



Team Member Application Instructions

- 1) **Please fill out the Message Ministries & Missions Inc. application form completely and accurately.**
A parent's signature is required on the application if the team member is a minor.
- 2) **If you are a minor (a person under 18 years of age) and are traveling without a parent or guardian please fill out the Parent Permission Affidavit Form and have it notarized.** It is important that both parents sign the form unless guardianship has been given to just one parent or someone else (beside your biological parent) is your guardian.
- 3) **Please fill out the Emergency Contact and Release of Liability Form**
- 4) **Please send a clear, readable copy of your passport.**
- 5) **Please send a non-refundable \$150 deposit with your application.** *(This will be applied to the cost of your trip)*
- 6) **Monies due for the cost of your airline tickets are due 60 days prior to departure.** If you've made prior arrangements with Message Ministries to purchase your own tickets this is not necessary.
 - * Please understand we do not purchase airline tickets until full payment for the ticket has been received in our office.
 - * Please know that we need your name as it appears on your passport at the time of ticketing or you will be subject to a \$150 charge from the airline to make a name change if necessary.
 - * Airline ticket prices fluctuate and sometimes the longer we wait to purchase your ticket the more expensive the price of the ticket. *You have the option of getting your own ticket, if you feel you can get a better price, as long as you arrive in the destination city at the same time as the rest of the team. This needs to be cleared with the mission office first.*
- 7) **The rest of the cost of the trip is due in our office two weeks before departure.**

There are options available to make payments online for the cost of your mission trip. To do this, just go to our website at www.messageministries.net or www.messageministries.org and hit the appropriate link. We can also set up a page where your supporters can go to make a donation towards your trip. On "your" page, we can add a picture and a brief description of where you are going and what you are going to do on your mission trip. You need to call our office to set up this option. All checks are to be made to Message Ministries & Missions Inc.

Please mail completed forms with \$150 non refundable deposit to:
Message Ministries & Missions Inc. - PO Box 7158 - St. Petersburg, Florida 33734

If you have any questions please call our office at 727-527-0595.
If you are unable to reach someone in our office please call 727-423-7335,
messageministry@aol.com or visit www.messageministries.net



Mission Trip Application

TEAM MEMBER - PERSONAL INFORMATION

Team Member Name: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Telephone: _____ Cell Phone: _____ Email _____
 Date of Birth _____ Citizenship _____ Country of Birth _____
 Marital Status: Single Married
 Spouse's Name _____ Is your spouse supportive of your participation in this project? _____
 Names & Ages of Children: _____
Name as it Appears on Passport _____ *If applied for please write your name as it will appear in passport
Passport Number _____ Expiration Date _____ City and State Where Issued _____
 Mission's experience: _____

PROJECT INFORMATION

Which country are you applying for? _____
 Mission trip dates: _____ Team Leader: _____
 Purpose of the trip: _____ Cost: _____
 If your team orders T-Shirts, what size would you desire? _____

PARTICIPANT MEDICAL INFORMATION

Is team leader authorized to approve medical treatment? Yes No
 Is participant covered by personal/family medical insurance? Yes No
 If yes, name the insurer: _____ Policy or group number: _____
***Please attach a copy of your insurance card.**
 How would you describe your present health? Excellent Good Average Poor
 Please state any major illness (es) you have had in the last five years: _____

 Are you presently under the care of a physician? Yes No If yes, please explain _____

 Please list any medication you are taking: _____

 Please list any allergies you have _____
 Please explain any physical challenges that you may face on this ministry trip: _____

 Emergency contact: _____ Telephone: (day) _____ (night) _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. **The participant also understands that the deposit is non-refundable and he/she will be responsible for airline tickets purchased in his/her names upon cancellation.** The training meetings for this mission project are critical for the spiritual unity and physical preparation of the entire team. The participant commits to faithfully attend all meetings at the scheduled times.

