



# Tijuana 2012

**March 31<sup>st</sup> - April 7<sup>th</sup>**

## **Adult leadership**

Please complete and return the following information to the ROCK on Sunday October 30<sup>th</sup> from 3.30-4.45pm. We are very serious when we state that only **complete applications will be considered regardless if you are a seasoned veteran or a first time leader!!!** Applications will be prioritized by timeliness of application, MIPC involvement, flexibility(work crew vs site leader – you will let us place you where we need you most), applicant’s ability to participate in required pre-trip group meetings including a leadership equipping session, and participation in all fundraising efforts.

### **A FULLY COMPLETED packet means:**

- ❑ Application form
- ❑ Medical Form(we are asking EVERYONE to complete a new medical information form this year)
- ❑ DOXA Waiver Form
- ❑ Copy of Passport
- ❑ Deposit check for \$250 made out to MIPC
- ❑ Copy of your current First Aid/CPR certification (all leaders MUST be certified)

## **Financial Commitment:**

It costs approximately \$1,700 to send each individual on the Mexico Project. The cost for adult leaders is **\$675**(this has not increased since last year).

Flight prices and house building costs have increased this year but we are committed to NOT raising the cost of this trip for adult leaders. However, in light of these increased costs, we are asking ALL adult participants to pay as much of the full tuition as possible.

It is the policy of the ROCK and Adult Community Life that no one should miss out on this trip because of money concerns. Therefore, scholarships and payment plans are available but we are asking all adult leaders to pay a minimum of \$200. If you do not have these funds available then please talk to Nicola and Lindsay and they will be happy to discuss personal fundraising opportunities. All requests are confidential.

## **Time Commitment and Important Dates**

Please see the following mandatory pre-trip dates. We ask that you make it to both of the Mexico Trip meetings, Mexico Commissioning, and one extended leadership equipping session, as well as the Auction (see Financial Commitment below).

- **Sunday October 30<sup>th</sup>**: Registration in the ROCK from 3.15-4.30pm.
- **Monday January 9<sup>th</sup>**: 2<sup>nd</sup> payment of \$250 due.
- **Wednesday January 11<sup>th</sup>**: 1<sup>st</sup> Meeting for **ALL** adult and student participants.
- **Monday March 5<sup>th</sup>**: Final payment due
- **Saturday March 10<sup>th</sup>**: Benefit Show and Auction
- **Thursday March 22<sup>nd</sup>**: Leader meeting and equipping session. **THIS IS A MANDATORY OPPORTUNITY FOR ALL LEADERS. Participation in this evening is 100% compulsory.**
- **Sunday March 25<sup>th</sup>**: Commissioning at the 5pm service then 2<sup>nd</sup> meeting for adults and students. This is a NO EXCUSES meeting. Unless there is a family emergency, ALL participants MUST be at this meeting
- **Wednesday March 28<sup>th</sup>**: Baggage Night in the ROCK from 4.30-6.00pm (drop off your hammer, tool belt sleeping bag/pad/pillow)

## Application Questions

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Have you participated in the MIPC Mexico Project before? \_\_\_\_\_ When? \_\_\_\_\_

How did you find out about this trip? \_\_\_\_\_

Are you involved in a faith/church community? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ If so, what level? \_\_\_\_\_

Are you a doctor/med. professional? \_\_\_\_\_

Are you First Aid/CPR certified? \_\_\_\_\_ \*(if not, then you MUST be before the trip)

### **COVENANT**

The Mexico Project requires a great deal of teamwork during preparation, traveling, working, and living together for a week. I want to be part of the Mexico Project Leadership Team under the direction of the MIPC Staff. I understand that the mission of Mexico Project is to build houses for the families of Mexico and build relationships, sharing Jesus Christ with students and others. I agree that my role on this project is to be one of facilitating and serving students as they encounter stretching experiences with new situations, cultures, and faith. I am open to being stretched through these experiences as well. By entering into this covenant with MIPC and its Ministries to Students & their Families Department, I agree that my full attendance & participation in all of the pre-trip and/or post-trip meetings and events is vital.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Response Questions**

Please write your *brief* response in the space provided, or attach your responses to the following questions. These questions are intended to tell us more about who you are, and should reflect your understanding, commitment and willingness to serve as a part of the Mexico Project Leadership Team. These applications are necessary for our accountability to the MIPC congregation and leadership bodies. We appreciate the time you will take to complete this for our consideration. **While we do appreciate “comedy” answers, we also appreciate your “actual” answers too!!**

**1. Purpose:** Why do you want to serve in a leadership capacity for Tijuana 2012? If you have previously participated in this trip, what has been one of your highlights? If not, what are you excited about?

