

Family Mission Trip to Ensenada, Mexico

July 1-6, 2012

Sponsored by Faith Alive 365 & Bayside West Community Church

Go on a vacation with a purpose! The Ensenada Family Mission Trip is designed to provide a fun, safe and life-changing mission experience for the entire family ages 5 and up! It's an incredible opportunity for even young children to learn that we can truly make a difference in the world when we step out in faith and let God use us. Create strong family memories as you and your kids experience the power of God while serving in another culture.

Who can go?

Anyone with a desire to serve with their family for one week in Mexico. We recommend that children be at least 5 years of age.

What will we do there?

Our main ministry will be leading a morning Vacation Bible School program for a local church in Ensenada, involving Bible lessons, dramas, singing, recreation and crafts. Adults and teens will lead various parts of the program (with the help of an interpreter) while younger kids will be helpers and/or participate. In the afternoons we'll do work projects at our host camp that will include kid-friendly opportunities.

What is the schedule?

We arrive in Ensenada on Sunday afternoon, July 1 and leave on Friday morning, July 6. Monday through Thursday we will do the children's ministry in the morning and small work projects and free time at our host camp in the afternoons. At least one afternoon we will go to the beach or explore downtown Ensenada. In the evenings we will gather for an evening program and prep for the next day.

Who will be our host?

Rancho Agua Viva will host us. RAV is a Christian camp outside of Ensenada, as well as a leadership school for training pastors who serve throughout Mexico. They have decades of experience in providing mission experiences for Americans.

What are the accommodations like?

We will stay in quads that have four private rooms connected to a common area. Each room has its own bathroom and shower and can sleep up to seven in bunk beds, with one bunk having a double bed on the bottom.

What is the weather like?

Ensenada is similar to San Diego, with averages temps between 75-85 degrees, and on the coast.

What is the food like?

Fantastic! We'll eat authentic Mexican meals for breakfast and dinner (there is always a peanut butter and jelly option for meals your kids might not like). Lunches are a choice of cold-cut sandwiches or peanut butter and jelly with chips and cookies. (Not quite fantastic, but still good).

Who will be leading this trip?

Pastors Phil & Linda Sommerville will lead the trip. They have extensive ministry experience and have led three previous, very successful, Family Mission Trips to Ensenada. Phil and Linda have two sons ages 15 and 13, and took them on their first mission trip when they were only 9 and 7 years old.

Will there be training? Yes, there will be training, but the details are still being worked out.

Do I need to speak Spanish?

No, but if you can that's really helpful. We need people capable of being interpreters and can offer discounts to those willing to interpret.

What are the costs?

Early Bird Rate (\$250 Nonrefundable deposit and registration form by Nov. 1)

\$350 for adults

\$270 for children (ages 3-12)

Regular Rate (\$250 Nonrefundable deposit and registration form due by February 1)

\$400 for adults

\$320 for children (ages 3-12)

Interpreter Rate: \$200

Payment schedule:

1st payment: Non-refundable deposit by February 1 (Nov. 1 for early bird rate)

2nd payment: Additional \$250 due by March 1

3rd payment: Remainder of fees due by May 15

Price Includes: supplies, housing and meals from Sunday evening through Friday morning.

Not included are: transportation to Ensenada and back, tourist visa (\$25 / person at the border), Mexican car insurance, and souvenir money.

Can we raise financial support?

Absolutely. Faith Alive 365 is a nonprofit corporation able to receive tax-deductible donations. We will provide you a support letter template you can send to your friends and family to raise both financial and prayer support. This is a great way to involve friends and family in supporting the work God is going to do through your family. Any support raised above and beyond your trip fee will be used for mission trip supplies for our children's program and work projects.

How do we get there?

Transportation is on your own. We will meet near the border as a group on Sunday morning and travel as a caravan across the border and on to Ensenada along the Pacific Ocean. You can either drive all the way there, or fly into San Diego and rent a vehicle for the week.

How many can go?

There are 16 rooms, so we can take 16 families (more if two families choose to share a room).

