

## PERSONAL INFORMATION

Please type or print FULL LEGAL NAME (as it appears on your passport)

Name: \_\_\_\_\_  
(last) (first) (middle)

Preferred name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

SSN: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PASSPORT INFORMATION

Country: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## CHURCH INVOLVEMENT

Check one and complete the requested information

Regular attender and active in church

Church Name: \_\_\_\_\_

Occasional or non-involved attender

Attended Since: \_\_\_\_\_ (mo/year)

List any ministries you have been involved with past and present:

Please list 1 pastoral reference and 2 personal references (include names with email or phone number):

## PERSONAL BACKGROUND:

Describe your current practice of devotions (Bible study & prayer):

Are you involved in any ministries outside of Right Turn Ministries? Please describe:

## MINISTRY EXPERIENCE & SPIRITUAL GIFTS

List any cross-cultural and short-term experiences:

## MINISTRY EXPERIENCE & SPIRITUAL GIFTS

What gifts, talents, abilities, and professional skills do you have that might contribute to your ministry on a short-term mission trip?

If you have taken a spiritual gifts assessment, what are your top spiritual gifts?

Do you speak a language other than English? If so, please list along with fluency (i.e. a little, conversational, fluent):

Briefly explain what you hope to see the Lord do in and through you on this mission trip:

## MINISTRY EXPERIENCE & SPIRITUAL GIFTS

How do you think your involvement will strengthen the team?

What do you do when you have conflict with someone? How do you handle confrontation?

What are the realistic roadblocks that might keep you from going on a mission trip?

Are you willing to commit to attending required meetings?

YES

NO

## FINANCIAL MEMO OF UNDERSTANDING

I understand that I am responsible for raising 100% of the funds required for the trip.

I am responsible for passport fees, souvenirs, immunizations, prayer letters, personal meals separate from the team, and some tourist type events. Right Turn Ministries will not be responsible for extra trip expenses (i.e. airline changes).

If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I understand that the monies donated to my trip cannot be refunded to me or to the donors due to the non-profit status of Right Turn Ministries. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside of the trip.

If I raise an amount of money that exceeds my needs, remaining money will be used by Right Turn Ministries for other financial needs associated with this mission or future ministry trips.

I will agree to return home at my own expense if the team leadership determines that my behavior is/has been inappropriate, and none of the money raised will be refunded to me or any donors.

**I have read and agree to the above policies, rules, and terms.**

Participant's Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Legal Guardian if under 18: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## TEAM COVENANT

We believe that God is calling short-term missionary teams to bring the fruit of the gospel for the good of the world. (John 15:16). We believe the following elements are crucial to the effectiveness, quality, and safety of a short-term mission trip. As a member of a short-term mission team, I will agree to:

1. Remember that I am representing Jesus Christ as well as Right Turn Ministries. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will respect their ministry methods realizing that ministry in other parts of the world may look different than what I am used to.
3. Commit to being a group of individuals who unite as one in purpose, striving to accomplish the same goal of glorifying Christ and increasing His church. (1 Corinthians 12:1-31)
4. Develop and maintain a servant's attitude toward all nationals and my teammates.
5. Commit to resolving all inter-team conflicts according to biblical principles as laid out in Matthew 18:15-20. In all issues of conflict, I will commit to maintain a humble spirit of confidentiality, while seeking to affirm one another in love (Ephesians 4:29; Colossians 4:6).
6. Respect my team leader and his or her decisions. In situations of team concerns, the team leader will be the team guide.
7. Refrain from a complaining or criticizing attitude towards nationals, team leaders, and my teammates. I recognize that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will strive to be creative, accommodating, and supportive in all situations in order to promote a positive team environment without judgment.
8. Respond without defensiveness when corrected, believing the other team members have my best interests and the interests of the team in mind. (Proverbs 27:5-6).
9. Refrain from gossip. (Ephesians 4:29)
10. I will strive (with God's help) to be an imitator of Christ (1 Corinthians 11:1), not causing a brother to stumble (1 Corinthians 8:9-13), and acting in a manner appropriate to the host culture, doing all for the glory of God. (1 Corinthians 10:31).
11. Refrain from illegal drugs and abstain from the use of tobacco while on the trip, and will only consume alcohol at team leader discretion.
12. Refrain from the use of inappropriate or obscene language. (Ephesians 5:4, Colossians 3:8, 4:6).
13. If I am attracted to a teammate, I will not attempt to pursue a relationship until after we return home.
14. Refrain from any activity that could be constructed as a romantic interest toward a national. I realized that certain activities that seem innocent in our own culture may seem inappropriate to others.
15. Attend all team meetings before, during and after the trip. Team meetings are crucial for accomplishing the objectives of the trip and creating unity among the team.
16. Commit myself to daily prayer, every day up to and including our time in the field, for the individuals on our team, and our people we will serve with.

