



# Reach Chicago

June 17-25, 2017

**#ReachChicago17**

For students in grades **9-12 only**.

Join us for an unforgettable trip to the inner-city of  
Chicago.

**Student Application**

# REGISTRATION AND PAYMENT

The initial non-refundable deposit of **\$150.00** is **due April 12th**.

Applications will be reviewed as they are received. Applications sent after that date must be accompanied with a late fee of **\$25** (equaling a non-refundable deposit of \$175) and will be treated on a first come, first served basis.

Receipt of application at any time does not guarantee acceptance. Students will be notified via mail/email when they have been accepted.

The balance of **\$230.00** is **due May 12th**.

**An additional \$25 will be added to any unpaid balance after May 12th.**

You will receive missions giving credit for this trip. If your church sends a donation to help make it possible for you to attend this trip, please make sure that they specify for whom they are sending money for. **ALL payments are non-refundable**

## **COST:**

**\*\$380**

\*This amount covers transportation, housing, meals and shirts.  
You are responsible for your meals on travel days (6/17 & 6/25).

**Open Registration:** We will accept registrations until **Wednesday, April 12th, 2017**, or until we have reached the maximum number of participants. **\$150** is due at the time of registration. See next page for further information on registration.

**Final non-refundable payment of \$230 Due by: Friday, May 12th, 2017**

**NOTE: Your spot will not be guaranteed until both your application and the non-refundable \$150 deposit have been received.**

*\*Full amount is appreciated at the time of registration.\**

## **Attention Churches:**

If you are sending one check, please enclose applications along with a cover sheet indicating student and leader names and the amount you are paying for each applicant.

## Make all checks payable to First Assembly.

Please write "Reach Chicago" in the memo line, along with the first and last name of the person for whom the money is designated. If you pay with cash, put it into an envelope with your name and address on the outside, but please do not send currency in the mail.

**IMPORTANT:** Please send the following:

- Application, 100% completed and signed
- Pastoral Recommendation
- Initialed Guidelines (Each and every one must be initialed.)
- Medical Release Form (100% completed, signed, and **notarized**)

\*\*\*If the students attending are under their parent's health insurance their forms **MUST be notarized** regardless if they are 18.\*\*\*

## **\*\*Online Payments\*\***

To pay toward your trip or someone else's trip online, go to the First Assembly web site: [firstassembly.fm](http://firstassembly.fm), and click on Give. On this page you will need to create an account if you do not have one. Once your account is created, you can click on Mission Trips in the left side listing. This will take you to a page where you can register and/or pay for the Chicago Mission Trip for yourself or on behalf of someone. Choose the correct trip from the drop down, click the button for contribute to the mission trip or on behalf of an individual, then type in their first and last name, click Verify, indicate the amount you wish to pay and click next. This will take you to our payment site to make a payment using your credit or debit card.

**If you choose to mail**

**Please Mail to:**

Attn: Reach Chicago 17

First Assembly

3401 25th Street South

Fargo, ND 58104

# STUFF TO BRING

*Keep this list available as a guideline to follow!*

1. Bring enough clothing for at least nine days. This should include:
  - Long shorts (MUST be knee length or longer—even for females)
  - T-shirts that you can get dirty during morning work projects. (You will be provided with four theme shirts for afternoons and evenings.)
  - Pants for work projects (old jeans, old gym shorts, or something similar)
  - Enough socks and underwear for nine days
  - **Closed-toe** shoes for work projects
  - Comfortable walking shoes for afternoons and evenings (very important!)
  - Shower shoes
  - Two sets of clothing for our trips into Chicago (These can be your “regular style.”)
  - Travel clothes for the trip there and the trip back
  - Pajamas
  - Two sweatshirts and/or a jacket
2. Bible
3. Notebook and pen
4. Toiletries (shampoo, soap, deodorant, toothbrush, toothpaste, face wash, hair supplies, etc.)
5. **Towels and washcloths**
6. Pillow and bedding (sleeping bag or sheets and blankets)!!
7. Air mattress. (Without one, you will be sleeping on a hard floor!)
8. A positive attitude!