PASSPORTS ARE REQUIRED FOR EVERYONE.

If any of your family does not have a passport yet, go to your local post office and apply for them now.

When and how do we apply?

The sooner the better. Space is limited and so is time. To guarantee our spot, we must send a deposit to Agua Viva by November. So, to encourage you to sign-up before then, we are offering a significant discount. We will continue to take applications after that until February 1 or until space fills up, whichever comes first. To apply, fill out the attached form and return it us at Faith Alive 365, 5958 Tanus Circle, Rocklin, CA 95677.

Questions? Contact Phil or Linda Sommerville at phil@faithalive365.com, linda@faithalive365.com, or 916-632-9862. You can also check out the Rancho Agua Viva website at: www.aguaviva.com, and the FaithAlive365 website at: www.FaithAlive365.com

ENSENADA FAMILY MISSION TRIP APPLICATION

Return this Application Packet with a \$250 non-refundable deposit to:

Faith Alive 365
5958 Tanus Circle
Rocklin, CA 95677

Policies and Procedures

- You must submit this **completed** application AND a non-refundable \$250 deposit before your application will be processed and reviewed. Your check will be held until the application is accepted. In the event your application is not accepted, your check will be returned to you. Once you are a part of the team, the checks will be deposited immediately becoming non-refundable
- No one will be considered or accepted as a team member until a **COMPLETED** application is received.
- **All trip costs are the team member's responsibility.** We will provide information on raising financial support. However, if full support is not raised, **the balance is your responsibility.** You may not begin raising funds until you are notified of acceptance to the team.
- All funds must be turned in according to the schedule listed below under COSTS
- **Passports are required for all members and are the responsibility of the team member and not included in the trip costs.** Team members assume the responsibility and the liability for their personal health decisions.
- Short term mission trips can be rewarding and life changing; however, they can also be stressful. Please consider factors in your personal life that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- A participant is expected to have a group of people praying for him/ her while on the trip
- Participants are expected to participate in all trainings prior to the trip
- If you are unable to participate on your trip, we must receive cancellation notice as soon as possible.
Note: All money sent by supporters towards your mission trip are considered contributions and **the IRS prohibits the refund of contributions in the event of your cancellation.**

I have read and fully understand these policies. I also understand that not abiding these policies may force me to withdraw from the scheduled trip. I also understand that if I withdraw from a trip, I will not be refunded the deposit or any donations sent by supporters.

Signature of Responsible Family Member

Date Signed

Signature of Parent/ Guardian if Applicant is under 18 and is going with another family.

Office Use Only

Date turned in: _____

App. Fee: \$ _____

Check #: _____

The information in this packet will be kept confidential

Ensenada Family Application

SECTION I

This application should be filled out for the whole family and returned to Faith Alive 365

Personal Data (Please type or print clearly)

Father's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Passport #: _____

Mother's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Passport #: _____

Parent's Marital Status: Single Married Divorced Widowed

1. Child's First Name: _____ Last Name: _____

last names only necessary if different from parents

Male Female Date of Birth: _____ Age: _____ Passport #: _____

2. Child's First Name: _____ Last Name: _____

Male Female Date of Birth: _____ Age: _____ Passport #: _____

3. Child's First Name: _____ Last Name: _____

Male Female Date of Birth: _____ Age: _____ Passport #: _____

4. Child's First Name: _____ Last Name: _____

Male Female Date of Birth: _____ Age: _____ Passport #: _____

5. Child's First Name: _____ Last Name: _____

Male Female Date of Birth: _____ Age: _____ Passport #: _____

6. Child's First Name: _____ Last Name: _____

Male Female Date of Birth: _____ Age: _____ Passport #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail: _____

If divorced or remarried, do children have permission from other parent to go on this trip?

Yes No Please include written permission from other parent.

If a child is coming with you as a family friend, please indicate who that child is, list their parent's names and address below and be sure they fill out a parental release form.