**2.** Please respond to the following scenarios, use your imagination to set yourself in Tijuana.

**Scenario #1:** It’s “Hump Day Wednesday”, and you are tired, dirty and grumpy. Your team is hot, tired, and complaining incessantly. You and your team have just realized that your walls are not square and you have a lot of corrective work ahead of you. How would respond in this situation?

**Scenario #2:** After a long day of building, in the free time that follows dinner before program begins, what sounds the most re-energizing to you?

**Scenario #3:** Your co-site leader seems to have come from a different planet than you. He/She seems to disagree with all of your suggestions and vision of working as a team, and the students on the site are finding him/her hard to work with as well. How would you deal with moments of conflict or frustration and how do you see your role as a co-site leader alongside this person? And how do you support both your co-site leader and the students on your team when there is conflict between them?

**Scenario #4:** During small group time, one group member consistently dominates the conversations, limiting the participation of others. How would you steer the conversation so all are included and are free to give their opinions? Does this differ if that person is a leader or a student?

**3. Pursuing Relationships:** Our basic philosophy of ministry is that all ministry is relational. Please share your comments about what you believe relational ministry is.

**4. Relationship with Jesus Christ:** Briefly share your faith beliefs right now and your experience with the Christian faith. How comfortable are you with sharing your faith with students and leaders?

## **ADULT WAIVER AND RELEASE**

I, \_\_\_\_\_ HEREBY WAIVE AND RELEASE [ ], Hogar de los Niños Orphanage and DOXA, Inc. (hereinafter "Released Parties") from liability pertaining to the activities and matters set forth below. I understand that by signing this Waiver and Release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the below related activity. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries, and death sustained to me or my property, that I may have against the above named Released Parties relating to such activity. I understand that the activities that I will participate in are inherently dangerous and may cause serious injuries, including bodily injury, damage, loss or theft of personal property and death. By this waiver, I assume any risk, and take full responsibility and waive any and all claims of personal injury, including severe bodily injury, damage, loss or theft of personal property and death relating to all activities associated with travel to and from Tijuana, Mexico, all house building and construction activities undertaken at DOXA's leased property and the Hogar de los Niños Orphanage in Tijuana, Mexico, travel to and from house building sites and at the house building sites, including but not limited to any activities while I am physically on such premises. If I am injured from said activity I will not hold the Released Parties responsible even if the injuries were caused by the negligence on my part or the Released Parties, or any other party under or affiliated with the above named Released Parties.

I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and if required will obtain a medical examination and clearance.

I am over the age of 18 and I have read and fully agree to the terms of this waiver and release. I understand and confirm that by signing this waiver and release I have given up considerable future legal rights that I may have against the above named released parties. I have signed this waiver freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am mentally competent to enter into such an agreement.

I declare that the foregoing is true and correct. Signed on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

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

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

The ROCK Ministries to Students & their Families  
Mercer Island Presbyterian Church

**LEADER EMERGENCY & MEDICAL INFORMATION**

**IMPORTANT:** This form MUST be filled in COMPLETELY for you to participate in any off-campus event or activity with the ROCK Ministries to Students and their Families.

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**MEDICAL INFORMATION**

**MANDATORY:** Date of last Tetanus shot: \_\_\_\_\_

Do you experience any of the following & please explain:

Asthma attacks (include exercise-induced asthma):

\_\_\_\_\_ *\*If yes, you **must** bring full inhaler.*

Chronic/Recurring illness \_\_\_\_\_

Physical handicap or physical activity limitations: \_\_\_\_\_

Please list and explain any other health conditions we should be aware of:

**ALLERGIES & RESTRICTIONS:** Please list all allergies and restrictions.

Food Restrictions (vegetarian/vegan preference and allergies): \_\_\_\_\_

Medications/Medical: \_\_\_\_\_

Environmental: \_\_\_\_\_

**MEDICATIONS:** Please list **ALL** medications currently being taking (**mandatory**)

Medication	Type of illness being treated	Dosage/Special Instructions
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EMERGENCY CONTACT INFORMATION (mandatory)**

Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

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

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

Contact (if above cannot be reached): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION (mandatory)**

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**LIABILITY & RELEASE INFORMATION**

In the event that ANY insurance, medical, or emergency contact information changes it is the responsibility of the leader to update the MIPC Ministries to Student & their Families Emergency & Medical Information Form. Any and all financial charges incurred in the event of an emergency are the sole responsibility of the leader or family of the leader. In the event of medical treatment, all expenses will be directly billed by the medical provider to the leader/family. If the medical provider requires payment at the time services are rendered for the leader and MIPC advances such payment (with the acknowledgment that MIPC is not required to do so), the leader/family agrees to reimburse MIPC for the full amount of such payment.

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