

# 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	e:
Mailing Address:		
	Birthdate	
Occupation	T-shirt size (circ	le one): S M L XL 2XL
If traveling internationally	you must have a valid passport that d	oes not expire within the next
six months after your trip of	date. Please select one of the following	ng:
Yes, I have a valid pass	port	
I am currently working	to obtain a valid passport	
I am not traveling outs	ide the United States.	
Describe your health (circle	e one): Excellent Good Average	Fair Poor
Are there any health condi	tions, allergies or limitations we shou	ld be aware of? Yes/No
If yes, please explain:		
Do you have any special ne	eeds when traveling? Yes/No	*
Please provide the followi	ng Emergency Contact information:	
Name:	Relations	hip:
Primary Phone:	Secondary Phone:	
Email address:		
Describe how you came to	know Jesus Christ:	<del></del>



Describe your current relationship with God:
Why do you believe God is calling you to this Impact trip?
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):
What expectations do you have related to this Impact trip?
If you were selected for this trip, how do you feel you would benefit the team?
Tryou were selected for this trip, now do you reer you would benefit the team.
Tell us about your special skills, gifts and talents (i.e. photography, music, carpentry, etc.):



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:**

- Funds donated by individuals or agencies (check, cash or credit card) should be made payable to <u>Cornwall Church</u>. 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, <u>ATTN: Cornwall Church Treasurer</u>, 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 <a href="https://cornwall.servicereef.com/">https://cornwall.servicereef.com/</a>.

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:

- Fundraising on Cornwall Church property must have approval of the Go and Be Pastor.
- 2. 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.
- 3. You may fund-raise in the name of Cornwall Church Impact team to your Impact trip location.
- 4. 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 Pastor, Mike Ford, with questions or concerns at 360.733.2150 ext. 3006 or <a href="mikef@cornwallchurch.com">mikef@cornwallchurch.com</a>. Please submit your application to the church office at 4518 Northwest Drive, Bellingham, Washington, 98226, Attn: Mike Ford

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



	DepartmentPastor/Director
REQUEST FOR CRIMINAL HISTORY INFORMACHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845	ATION

Last as/Maiden Name(s):	First	Middle
te of Birth: Se.	Rece	
Month/Day/Year cist Security Number:	Orivers/Lic. Number/State	,
Secondary dissemination of this criminal history re-	cord information response is prohibited	unios in compliance with etatute
ckground investigation Disclosure	Statement	actions in complainte mas statuto.
rsuant to the requirements of RCW 43,43,830	-844 as amended 2005 Washingto	n Legis. Serv. Ch. 421, we
ist ask you to complete the following disclosur	e statement:	
TICE: Cornwall Church may make an inquiry	with the Washington State Patrol	and/or an equivalent inquiry
a federal law enforcement agency. Pursuant to rnwall Church will provide you with the law en	o RCVV 43.43.834(5) this information	on will be kept confidential.
it response as required by RCW 43.43.834(4)	A conviction record is not necess	in ten (10) days or receipt or
	THE STATE OF THE S	arily a bal to acceptance,
Have you ever been convicted of a crime	e? yes no	
If your answer is "yes" please describe and p	provide the date(s) of conviction(s)	and the sentence(s)
imposed:		
Have findings been made against you in	any "civil adjudicative proceedi	no" as defined in RCW
43.43.830? yes no	any orm asjamounta proceed	ing ad dollines in receive
The definition of 'civil adjudicative proceeding	g" is defined as follows: "Civil adjudic	ation 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 e chapter 13.34, 26.44, or 74.34 RCW, or rule	xploitation of linancial exploitation of a	child or vulnerable adult under
proceeding also includes judicial or admir	nistrative orders that become final di	ie to the failure of the alleged
perpetrator to timely exercise a right afford	ed to him or her to administratively	challenge findings made by the
department of social and health services or ti rules adopted under chapters 18.51 and 74.4	he department of health under chapter	13.34, 26.44, or 74.34 RCW, or
If your answer is "yes" to any of the above, p	iz recvi lease describe and provide the dat	e(s) of all such findings
and/or upheld findings.	addo decembe cita provide ale de	o(a) or all secon interings
Lies vous someones and and the section is		
rias your bermanent residence been in t		
1/96 50	he State of Washington during t	he past 12 months?
yes no		
yesno List the state(s) with the county you have res		
yes no		
yes no		
yesno List the state(s) with the county you have res  To the best of my knowledge, the information herein is t	ided in since your 18 <sup>th</sup> Birthday:	(Use the reverse side if needed)
yesno List the state(s) with the county you have res  To the best of my knowledge, the information herein is t dismissel as a volunteer. Further, I give permission for a background check in accordance with RCW/or an equiv	ided in since your 18 <sup>th</sup> Birthday: rue and complete. I understand that falsifice in authorized representative of Cornwell Cf	(Use the reverse side if needed) ation of this application is grounds for wrch to conduct a state patrol crimine
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