Name(s) of parent(s) or guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

COST

Early Bird (deposit due by Nov. 1)

of Adults _____ X \$350 = _____

of Children _____ X \$270 = _____ (Children are ages 3-12)

TOTAL OWED _____

Regular Rate (until February 1)

of Adults _____ X \$400 = _____

of Children _____ X \$320 = _____ (Children are ages 3-12)

TOTAL OWED _____

First Payment: \$250 non-refundable deposit per family is due with Application.

Second Payment: \$250 due by March 1

Third Payment: Remainder due by May 1

Application Cut-off is February 1 or when trip fills, whichever comes first

FOR PARENTS TO FILL OUT

Home Church: _____ Denomination: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's Occupation(s)

Please describe your present employment and any pertinent information regarding work experience related to missions.

How would you describe your Spanish Language ability? *Circle One*

(Spanish not required to go on trip)

None A few words Semi-conversational Conversational Fluent

Skills and Talents Please write the appropriate code next to the skills/talents you possess.

CODES: 1-Average 2-Better than average 3-Professional.

CONSTRUCTION

- _____ Carpentry
- _____ Painting
- _____ Masonry/Carpentry
- _____ Roofing
- _____ Electrical
- _____ Plumbing
- _____ Other (pls. specify)

MUSIC

- _____ Instrument (pls. list)
- _____
- _____ Vocal
- _____ Other (pls. specify)

MINISTRY EXPERIENCE

- _____ Teaching class age _____
- _____ Children's ministries
- _____ Other (pls. specify)
- _____
- _____

OTHER PERFORMANCE

- _____ Juggling
- _____ Clowning
- _____ Puppetry
- _____ Drama

OTHER ABILITIES:

Personality Profile

FATHER:

Describe how OTHERS view your personality _____

Describe your STRENGTHS _____

Describe your NON-STRENGTHS _____

MOTHER:

Describe how OTHERS view your personality _____

Describe your STRENGTHS _____

Describe your NON-STRENGTHS _____

Mission Experience Outline the mission trips you have taken

Trip Name and Organization: _____

Dates/Year: _____ Describe: _____

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Dates/Year: _____ Describe: _____

Personal Spiritual Information

FATHER:

When and how did you become a Christian? _____

Describe your personal relationship with Jesus Christ _____

What expectations do you have for this trip? _____

MOTHER:

When and how did you become a Christian? _____

Describe your personal relationship with Jesus Christ _____

What expectations do you have for this trip? _____

MEDICAL INFORMATION

TO BE FILLED OUT FOR EACH PARTICIPANT

4 copies included, make copies for additional family members

Full Name: _____

Insurance Information

Please contact your insurance company and verify that your coverage is valid for travel within Mexico. If you are not covered, it is your responsibility to make sure that you purchase short-term coverage for the time that you are out of the U.S. (short-term mission trip insurance is available from several companies on the internet)

Are you covered by health insurance? Yes No

If yes, does your insurance cover you internationally? Yes No

Insurance Co. _____

Identification number _____

Physician

Name of your Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

Medications

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths, and dosage.

Medical History

List medical problems for which you have received medical care in the past 12 months: _____

List any history of major illness or surgery: _____

Date of most recent tetanus immunization _____ get new shot if more than 5 yrs ago

List any known allergies (**including food allergies**) or chronic life-threatening conditions: _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: _____

Emergency Authorization

To Whom It May Concern:

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

Print Name of participant: _____

Your Signature or Parent / Guardian signature if under 18 years of age:

_____ Date: _____

Emergency Contact

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Relationship to Applicant: _____

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Section III

Release Form

TO BE FILLED OUT FOR EACH PARTICIPANT

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I _____ am participating in the activity described above and I, hereby, release and discharge Bayside West Community Church of West Roseville, CA and Faith Alive 365 of Rocklin, CA and its constituent organizations, officers, agents and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I, hereby, warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation that I otherwise might have to limit or control such.

I understand and accept any risks involved in traveling outside the United States and in participating as a team member of a short-term mission.

Signature: _____
Participant Date

Signature: _____
Parent or Guardian (if participant under 18) Date

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