

2026

Dominican Republic

Summer Mission

Applicant / 신청자: _____



주 예수 그리스도

Lord Jesus Korean Church
Presbyterian Church (USA)

LJKC 도미니카 공화국 Mission 2026

Lord Jesus Korean Church Presbyterian Church (USA)

We welcome you to the Lord Jesus Korean Church 2026

Dominican Republic Short-Term Mission in the name of the Lord.

Thank you for your support and interest in this short-term mission. Please complete this application form to participate in the LJKC 2026 Short-Term Mission. We hope that through the application process and procedures, you will discover God's calling and guidance for missions. Our Mission Department will guide and lead you with a serving heart throughout your mission journey.

• **Short-Term Mission Information**

- **Dates:** July 13 (Mon) – July 17 (Fri), 2026
- **Location:** Dominican Republic
- **Mission Team:** 20 people

(Additional recruitment will be decided after the first application)

- **Applicant Qualifications:** Youth 8th Grade and above to Adults
 - 1) Those who confess Jesus as their Savior and long for God's heart for missions
 - 2) Students of the LJKC Education Department and active church members
- **Application Deadline:** By March 8, 2026 (Applications submitted after this date will be considered based on availability)
- **Deposit:** \$100 – Payable to Lord Jesus Korean Church

(Please write your name in the Memo section)

- **Cost:** (Total cost will be announced once airfare is determined)
 - 1) Adults: Self-funded (Fundraising is available)
 - 2) LJKC Education Dept. Students: 1/4 Self-pay, 1/4 Fundraising, 1/2 Church Support
- **Mandatory Training Course:** April – July 2026 (Times to be announced later)

PERSONAL INFORMATION

1. Name : _____

(as it would appear on your passport)

name known at YN if different: _____

2. Date of Birth: _____(MM) _____(DD) _____(YYYY) Gender: M / F (check)

3. Citizenship: _____ Passport No: _____

4. Address: (Permanent)

5. Phone: (Home / Work / School / Cell): _____

6. E-Mail Address: _____

Do you check your e-mail regularly? yes / no

7. If a student / Grade: Jr High / _____ High / _____ Collage / _____

8. Languages (scale from 1-5, 5 being fluent)

English _____ Korean _____ Other(s): _____

9. Which ministry have you served or been serving within LJKC?

10. Are you involved in any other ministry besides LJKC? Please explain. (e.g. campus ministry, etc.)

11. Baptism Status? (circle or bold one): Baptized / Confirmed / Infant-baptized / none

12. If you are married:

a. Spouse's Name: _____

13. If you are under 18, Parent's Names:

Father: _____

Mother: _____

Are they members of LJKC? If not, which church? YES / NO

14. Have you discussed your interest in Short-Term Mission Team with your parents/spouse? YES / NO

FIELD PREFERENCE and MISSION EXPERIENCE

1. List all your previous cross-cultural missions' experiences.

Church	Destination	Year Duration	Organization	Mission Description

ESSAY QUESTIONS

For each question, write in about 100 words on separate sheets. Include your name on each sheet.

1. Do you have a relationship with God as a follower of Jesus, and if so, how/when did you come to this faith?

2. Describe your involvement with accountability groups and/or discipleships.

3. List your Christian service/ministry/training experiences. Then choose one of them to describe how it helped you in your relationship with God and others.

4. If any cross-cultural experiences you have, what and how have they affected your will to serve in Short-Term Missions?

5. Why do you want to go on Short-Term Missions? What are your goals/desires through this Short-Term Mission Trip?

MEDICAL INFORMATION (CONFIDENTIAL)

1. Name: _____

2. Are you currently on medication? Yes / No.

If yes, please describe the medication and its reason.

1. RX: _____

Reason: _____

2. RX: _____

Reason: _____

3. Do you have any allergies? Yes / No.

If yes, explain. _____

4. Describe any medical condition/background/history or put 'None'

5. How do you rate your health? (Please check one, "1" poor and "5" excellent)

1 2 3 4 5

6. Do you have a medical insurance? Yes / No

7. Name of medical insurance company: _____

Policy Number: _____

8. In case of emergency:

Contact person: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

*All information in this application, including medical information provided herein, will be treated confidentially.

I hereby apply for Short-Term Missions with the commitment:

1. to follow the LJKC Short-Term Missions policy, including the financial guideline,
2. to participate in all Short-Term Missions training sessions and do necessary assignments, and I understand that I will be dismissed from Short-Term Missions if I miss the training frequently.
3. to work together as a team from the beginning to the end of the Short-Term Missions including the debriefing,
4. to seek an opportunity to serve the church actively upon returning from Short-Term Missions, and
5. above all, to depend on God completely in all aspects of Short-Term Mission Trip from the beginning to the end.

Signature: _____ Date: _____

Name: (Print) _____

LORD JESUS KOREAN CHURCH
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (the "Release") is executed by the participant named

_____ whose address is

_____ in favor of LORD JESUS

KOREAN CHURCH ("LJKC"), whose address is 10201 Robious Rd. Richmond, VA 23535

1. PARTICIPATION IN THE SHORT-TERM MISSION TRAINING - I desire to participate in LJKC's Short-Term Mission Training ("SMT") 2025. I understand that I am not required, as part of my academic program or otherwise, to participate in the SMT, and am doing so wholly voluntarily of my own accord (with my parents' consent).

