# 남가주사랑의교회 | 해외선교개발원

# Short-Term Mission Application Packet for Team Member

팀원용 단기선교 신청 패케지

**BM-22** 



## **Short-term Mission Application Instruction** 단기선교 서류 제출 안내

#### How to Submit the application packet 단기 선교 신청 패케지 제출법

#### Due Date 제출 일자:

All documentation are due 1 month prior to the mission preparation meeting date. All shortterm mission teams have different preparation meeting dates. Please check with your team leader for more information.

선교를 가기 원하는 팀원들은 선교 준비 미팅 시작하기 1 개월전까지는 모든 서류를 제출해 주세요. 모든 단기선교팀은 선교 준비 날자가 다르므로 각 팀장님들과 연락하여 정보를 받으시기 바랍니다.

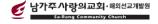
#### Where to Submit 어디에 제출 하나요:

Please submit your application packet to your team's team leader. All application for your team will be gathered by your team leader, and will be submitted to OMD by the team leader. 단기선교 신청 패케지는 단기선교 팀장에게 제출하여 주시기 바랍니다. 모든 신청 패케지는 팀장에 의하여 해외선교개발원으로 제출되게 됩니다.

#### OMD Contact Info 해외선교개발원 연락처:

Sarang Community Church (Dream Office) 2141 La Palma Ave Suite # 307 Anaheim CA 92801

Young Park 박영춘 간사 omd@sarang.com 714-563-2044(#305)



## A. Short-term Mission Participant Information 단기선교 지원자 정보

All information below **MUST** be legal name used in passport. 아래 정보는 법적 여권정보를 기입하여 주십시요.

Legal Last Name 여권 성	Legal First Name 여권 명	Legal Middle Name 여권 중간 이름
Korean Name 한글 이름	Date of Birth 생년 월일	Gender 성별
	/ /	M남 F여
Passport Number 여권 번호	Passport Country of Issue 여권발급국가	Passport Expiration Date 여권만료일
		/ /
Phone Number 전화번호	Email Address 이메일	Church Member No. 교인 번호
	Home Address 주소	

## B. Requesting Short-term Mission 지원 희망하는 단기선교지

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Short Term Mission Country of Request 단기선교 방문 국가	Visiting City 방문 도시명
Trip Date of Departure 단기선교 출발일	Trip Date of Arrival 단기선교 도착일
No. of Mission Trips to This Place 이 선교지 방문 횟수	Past role at this Mission Field 지난 이 단기선교지에서의 역할
Reason for Request of Short-term Mission for this	Country 이 선교지에 단기선교 신청하게 된 계기나 이유

## C. Emergency Contact 비상 연락처

Relationship to Applicant 단기선교 신청자와의 관계
Phone Number 핸드폰 번호
ss 주소

#### D-1. Liability Release Agreement

The undersigned has volunteered (been called by God) to participate in a short term international mission trip as a member of Sa-Rang Community Church.

Sa-Rang Community Church and the undersigned agree that an international mission trip poses risks including, but not limited to, the following: sickness, crime, political instability, governmental opposition to mission activities, aggression from indigenous people and those risks associated with international travel.

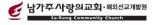
In consideration of Sa-Rang Community Church assisting the participant on the international mission trip, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributors, guardians and next of kin (herein the "Releasores"), here by irrevocably and unconditionally releases, waives, discharges and convenants not to sue Sa-Rang Community Church and its affiliates, subsidiaries, divisions, members, directors, officers, employees, agents and team leaders(herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, (Whether caused by negligence of releasees or otherwise) while the undersigned is participating in the international mission trip.

The undersigned is fully aware of the risks and other hazards inherent in the international mission trip and voluntarily assumes the risks and all other risks of loss, damage or injury that may be sustained by the undersigned while participating in the international mission trip.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the international mission trip whether for injury or illness and whether required as a result of the undersigned's participation in the international mission trip or not. The undersigned acknowledges that "Releasees" are under no obligation to, and do not, provide medical insurance for the undersigned.

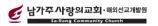
The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements of inducements apart from the foregoing written agreement have been made to the undersigned.