## OPTIONAL

1. Cell phone & charger (not allowed to have it at certain times)
2. Earphones (not allowed to have it at certain times)
3. Journal
4. Flashlight
5. Watch
6. Dirty clothes bag
7. Sunscreen
8. Sunglasses (not to be worn during ministry)
9. Bug repellent
10. Money (see page 6)
11. Optional: Towel & bathing suit for free day (must be APPROPRIATE)

Remember to not bring anything too valuable & if you do bring valuables, hide them when they are not in use.

**\*\*PLEASE NOTE:** Everyone is responsible for their own valuables. Please do not leave unattended

YOU ARE ONLY ALLOWED ONE SUITCASE/BAG AND ONE PURSE/BACKPACK!!

# CLOTHING (REVISED 2017):

Don't Skip Over This Info!!

Because of the area in which we will be working, please bring modest clothing.

## Ladies:

- At all times, modest apparel and dress is a must! We need to be representatives of Christ and provide a great example to the men attending and to those with whom we work on location during free time and ministry time. We do not want to bring attention to ourselves but rather to what we are doing.
- Shorts must be to the knee or lower
- **Leave the yoga pants** at home.— you will be asked to change if you are wearing these. **Leggings** may not be worn as pants, they will only be permitted when worn under a longer shirt or dress.
- There will be no low shirts, tank tops, or tight clothes of any sort allowed. (All low-cut shirts must have a high-necked shirt underneath.)
- All females must be aware of the appropriateness of dress. Leaders monitor dress code, and **any clothing that is not deemed appropriate will not be allowed.** You will either be asked to put something else on, or a leader will supply your outfit. No exceptions!

## Guys:

- It is very important for every guy to be conscious of his dress as well. Leaders monitor dress code, and **any clothing that is not deemed appropriate will not be allowed.** You will either be asked to put something else on, or a leader will supply your outfit.
- **A shirt must be worn at all times.** No exceptions!
- Changing must be done in the men's restroom—not in the sleeping area. This includes changing shirts. Please respect the female members on the trip. They do not need to see skin.
- Muscle shirts are not allowed.
- Cut-off sleeves are ONLY allowed during work projects time and ONLY IF the sleeves are cut right at the seams—not down the sides. If the sides of the shirt are also cut, you will be asked to put on something else. **Under no circumstances are you allowed to cut off the sleeves of the team shirts we provide for VBS and evening rallies!!**

**—Bring work clothes.—**

There is a variety of work projects, such as cleaning, lawn care, & painting.

Wear clothes you will not care about if they become soiled or worn.

Also, be sure to wear closed-toe shoes *any* time when doing work projects.

# ITINERARY

- June 17 6:00 a.m. - meet at Fargo First Assembly
- June 18 Morning service at Chicago New Life Center  
Afternoon - team assignments and planning  
Evening - a taste of Chicago (Bring extra spending money for this.)
- June 19-23 Ministering in the areas of:  
Drama, door-to-door, sports, outreach,  
Bible distribution, kids' Vacation Bible School,  
one-on-one ministry, work projects, etc.
- June 24 Day off/Free day used for "extras" (See bottom of page.)
- June 25 Depart Chicago at approximately 8:00 a.m.  
Arrive in Fargo around 11:00 pm — 12:00 midnight

## SPENDING MONEY:

You will need money for meals, snacks, and activities outside the function of the outreach (Mon.-Fri.) This includes all meals on our travel days (6/17 & 6/25) and on our free days.

We take two trips to downtown Chicago (Sunday evening on the 18th, and all day Saturday 24th) both of which you will want to bring additional spending money for. We take the L-Train each time we go downtown. It is \$10 for an L-Train day pass

### Optional Spending Money:

\$20 - Entrance to the Willis Tower (2nd tallest building in the nation)

\$40.00 - Entrance to a baseball game

\*\$15 - \$25 per day for food, snacks, sights, souvenirs, etc.

\*(This money is for "extras." Remember, all regular meals (M-F) will be provided.)