Participant's Signature: _____ Date: _____

Parent/guardian if participant is a minor: _____

INVOLVEMENT

Name of Home Church: _____ How long have you been involved at your church? _____
List the ministries with which you have been involved at your church, including time of involvement with any leadership positions held _____

How would you describe your daily relationship with Jesus Christ? _____

List the ministries with which you have been involved outside of your church, including time of involvement with any leadership positions held _____

(Please check) Do you have experience in: Pastoral ministry _____, youth ministry _____, children's ministry _____, men's ministry _____, women's ministry _____, ministry of helps _____, other _____.

Do you have abilities in: music _____, drama _____, puppets _____, dance _____, other _____,
Please share about your talent: _____

Have you had training in personal evangelism? Yes _____ No _____ Please explain _____

When was the last time you talked to someone about Jesus Christ? _____

Do you have a desire to share your faith on this mission trip? _____

Have you been on a short term mission's trip before? _____ if so, describe your experience: _____

Do you speak any foreign languages? Yes _____ No _____ Which language: _____

Which language do you speak fluently? _____ Can you be a translator on the trip? Yes _____, No _____

TESTIMONY

How and when did you come to know Jesus Christ as your Savior and Lord?

How is your life now that you know Him?

In what areas of your life have you seen spiritual growth in the last year?

Briefly describe why you see God calling you to participate on this trip:

How would you like to use your talent or gift on this trip?

What do you see as your role on this ministry team?



Release of Liability and Emergency Contacts Form

Team Member Name:

Name: _____ Date of Birth: _____ Passport #: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____

People to Contact in Case of Emergency:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Responsibility:

Message Ministries and Missions Inc. its Board, agents, servants, and employees, hereinafter Message Ministries and Missions Inc. acts only as an agent for the Traveler in connection with all aspects of Traveler's tour to _____ commencing on the ____ day of _____, 20__, and it is understood and agreed that Message Ministries and Missions Inc. assumes no liability for injury, damage, loss, accident, medical expenses, delay or irregularity which may be occasioned for any reason whatsoever, due to its own acts or omissions or through the acts or omissions of any company or person engaged by Message Ministries and Missions Inc. for the purpose of, transporting or housing Traveler, or in carrying out the arrangements of the tour, and Message Ministries and Missions Inc. accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to Message Ministries and Missions Inc. to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any tour prior to departure, in which latter case a full refund will constitute full settlement to Traveler. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure from the United States. As a Christian organization our witness is very important, please do not use illegal drugs, alcohol, or tobacco products. Message Ministries and Missions Inc. reserves the right to send you home if there is an infraction of the rules in the respective country. You will be responsible for any costs incurred by your actions. Thank you for your courtesy and cooperation with Message Ministries and Missions Inc. rules and the local customs of the country.

I have read the foregoing and understand that it is full and complete release of liability of Message Ministries and Missions Inc.

Team Member Signature: _____ Date: _____

Parent's signature (if Traveler is under 18 years): _____



Parent Permission Affidavit Form

Parent or Guardian #1:

I, (First, Middle, Last Name) _____ of the city of _____, state of _____, hereby authorize my minor child, _____, age _____, born on the _____ day of _____, 20____, to travel out of the United States to the country of _____ from (date) _____ to (date) _____ under the custody of (First, Middle, Last Name) _____.

Signed: _____

Parent or Guardian #2:

I, (First, Middle, Last Name) _____ of the city of _____, state of _____, hereby authorize my minor child, _____, age _____, born on the _____ day of _____, 20____, to travel out of the United States to the country of _____ from (date) _____ to (date) _____ under the custody of (First, Middle, Last Name) _____.

Signed: _____

As the lawful parent(s) or guardian(s) of _____, we further authorize the said Custodian(s) to render or cause to be rendered such emergency medical care to the child as may be necessary or desirable for the purpose of the child's well being on this trip.

We further understand that this temporary "delegation" of our parental powers, does not relieve us of the primary responsibility of our child.

IN WITNESS WHEREOF, we have signed this Delegation of Custody, on the _____ day of _____, 201____.

Signature of guardian or parent #1

Signature of guardian or parent #2

STATE OF _____
 _____ COUNTY

Sworn to and subscribed before me this the _____ day of _____, 20____.

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