

**St. Paul Lutheran Church, Sheboygan Falls**  
**Follow Up Mission Trip Form**  
*Submit 30 days prior to trip – to Associate Pastor of Care Ministry*  
**TRIP WILL BE CANCELED IF FORM IS LATE, NO EXCEPTIONS**

Mission Trip Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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

Any changes from the Initial Request Form? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actual number of people participating: \_\_\_\_\_ Adults \_\_\_\_\_ Youth

**FINANCIAL INFORMATION – Final budget must be attached**

Actual Financial Cost Per Attendee: \_\_\_\_\_

Actual Financial Cost to the Church (attach budget): \_\_\_\_\_

**TRIP LOGISTICS**

Outside Sponsoring Group Contact Info: \_\_\_\_\_

How will emergent health care issues be handled? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe travel/transportation (or attach): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are background checks completed on ALL adults? \_\_\_\_\_ *requires DOCA signature\**

Are all online courses completed by ALL required adults? \_\_\_\_\_ *requires DOCA signature*

Are all driver forms submitted, required for ALL drivers? \_\_\_\_\_ *requires DOCA signature*

(Ministry Driver Screening, Driver's License, Insurance)

Have all non-members signed a Volunteer Ministry Statement? \_\_\_\_\_ *requires DOCA signature*

Attach copy Code of Conduct form for each participant \_\_\_\_\_ *attached*

Attach copy of permission slip for each youth \_\_\_\_\_ *attached*

Attach a list of all participants, indicating emergency contact info \_\_\_\_\_ *attached*

**APPROVAL**

\_\_\_\_\_  
Associate Pastor of Care Ministry      Date