2. WAIVER OF LJKC'S LIABILITY FOR DANGERS AND RISKS - I understand that there are certain dangers, hazards and risks inherent in international and national travel and the activities to be engaged in during the SMT including, but not limited to, those set forth in Exhibit "A" attached hereto and made part hereof, which can cause personal injury, death and/or property damage. I further understand that LJKC cannot and does not assume responsibility for any such personal injury, death or property damage.

3. ASSUMPTION OF RISKS - Notwithstanding the dangers, hazards and risks involved, and in consideration of being permitted to participate in the SMT:

A. I agree to assume all the risks surrounding my participation in the SMT and in the activities I undertake in connection therewith; and,

B. I release and forever discharge LJKC, its trustees, officers, agents, employees including pastors and any one volunteering as teachers (hereafter collectively called the "Releasees"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature that may at any time have or incur, arising out of or in any manner related to any loss, damage or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while in the location/country of the SMT or in transit to and from the location/country of the SMT.

4. DISCLAIMER OF LJKC RESPONSIBILITY - I UNDERSTAND AND AGREE THAT LJKC is: Not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with the SMT;

A. Not responsible or liable for any injury, damage, loss, or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes;

B. Not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that may be incurred there from; and

C. Not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.

5. RESPONSIBILITY FOR MEDICAL NEEDS - I represent to LJKC that I am aware of my personal medical needs and that there are no health-related reasons or problems which may preclude or restrict my participation in the SMT. I acknowledge that LJKC has strongly recommended that I obtain insurance coverage valid in the location/country of SMT, to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury, disability, and medical evacuation. I understand that I am solely responsible for obtaining such insurance unless LJKC provides for the sole efficacy of travel arrangements.

I further understand and agree that LJKC is not responsible for attending to any of my medical or medication needs, I assume all risks and responsibility for my medical and medication needs, and If I am required to be hospitalized at any time during the SMT, LJKC does not assume any legal responsibility for payment of such costs.

6. EMERGENCY MEDICAL TREATMENT - I understand that the Releasees do not have medical personnel available at any time during the SMT. I grant the Releasees permission to authorize my emergency medical treatment, including surgery, in the event that I am unable to do so. I acknowledge and agree that this grant of authority does not create a special relationship between LJKC and me. I further acknowledge and agree that Releasees assume no liability or responsibility for any injury or damage I may suffer or incur arising out of or in connection with such authorized emergency medical treatment.

7. LEGAL PROBLEMS - I understand that if I have legal problems in the location/country during the SMT, I will attend to the matter personally with my own funds and that Young Nak is not responsible for providing any assistance to me under such circumstances.

8. BINDING NATURE OF RELEASE - It is my express intent that this Release shall bind the members of my family if I am alive, and my heirs, personal representatives, successors and assigns if I am deceased.

9. INDEMNIFICATION - I agree to indemnify, defend and hold the Releasees harmless from any liability, claim, action, debt, damage, loss, cost and expense of every kind or nature asserted by any party against any Releasee or incurred by any Releasee and arising directly or indirectly from or in connection with my participation in the SMT or any of the activities I engage in during the SMT.

10. RESERVATION OF RIGHTS - I acknowledge that LJKC reserves the following rights that it may exercise in its sole discretion: the right to cancel the SMT, and the right to make alterations, changes and modifications in any part of the SMT itinerary and the activities in connection therewith.

11. PASSPORT, VISA AND VACCINATIONS - I understand that am responsible for obtaining my own passport, visa and public health vaccinations.

12. COMPLIANCE WITH LAWS - I agree to comply with all laws of location/country during the SMT.

13. DISCLOSURE - LJKC HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.

14. REPRESENTATIONS - I represent to LJKC that I (and my parents) have read this Release and fully understand its content and the effect of its terms and provisions, I (or my parents) sign this Release as my own free act and deed (with my parents' explicit consent), with respect to the matters set forth in this Release, no oral representations, statements or inducements other than those expressly contained herein have been made to me by any of the Releasees, I am over the age of eighteen (18) and fully competent to sign this Release and if I am not over the age of 18 as of the date of signing the Release, my parents have read the Release and understand fully and are consenting to allow my participation in the SMT voluntarily, and I (or my parents) execute this Release for complete and adequate consideration, fully intending to be bound by the same.

15. GOVERNING LAW - I agree that this Release shall be construed in accordance with the laws of the State of Virginia.

16. PARTIAL INVALIDITY - If any provision of this document shall be held illegal or unenforceable, then I agree the validity of all remaining provisions shall not be affected thereby to the maximum extent permitted by law.

IN WITNESS WHEREOF, I have executed this Release of Liability and Assumption of Risks on this

_____ day of _____, 2025.

PARTICIPANT: WITNESS / PARENTS / LEGAL

GUARDIAN:

Signatures _____ Print Name _____

EXHIBIT "A"

Problems and hazards that participants can experience:

1. Quality of the food or drinking water
2. Food Poisoning.
3. IBS.
4. Circumstances of travel via plane, bus, boat or other means of transportation.
5. Theft during stay.
6. Natural events, i.e. earthquakes, hurricanes, tropical storms, volcanic activity, etc.
7. High altitude sickness, nose bleeds, headaches, nausea and vomiting.
8. Drug availability and severe police/legal penalties.
9. Political instability.
10. External threats to physical wellbeing, including but not limited to, robbery, kidnapping, torture and death.
11. Guerrilla warfare.
12. Terrorist activity of any kind.
13. Civil unrest.