



ON ASSIGNMENT

ACTS 1:8

INDIVIDUAL MISSIONS APPLICATION

Application Date: _____ Location and Dates of trip: _____

Name _____ Home (____) _____ Cell (____) _____ Work (____) _____

Address _____ City _____ State _____ Zip _____ Email _____

Birth Date _____ Age _____ Sex: Male _____ Female _____ Shirt Size _____ Jacket Size _____

Skills/Experience/Qualifications:

Please list any construction, ministry experience, or other interest you may have that will be helpful in putting the team together:

List any musical instruments you can play: _____

List any foreign languages you can speak and how fluent: _____

Have you ever gone on a mission's trip before? When and where? Type of trip? _____

Emergency Contact:

1. Name _____ Relationship _____ Phone (____) _____

Address _____ City _____, State _____ Zip _____

2. Name _____ Relationship _____ Phone (____) _____

Address _____ City _____, State _____ Zip _____

Passport Information:

Do you have a passport? () Yes () No () Applying

Name (*as it appears on your passport*): _____

Passport Number/Issue Date: _____

Nationality/Place of Issue: _____

Passport Expiration Date: _____

Spiritual Information: (Use additional page if necessary)

What events led you to become a Christian? _____

Describe your current walk with Jesus Christ: _____

Why do you believe God is calling you to participate on *this* trip? _____

Medical Information:

The following information is needed for better placement of your skills and ministries during mission's trips. Should you need medical attention, the information you provide will be given to the physician to make analysis for your care.

How would you describe your overall health? _____

Do you have any physical limitations or disabilities, which may limit certain activities: _____ If so, please list:

Please list any surgeries/procedures and the year of occurrence: _____

Are you prone to seizures? _____ If yes, explain: _____

Are you prone to motion sickness? _____

Are you prone to "blacking out" or fainting? _____ If yes, explain: _____

Please list any current medications, a brief description for the prescription, and if it needs to be kept cool:

_____	for _____	Cool? _____
_____	for _____	Cool? _____
_____	for _____	Cool? _____

Please list any allergies, medical conditions or otherwise: _____

Have you ever been involved with (If yes, please explain):

__ Alcohol Addiction __ Drug Addiction __ Cult or Occult

Please check below if you have ever had:

__ Psychiatric Care __ Eating Disorder

Explain - _____

Payment Schedule:

All payments for Life Around the World coordinated or approved trips should be turned in to Justin Henry or the Box outside Pastor John's Office and be made out to Life Assembly.

\$100 non-refundable, non-transferable deposit

50% of the cost of the trip (or cost of plane ticket, whichever is greater) is due 60 days prior to departure

75% of the cost of the trip is due 45 days prior to departure

100% of the cost of the trip is due no later than 30 days prior to departure

Note: No refunds will be given for excess funds given.

Disclaimer:

Please initial in the space provided as an indication of understanding and agreement of the statements.

___ Life Assembly will not be responsible for extra trip expense (i.e., airline or hotel fare changes). Should these occur, they will be passed along to the traveler.

___ I will agree to return home at my own expense if the Team Leader determines my behavior is/has been inappropriate and therefore jeopardizing the short and/or long-term ministry.

___ I understand that my involvement on this trip can be denied prior to travel in the event that I do not participate in the full preparation of the trip (i.e., Team Member Training) and as a result could compromise the effectiveness of the trip.

In submitting this application:

I am expressing my agreement with Life Assembly's Vision, Mission, Goal, Values, and Strategy; and Statement of Beliefs.

I am willing to work under the direction of the Disciple-Making Team, Team Leader, and Missionaries to accept and to perform any and all assignments with a God-honoring attitude.

I am willing to conform to the standards of the national Christians, even if those standards are stricter than my own.

I agree to be subject to a background check.

I am confirming that I have the time and energy to devote to the pre-, mid-, and post-trip responsibilities.

I agree to participate in the Short-Term Team Member Training arranged by the Short-Term Team Leader and complete all requirements for the trip.

I have read and agree to the above deposit and payment information along with the financial guidelines described in Life Assembly's Short-Term Mission Team Financial Policy document.

Signed: _____ Date: _____

Life Around the World Code of Conduct

As a team member for a Life Assembly Missions Trip, I am cognizant that I play a crucial role as an example to those at home and abroad. Because of this example, on any Life Assembly mission's trip, I agree to refrain from the purchase or use of any alcoholic beverage, tobacco products, or any other controlled substance.

I understand that life and culture in a foreign country requires a variety of physical, attitudinal, and spiritual directives that may differ from life at home. Therefore, I willingly and enthusiastically commit to placing myself under the leadership of the appointed missions team leaders and the missionaries on site concerning every aspect of travel, deadlines, work assignments, interaction with local residents, and any other facet of the trip.

I, _____, have read and understood the above policy.

Signed: _____ Date: _____

Insurance Waiver

I am aware of the hazards and risks to my person associated with serving in a mission's capacity. I also understand that I am responsible for obtaining any additional insurance coverage that I consider necessary.

Signed: _____ Date: _____

Signed: _____ Date: _____
Parent/Guardian Signature* if applicant under 18 years of age

Parent/Guardian Permission:

ILLNESS ON A TRIP: The parent/guardian shall be contacted, advised of the situation, and can in turn communicate their wishes regarding the student's care. (In the event of a life threatening situation or serious injury- medical treatment will be sought immediately with attempts to contact the parent/guardian ASAP)

IF YOUTH LEADER BECOMES ILL/LEAVES DUE TO FAMILY EMERGENCY: Another adult (approved counselor) shall be placed in charge and members of the group made aware of the designated person responsible.

CONDUCT: No youth shall ever be allowed to leave the rest of the group at any meeting, event, or outing. All must stay together as a group. (The student is responsible for maintaining communication of their comings and goings.) **ALL STUDENTS ARE EXPECTED TO DISPLAY APPROPRIATE CHRISTIAN CONDUCT AT ALL TIMES WITH NO EXCEPTIONS.** Behavior issues are non-negotiable. In the event a student becomes unruly, the parent/guardian will be contacted and made aware of the problem. If the student continues to display inappropriate behavior, the parent/guardian will be notified that their student is being sent home at their own expense.

I have read carefully the rules/guidelines of the Life Assembly Student Ministries; and agree with the above. I give _____ permission to participate in all trip related activities. I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time. Furthermore, I release Life Assembly and its representatives from liability should accident/injury occur. My signature below also allows Life Assembly and its representatives to seek emergency medical attention on behalf of my child.

Parent/Guardian: _____ Date: _____