*Prices are approximate. This is not required money! You will only need it if you wish to participate in the activities listed above. If you cannot afford these "extras," don't worry, you will still have a GREAT TRIP!*

# First Assembly of God, Fargo, ND

## Mission Chicago Application - 2017

### STUDENT APPLICATION

**\*\*Please don't skip over any information\*\***

For Office Use Only:	
approved? _____	payment amount _____
cash _____	check # _____ name on check _____
2 <sup>nd</sup> payment amount _____	
cash _____	check # _____ name on check _____
added to list? _____	mailed letter? _____

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

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email (Utilized to send confirmation/balance info): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Name of parent(s) \_\_\_\_\_

Home church: \_\_\_\_\_ Senior pastor: \_\_\_\_\_

Length of time attending present church: \_\_\_\_\_

T-Shirt size (circle):

**S                      M                      L                      XL                      XXL                      OTHER \_\_\_\_\_**

Level of education attained: \_\_\_\_\_

**\*\*\**(You must have completed 8th grade in order to attend.)*\*\*\***

In what ministries are you currently involved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any skills, abilities, or musical talents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate in this outreach? *(This is a very important question. Please use additional paper if needed.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you accept Christ as your personal Savior? \_\_\_\_\_

What would you tell a person who wanted to receive Christ as Lord and Savior? \_\_\_\_\_

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*\*NOTE: All applications will be reviewed carefully and prayerfully as we select those who will attend "Mission Chicago." We are looking for people who are serious about being stretched.*

**I have read all guidelines, and by signing this, I am promising to adhere to them if chosen to attend.**

Signed \_\_\_\_\_

Please send the items listed at the left to:  
**Attn: Reach Chicago 17  
First Assembly  
3401 25th St. S  
Fargo, ND 58104**

<p><b>IMPORTANT:</b> Please send the following:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Application, 100% completed and signed</li><li><input type="checkbox"/> Pastoral Recommendation</li><li><input type="checkbox"/> Initialed Guidelines (Each and every one must be initialed.)</li><li><input type="checkbox"/> <b>Medical Release Form (100% completed, signed, and notarized) <u>**ALL student forms MUST be notarized if the child is under their parent's insurance.**</u></b></li></ul> <p><b>*The info listed above <u>MUST</u> be completed 100% and submitted. Do NOT leave a question blank. Please place a check next to each of the above items to ensure that they have been filled out.</b></p>
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**Please keep the portion of the Mission Chicago application that describes what to bring, the costs, dates, and other important information.**

Note: If for any reason you are NOT accepted, your deposit will be returned to you. However, your deposit and will not be returned to you if you are accepted but choose to not attend.

<p style="text-align: center;"><b>Registration Deadline is April 12h, 2017 (or when the quota is filled)</b></p>
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*(Return this page with your application.)*



# PASTOR'S RECOMMENDATION

Pastor's name: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

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

*As the applicant's pastor, I recommend him/her for this year's outreach trip to Chicago.*

Pastor's signature \_\_\_\_\_

## MISSION CHICAGO GUIDELINES

***Please read and initial the following rules  
to show that you understand your responsibilities.***

*(Return this page with your application.)*

### Team Effort

Our team will be working as a unit. Therefore, it is necessary that you cooperate in every way regarding punctuality, private and group devotions, team prayer meetings and services, and personal prayer for other team members.

Please compliment and encourage one another OFTEN.

1 Thessalonians 5:11

(initials) \_\_\_\_\_

### Hours

Please obey all lights-out times, as well as wake-up times.

Our schedule has been designed to enable the entire team to reach each destination on time and to allow you enough rest each evening. Please be involved in personal and group devotions at the times designated.

Philippians 2:4, Matthew 25:23

(initials) \_\_\_\_\_

*(Return this page with your application.)*

Language Please no sarcasm, cutting remarks, bad language, and complaining.  
Philippians 2:14 (initials) \_\_\_\_\_

Dating Avoid starting a relationship with someone during this trip. If you are presently dating someone who will be going to Chicago, we expect you to follow the same guidelines. There will be no public displays of affection (holding hands, prolonged hugs, kissing, etc.).  
(initials) \_\_\_\_\_

Culture Please understand that even though you will be in the U.S.A. on this trip, it is necessary that you respect the customs and traditions of those to whom you minister. Conduct yourself in a **respectful manner** at all times. Always travel in groups of three or more.  
Matthew 5:14-16 (initials) \_\_\_\_\_

Clothing Clothing Must be modest. Please read the section on proper dress and clothing on page 5, then initial here.  
(initials) \_\_\_\_\_

Authority You must listen to and respect ALL authority. Please think before you ask questions. Try to avoid inquiring "Why?" and "How come?" You must be a servant on this trip. Be willing to serve and help out in any way possible. Please offer assistance in every situation that requires help.  
Hebrews 13:7 & 17 (initials) \_\_\_\_\_

