made payable to Cornwall Church. Using the cream missions envelopes, designate the name of the short-term mission location and the team member. Or donated online through <https://cornwall.servicereef.com/>.
2. Contributions for Impact trips or to individuals going on an Impact trip are **Tax Deductible and Non-Refundable**.
3. For tax reporting purposes, financial contributors must include their address to Cornwall.
4. Mail or hand-deliver donations, ATTN: Cornwall Church Treasurer, to ensure credit to the proper account.
5. In the event a team member cancels their team participation, funds will be retained by Cornwall Church.

### **LETTERS SOLICITING SUPPORT:**

**You may submit request for Financial Support to outside sources, work friends, family friends, businesses and other organizations. All written requests must include the following statement:**

*All donations are to be made payable to Cornwall Church. Because these gifts are **tax-deductible**, they are **non-refundable** according to the IRS. Funds will be used for airfare, lodging, transportation, projects and other expenses related to our team's trip. Mail gifts to Cornwall Church, 4518 Northwest Drive, Bellingham, WA 98226 using the enclosed cream envelope. Or donated online through <https://cornwall.servicereef.com/>.*

NOTE: Cornwall Church cream deposit envelopes can be picked up at the church office.

### **FUNDRAISING:**

You may participate in fundraising to raise money for an Impact trip provided you observe the following criteria:

1. Do not hand out, post, or mail flyers of any kind to church members or on church property without approval of the Go and Be Pastor.
2. You may fund-raise in the name of Cornwall Church Impact team to your Impact trip location.
3. You may do garage sales, car washes, etc. All fundraisers must be coordinated through your team leader and approved by the Go and Be Pastor.

# Liability Release

If accepted as a member of this Impact trip, I agree to:

1. Release and discharge the organizations and individuals which helped make these arrangements, including Cornwall Church, their agents, employees, officers, and volunteers, from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have against these organizations, their agents, employees, officers and volunteers, and their successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of this journey. ***I intend to be legally bound by this statement.***
2. Acknowledge that by engaging in this journey, I am subjecting myself to certain risks voluntarily, including and in addition to those risks that I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities.

My completed and signed application indicates my desire to participate in this Impact trip and my agreement to the related Cornwall Church policies. As a mission representative of Cornwall Church, I have read and understand the Liability Release and Impact trip Financial Policy, including the policy on donation of funds, soliciting funds and fundraising and agree to follow stated guidelines.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian must sign if applicant is under 18 years old.  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact Go & Be Director, Melissa Richey, with questions or concerns at 360.733.2150 ext. 3012 or [melissar@cornwallchurch.com](mailto:melissar@cornwallchurch.com). Please submit your application to the church office at 4518 Northwest Drive, Bellingham, Washington, 98226, Attn: Melissa Richey

Note: All forms and further information can be found on the ServiceReef website at [Cornwall.servicereef.com/events](http://Cornwall.servicereef.com/events)

Department \_\_\_\_\_  
Pastor/Director \_\_\_\_\_

**REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43.830 THROUGH 43.43.845**

<b>APPLICANT OF INQUIRY</b> (Please provide as much information as possible; name and date of birth are mandatory)		
Applicant's Name: _____		
Last	First	Middle
Alias/Maiden Name(s): _____		
Date of Birth: _____	Sex: _____	Race: _____
Month/Day/Year		
Social Security Number: _____	Drivers/Lic. Number/State: _____	/_____
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.		

**Background Investigation Disclosure Statement**

Pursuant to the requirements of RCW 43.43.830-844 as amended 2005 Washington Legis. Serv. Ch. 421, we must ask you to complete the following disclosure statement:

**NOTICE:** Cornwall Church may make an inquiry with the Washington State Patrol and/or an equivalent inquiry to a federal law enforcement agency. Pursuant to RCW 43.43.834(5) this information will be kept confidential. Cornwall Church will provide you with the law enforcement agency's response within ten (10) days of receipt of that response as required by RCW 43.43.834(4). A conviction record is not necessarily a bar to acceptance.

Have you ever been convicted of a crime?  yes  no  
If your answer is "yes" please describe and provide the date(s) of conviction(s) and the sentence(s) imposed: \_\_\_\_\_  
\_\_\_\_\_

Have findings been made against you in any "civil adjudicative proceeding" as defined in RCW 43.43.830?  yes  no  
The definition of "civil adjudicative proceeding" is defined as follows: "Civil adjudication proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudication proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded to him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.  
If your answer is "yes" to any of the above, please describe and provide the date(s) of all such findings and/or upheld findings: \_\_\_\_\_  
\_\_\_\_\_

Has your permanent residence been in the State of Washington during the past 12 months?  
 yes  no  
List the state(s) with the county you have resided in since your 18<sup>th</sup> Birthday: \_\_\_\_\_  
\_\_\_\_\_  
*(Use the reverse side if needed)*

*To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give permission for an authorized representative of Cornwall Church to conduct a state patrol criminal background check in accordance with RCW/or an equivalent inquiry to a federal law enforcement agency and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release Cornwall Church and those individuals/institutions that provide information from any liability that may arise from the provision of this information.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_