(Print Name)	(Signature)	(Date)	
For minors, under ages between	1- 17 years old		
Minor's Name 미성년자 이름	Date of Birth 생년월일	Gender 성별	
	/ /	M / F	
(Parent or Guardian Name)	(Parent or Guardian Signature)	(Date)	



# E. Medical Authorization Form 의료 동의서

I,, the ui	ndersigned, Hereby	agree as follow:	5:			
(Print Name)						
In the event of any accident, sudden below named event, I hereby authorize care, as may be deemed necessary u authorize the medical facility to relea authorize insurance payment directly	ze and consent in a nder the circumsta ise any and all infoi	dvance to such ences, and to assimation required	emerge ume the to com	ncy care, ii e expenses plete insui	ncludin s of suc rance c	g hospital ch care. I laims and
Country of Short-term Mission Tri	p 단기선교 지역		Trip Da	tes 단기선교	1 일정	
		/	/	to	/	/
The following information is included practitioner not having access to my	medical history.	ed to if needed b th 생년월일	y any h	·	license ender 성	
Name 이름	/ Date of Bit	/ 생년절일		M 남	ender 8	TE F여
	/ Addre	 ss 주소		141 🗀		1 91
	, idai e	55   <u> </u>				
Allergies	s 알레르기			Blood	d Type 학	ġ액형
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Allergies		Conditions		Blood	d Type 햩	렬액형
Allergies		Conditions		Blood	d Type 햩	렬액형
			복용하는		d Type 혈	렬액형
	Medical C		<del>복용</del> 하는		d Type 할	별액형
Name of Me	Medical C	Being Taken 현재 <sup>!</sup>			d Type 할	혈액형
Name of Me	Medical C edication(s) Currently ysical Impairments 신	Being Taken 현재 <sup>.</sup> 체적으로 몸이 불편한	한 부분	약 이름		
Name of Me	Medical C edication(s) Currently ysical Impairments 신	Being Taken 현재 <sup>!</sup>	한 부분	약 이름		
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Name of Me Ph Name of Primary Doctor 주쳐	Medical C edication(s) Currently ysical Impairments 신	Being Taken 현재 <sup>!</sup> 체적으로 몸이 불편한 Phone Num	한 부분 ber of P	약 이름 rimary Doc	tor 주치의	
Name of Me Pho Name of Primary Doctor 주기 For Minors under 18:	Medical C edication(s) Currently ysical Impairments 신 치의 이름	Being Taken 현재 <sup>!</sup> 체적으로 몸이 불편한 Phone Num	한 부분 ber of P	약 이름 rimary Doc	tor 주치의	의 전화번호
Name of Me Pho Name of Primary Doctor 주기 For Minors under 18:	Medical C edication(s) Currently ysical Impairments 신 치의 이름	Being Taken 현재 <sup>!</sup> 체적으로 몸이 불편한 Phone Num	한 부분 ber of P	약 이름 rimary Doc	tor 주치의	의 전화번호
Name of Me  Pho  Name of Primary Doctor 주기  For Minors under 18:  Name of Guardian 보호자 이름	Medical C edication(s) Currently ysical Impairments 신 치의 이름	Being Taken 현재 <sup>!</sup> 체적으로 몸이 불편한 Phone Num	한 부분 ber of P	약 이름 rimary Doct	tor 주치의	의 전화번호
Name of Me Pho Name of Primary Doctor 주기 For Minors under 18:	Medical Cedication(s) Currently ysical Impairments 신 다의 이름 Guardian's Phone	Being Taken 현재 - 체적으로 몸이 불편한 Phone Num	한 부분 ber of P	약 이름 rimary Doc	tor 주치의	의 전화번호



# F. Testimony Template 간증문 템플렛

Phone Number 전화번호
Trip Dates 단기선교 일정
/ / to / /

1. What made you want to go to short-term mission trip? Why did you chose this mission field? 왜 단기선교를 가기로 결심 하였나요? 이 단기 선교지를 택한 이유나 동기가 있었나요?
2. What was your role during this trip? Were there any preparation needed to complete this role? 선교지에서 당신의 역할은 무엇이었나요? 그 역할을 위해 어떤 준비가 필요했나요?
3. What did you like about this trip? Were there any the pivotal moments or challenging issues? 이번 선교에서 가장 좋았거나, 은혜를 받았던 일이 있다면 무엇인가요? 또 어려웠던 점은 무엇이었나요?
4. What did God teach you through this trip? How will you apply those lessons to your life? 이번 선교를 통해 하나님께서 가르쳐 주신것은 무엇인가요? 단기선교를 통해 배운 교훈을 어떻게 삶에 적용할 것인가요?