Vans Please keep the vans clean at all times. Do not throw your garbage on the floor. Throw all trash in the van garbage bag or throw it in a trash can at the next destination.  
(initials) \_\_\_\_\_

*(Return this page with your application.)*

# Parental Consent, Certification and Medical Authorization for Dependent Children

Parents and guardians of dependent children are required to complete this form. The information requested is designed to assist First Assembly in providing safety of participants during this trip. *This form is not valid if completed by the dependent child. This form must be completed by the parent or legal guardian of the dependent child listed below.*

## **GENERAL INFORMATION**

**Dependent's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Dependent Child's Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Father's Work #:** \_\_\_\_\_ **Father's Mobile #:** \_\_\_\_\_

**Father's E-mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mother's Work #:** \_\_\_\_\_ **Mother's Mobile #:** \_\_\_\_\_

**Mother's E-mail Address:** \_\_\_\_\_

**Preferred Emergency Contact Name:** \_\_\_\_\_

**Preferred Emergency Contact Phone Numbers:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Dr.'s Phone #:** \_\_\_\_\_

## **INSURANCE COMPANY COVERING DEPENDENT CHILD**

**Insurance Provider:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

## **CONSENT, CERTIFICATION AND ASSUMPTION OF RISK**

I, the undersigned, being the parent or legal guardian of the dependent child named above, do hereby consent to the dependent child's participation on First Assembly's 2017 "Mission Chicago" trip, including, but not limited to, all the activities customarily associated with this trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

Further, I certify that the dependent child is physically fit and adequately trained to participate in such a trip. I understand that while the above-named dependent child participates in these activities, he or she is responsible to comply with all orders and directives of the team leader and/or agent(s) in charge of the project.

I am aware of the hazards and risks to my dependent child and his or her property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness and damage to my dependent child associated with such assignments, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I waive and release any and all claims for damages which I, or my heirs or successors, may have against First Assembly of God, the local church sponsoring this trip, or any agents, representatives, employees, volunteers and contractors of this organization, arising from my dependent child's death, injury or illness, or any property damage/loss occurring during the term of his or her assignment or as a result of his or her assignment.

I do hereby assume all risk of death, illness or injury that my child may suffer as a result of said assignment, from those causes described above.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration, and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.

## **PICTURES/VIDEOS**

I authorize First Assembly to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against First Assembly for the use of such photos or videos .

**MEDICAL QUESTIONNAIRE (Please fill out entire page)**

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?  
Yes No If yes, explain and list any medications. \_\_\_\_\_  
\_\_\_\_\_
2. Is your child allergic to any type of medication? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
3. Does your child medically require a special diet? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any allergies other than medical (i.e. foods, etc.)? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
5. Does your child have (or has ever had) any of the following: (check all that apply and explain below)  

Seizures	Asthma	Heart Murmur
Diabetes	Hay Fever	Kidney Disease
Other _____		
Explain _____		
6. Does your child ever sleepwalk? Yes No
7. Can your child swim? Yes No
8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I understand that I will be notified in the case of a medical emergency involving my dependent child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the provision of necessary medical services in the event my dependent child is injured or becomes ill. I authorize the director or properly-appointed staff to make emergency medical care decisions on behalf of my child if required by law or a health care provider.

I agree to notify First Assembly in the event of any health changes that would restrict my dependent child's participation in this trip. I understand that the adult supervisors reserve the right to restrict my dependent child from any activity that they do not feel is within the physical capabilities of my dependent child.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**\*\*\*ALL FORMS MUST BE NOTORIZED IF YOU ARE UNDER AGE 18, OR UNDER YOUR PARENT(S)/GUARDIAN(S) HEALTH INSURANCE (REGARDLESS IF YOU ARE 18 YEARS OR OLDER) \*\*\***

**For Notary Use:**

State of \_\_\_\_\_ ss.

County of \_\_\_\_\_

Subscribed and sworn that on this \_\_\_\_\_ day of \_\_\_\_\_, 2017, before me personally appeared \_\_\_\_\_, and executed and acknowledged the foregoing instrument.

\_\_\_\_\_  
Notary Public

(NOTARIAL  
SEAL)

My Commission Expires: