

# Shepherd2019 Info Sheet



This trip is hosted by Shepherd Community center, located at 4107 East Washington Street, Indianapolis, IN, which is a non-profit community center with the simple yet staggering goal of breaking the cycle of poverty on the near-east side of Indianapolis.

Shepherd Community Center operates as a Christ-centered, family focused, community minded, holistic center working with neighborhood youth and their families to break the cycle of poverty by cultivating healthier children, stronger families, and safer neighborhoods through supportive relationships that meet the physical, emotional, academic and spiritual needs of area residents.

## **Location**

Indianapolis, IN

## **Leaders**

Nathan Kingsley and Maggie Hooten

## **When?**

June 17-21, 2019

## **Who can participate?**

Any current high school student who is regularly involved in Faith Student Ministry and is committed to attending the training meetings and raising support for this trip.

## **What is this trip?**

An awesome chance for students to minister to children on the near east side of Indianapolis through providing a fun place where kids can relax, play, learn, and hear about Christ.

## **What will we do?**

Students will spend time with over 200 children, teaching music, art, drum, health, nutrition, gardening, science, math, reading, English, field trips, soccer, football, games, and skits, all to show the love of Christ to kids who need a safe place to play and eat while their parents are working.

## **Where do we stay?**

We will stay on location at Shepherd Community Center.

## **What is the cost?**

\$250. This amount includes lodging, food, water, and ministry supplies. While students and their families are expected to contribute to the trip's cost, the majority of the funds will be raised through support letters that students write and send to their extended family and friends. A \$50 deposit is required to secure their place on the team.

## **Are there health issues?**

We will have plenty of water to drink, healthy food cooked, medical personnel available, and access to emergency care if a crisis arises.

## **What's next?**

1. Pray. Talk to your parents and family. Ask God to show you if He wants you on this trip.
2. Fill out the application and turn it in. Make sure you have your parents sign the bottom of the application and the attached consent and discipline forms. Applications are due May 31<sup>st</sup>.
3. Attend the training meeting on June 2<sup>nd</sup>.

# Shepherd2019 Application

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: Male Female Birthday \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size: XS S M L XL XXL

How long have you been at this church? \_\_\_\_\_

## Personal Walk

1. Briefly describe your relationship with Christ:

2. What two events or activities have impacted you spiritually over this past year?

3. Are there any current physical conditions that could impact your involvement on a mission project?  YES  NO

If YES, please describe:

## Church Involvement

1. Are you active in Faith student ministry? If yes, explain.

2. Are you serving in any other capacity at Faith Church?

**Missions Information**

1. How are you sensing God’s leading toward this project?

2. Why do you want to serve on this mission trip?

3. Rate yourself by 1 – 5 (with 1 being the lowest and 5 being the highest).

Flexibility	1	2	3	4	5
Adaptability	1	2	3	4	5
Team Player	1	2	3	4	5

4. Describe your:

(a) Strengths

(b) Ministry gifts or skills

5. Describe your weaknesses or areas in which you desire growth:

6. I plan on:

a) Paying my own way/parents paying my way.

b) Paying part of my way and trusting God to provide the balance through support-raising.

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

Please return completed application form by May 31<sup>st</sup> to Nathan Kingsley. Make sure your parents read and sign the attached letter and forms.

## For Parent/Guardian(s) To Read

Dear Parent or Guardian,

Name of Student: \_\_\_\_\_

It's an honor for us to lead your son or daughter on such a tremendous mission experience. Thank you for parenting them in such a way that they value this kind of ministry, and thank you for allowing them to join us on this journey! We're looking forward to leading them to be part of what God is doing in another corner of the world.

Please read the paragraphs below (as well as the information provided) and sign. We want to make sure you are aware of the details through the whole process. We'll be sending out emails to you and your student, but you can also access other details by visiting [www.faithchurchindy.com/srhigh](http://www.faithchurchindy.com/srhigh). And if you have other questions, feel free to email me!

Thank you for trusting us with your student. Pray that God does incredible things through them.

Blessings,

Nathan Kingsley  
Pastor of Student Ministry

I/We have read the information packet and am encouraging my student to pursue this trip. I/We understand that my child must participate fully in the training meetings to best prepare for this experience. I/We commit to gathering and reviewing the information missed should an absence be required. I/We also recognize that my student must participate in personal and/or team fund-raisers to cover the per person expenses for the trip. If after making a concerted effort, we are short funds, we will work out a special arrangement with the student ministry.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Medical Consent And Insurance Form**

Name of Student: \_\_\_\_\_  
wishes to be a short-term missionary on a Faith Church short-term missions trip which will be traveling to and staying at Shepherd Community Center in Indianapolis, IN, and WHEREAS, certain circumstances may occur resulting in their need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission from Faith Church ministry leaders for \_\_\_\_\_ (name of student) to participate in said short-term missions trip, I, \_\_\_\_\_(name of parent), authorize Faith Church leaders to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which Faith Church leaders deem necessary for my medical well-being for the duration of the mission. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care. Any consent by Faith Church shall have the same force and effect as if I had personally given the consent.

I certify I have personal health insurance for the providing of medical services to my child which will provide coverage for my child during the duration of said mission. I understand that Faith Church provides no health plan.

**Please complete the following questions:**

Is your student currently taking any prescribed medication?    Yes    No

If yes, please specify the medication and the dosage:

Is your student presently under a physician’s care for any illness?    Yes    No

If yes, please explain:

Are there any or has your child ever had any serious health issues that need to be factored into their participation on this trip or in the event of a medical emergency?

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Discipline Agreement

I understand and support the role of leadership of Faith Church in overseeing and directing this trip. If my student breaks rules to the point leadership believes they need to be returned for the sake of the team and the work on the field, I agree that it is my responsibility to cover the costs incurred with my student returning early.

In case of emergency, and if we cannot get hold of you, whom shall we contact?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Print Student Name \_\_\_\_\_

Signed Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

Email \_\_\_\_\_

Cell # \_\_\_\_\_