Participant's Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## IN SUBMITTING THIS APPLICATION

I am expressing my agreement with Right Turn Ministries.

I have read and agree to the trip policies and procedures.

I wholeheartedly submit to the team leadership and will follow their direction and instructions.

I will, Lord willing, attend all training sessions and complete all training requirements.

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

I am willing to work under the direction of missionaries and national pastors to accept and to perform any and all assignments cheerfully and with a God-honoring attitude.

I will be flexible in my deportment; adjusting my demeanor, posture and manner as needed.

I will agree to return home at my own expense if the team leader determines that my behavior is/has been inappropriate.

**Participant's Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



# SHORT-TERM MISSION TRIP APPLICATION



## MEDICAL INFORMATION

Your Name: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Co Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PHYSICIAN INFORMATION

Primary Care Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please provide contact information of two individuals not traveling with your team who may be contacted in the event of an emergency.

### In Case of Emergency, Please Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

### Alternate Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

## MEDICAL INFORMATION

Is your tetanus shot current?  YES  NO Date of last tetanus shot: \_\_\_\_\_

List any allergies (foods, medications, bees, pollen, etc) and reactions to these allergies:

List any special dietary needs/requirements:

Please list any medications you are currently taking:

Do you have any health problems that might hinder you during this mission trip (back or chest pain, daily mandatory medical needs, physical or mental disability, etc.)?

## SHORT-TERM RELEASE OF LIABILITY FOR MINORS

In signing this form, I, \_\_\_\_\_ the parent and/or legal guardian of \_\_\_\_\_ (Team Member's Name), agree not to hold Right Turn Ministries, its officers, employees, or other agents liable for injury, loss, damage, or accident arising out of the ministries negligence or that negligence of its officers, employees or other agents that I (and my minor children participating with me - listed below) might sustain while on one of its mission trips to \_\_\_\_\_ (Location of Trip) from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

I realize and acknowledge that my (and my minor child's/children's) participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume risks that might result from my travel to a foreign country, and I agree to hold Right Turn Ministries, its officers, employees, or other agents harmless for liability concerning my personal health and well-being arising out of Right Turn Ministries' negligence, and liability for my personal property that might be lost, damaged, or stolen while on a mission trip arising out of Right Turn Ministries' negligence.

I also give permission for my child to travel with an assigned staff member from Right Turn Ministries outside of the United States of America, and give that person permission to administer medical care in the case of an emergency.

I have carefully read the foregoing and I understand that my signature herein holds Right Turn Ministries, its officers, employees, or other agents harmless for liability for injury, damage, loss, accident, delay, or irregularity in schedule arising out of Right Turn Ministries' negligence of the negligence of its officers, employees, or other agent.

Parent or Guardian's Signature: \_\_\_\_\_

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

Minor Child Participating (under 18 years of age Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SHORT-TERM RELEASE OF LIABILITY

In signing this form, I, \_\_\_\_\_, agree not to hold Right Turn Ministries, its officers, employees, or other agents liable for injury, loss, damage, or accident that I might sustain while on a short-term mission event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation in any such mission project, and I unconditionally agree to hold Right Turn Ministries, its officers, employees, or other agents harmless for liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I hereby expressly forever release and discharge Right Turn Ministries, its officers, employees, or agents from all such claims, demands, injuries, damages, or causes of action arising from any conduct on the part of Right Turn Ministries, its officers, agents, or employees.

Signed: \_\_\_\_\_

Parent's Signature (if under 18 years of age): \_\_\_\_\_

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

## EMERGENCY MEDICAL RELEASE FORM

Participant's Name: \_\_\_\_\_

Right Turn Ministries and their appointed team leaders have my permission to authorize any medical treatment deemed necessary for me or my child by the aforementioned and the attending physician, including administration of medication, anesthesia, emergency surgery, or hospitalization. I agree to assume complete financial responsibility for all medical bills incurred by me or my child.

I agree to assume total financial responsibility to travel home immediately if it is necessary for medical or any other emergency reasons.

Signed: \_\_\_\_\_

Parent's Signature (if under 18 years of age): \_\_\_\_\_

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