Full Name:
Gender:
Birth Date (mm/dd/yyyy):
Address:
City:
Zip/Postal Code:
Country:
Cell Phone #:
Email:
Do you have a passport? Yes No
If yes, what is the expiration date?
If no, has it been ordered? Yes No
Tell us about yourself!
Have you ever been on a missions trip? Yes No
List all previous missions trip or cross-cultural experience:

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Please list any foreign-language skills you have:
Please describe any specific skills, talents, spiritual gifts, or service experience that you feel may be helpful on this missions trip (music, teaching, first aid, construction, etc.):
In your honest opinion, what are your areas of character strength, and areas of character weakness?
Why do you want to go on this missions trip and how has God been leading you to do this?
Briefly describe what you hope to see the Lord do in and through you on this missions trip:

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Please list any questions or concerns you have about joining this missions team/trip:
Do you understand the preparation and training for this outreach is a commitment to meet faithfully with the team before the trip? Yes No
Do you understand if the total amount required for this trip is not in by the deadline date, you will not be allowed to go? Yes No
<u>Medical</u> :
Vaccinations/immunizations may be required for this trip. Will you meet with your medical provider for counsel regarding appropriate vaccinations/immunizations, comply with the recommendations, and provide proof of vaccinations/immunizations, if asked to do so? Yes No
Do you currently have medical insurance? Yes No If so, please list company, policy name, your number, and group number:
Do you have any condition(s) requiring special medical consideration? Yes No If yes, please list below:

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Do you have any psychological or emotional disorders or limitations? Yes No If yes, please list below:
Have you sustained any injury that may limit physical activity? Yes No If yes, please list below:
Are you on a special diet that has been prescribed by a doctor? Yes No If yes, please list below:
Please list any medications you use. Please provide information on dosage, frequency, and reas for using the medication.
Do you have enough medication for the entire trip? Yes No

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	wheat, etc.); Contact with substances (plants, soaps, etc.
Animals; Insect bites/stings; etc.	
Has your reaction ever required emer	gency room attention? Yes No
ias your reaction ever required emer	gency room attention: res No
Please identify any current health pro	hlems:
Circle answer)	
Anemia: Yes No	Asthma: Yes No
Bleeding problems: Yes No	Emphysema: Yes No
Cancer: Yes No	High Blood Pressure: Yes No
Malaria: Yes No	Heart Disease: Yes No
uberculosis: Yes No	Stroke: Yes No
Seizures/ Epilepsy: Yes No	Peptic Ulcers: Yes No
Psychiatric Illness: Yes No	Diabetes: Yes No
Alcoholism: Yes No	Drug Abuse: Yes No
Other: Yes No	
f yes, for any of the above, please ex	olain below:
ist relevant previous surgeries (inclu-	de procedures, year, and reason):

Personality/Leadership:

If you have not done this in the last 12 months, please got to <u>16personalities.com</u>, and click the "Take the Test" button. Once you've taken the test, please give us your answers below:

Individual traits:					
Extravert/Introvert:		%:			
Intuitive/Observant:		%: <u></u>			
Thinking/Feeling:	Thinking/Feeling:				
Judging/Prospecting: _					
Assertive/Turbulent: _			%:		
If you have not done this in Free Assessment" button. below:	n the last 12 month	s, please go	 t to <u>5voi</u> c	es.com,	
If you have not done this in Free Assessment" button.	n the last 12 month	s, please go	 t to <u>5voi</u> c	es.com,	
If you have not done this in Free Assessment" button. below:	n the last 12 month Once you've taken	s, please go the assessr	 t to <u>5voi</u> c	es.com,	
If you have not done this in Free Assessment" button. below: Voice Order: 1	n the last 12 month Once you've taken %:	s, please go the assessr	 t to <u>5voi</u> c	es.com,	
If you have not done this in Free Assessment" button. below: Voice Order: 1. 2.	n the last 12 month Once you've taken %: %:	s, please go the assessr 	 t to <u>5voi</u> c	es.com,	
If you have not done this in Free Assessment" button. below: Voice Order: 1	n the last 12 month Once you've taken %:	s, please go the assessr 	 t to <u>5voi</u> c	es.com,	

Trip Conduct Contract:

- 1) On this trip, I understand that I am representing the United States, Denver, Colorado, Abundant Life Community Church, and the Kingdom of God. I know I will be watched closely, therefore I will be conscious at all times of the witness that I am representing for the Kingdom of God.
- 2) I will develop and maintain a servant's attitude toward all nationals, my fellow team members, and the missions team leaders.
- 3) I will respect, honor, and obey my team leaders and their decisions.
- 4) I will refrain from gossip, bad attitudes, and backbiting. I will, at all times, remember to be encouraging and positive in my conversations with others, even those I may find challenging to myself.

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- 5) I will refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances. Instead of whining and complaining, I'll be teachable and supportive.
- 6) I will refrain from bringing or purchasing knives, guns, fireworks, alcohol, illegal drugs, tobacco, inappropriate books or magazines, and secular music.
- 7) I will remember not to be exclusive in my relationships, and to refrain from any activity that could be construed as romantic interest towards a fellow team member or a national. I realize that certain activities that seem innocuous in my own culture may seem inappropriate in other cultures.
- 8) I will attend all team preparation meetings.
- 9) I will fulfill all logistic and financial requirements for this trip.

The rules of conduct for Abundant Life Community Church are for the safety and well-being of each participant. They exist to keep a high standard of Christian integrity that is necessary to effectively minister across cultural boundaries. These rules of conduct will be enforced by the missions team staff, including those in voluntary positions. We expect all participants to comply with all disciplinary decisions made.

All participants are expected to strictly adhere to the stated rules and expectations. Blatant offenders will be sent home. The offender and/or his/her parents are responsible for all costs involved in sending the disobedient participant home, including transportation, hotel, food, and any other cost incurred.

I have read and agree to obey the rules of conduct list above. I realize that the above rules of conduct are crucial for the effectiveness, quality, and safety of our trip. As a member of this team, I agree to abide by these rules of conduct at all times before and during our trip.

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Ιf	VOII are i	under the a	70 of 19 you	must have	a narent or l	legal guardian	nrovida thair	cianatura
11	you are t	unuer ine a	KE OI TO, VOL	i illust liave	a parent or i	icgai guai ulali	provide trien	Signature

Date:

Parent/Guardian Consent and Authorization:

Signature:

below.

I understand that my child is applying for a missions trip with Abundant Life Community Church, Arvada, CO. This trip is to Chihuahua, Mexico, and will involve crossing an international border into a foreign country. I understand there are inherent risks, including but not limited to,

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abduction, serious bodily injury and/or death, when entering and staying in a foreign country. I give my consent for my child to participate in this missions trip to Chihuahua, Mexico. I also give my consent to the leaders of the trip to provide or obtain medical treatment for my child, should the need arise. I will pay for any medical treatment provided to my child while on this missions trip. I release the trip leaders and Abundant Life Community Church, it's trustees, staff, and church members from any claims, demands, or liabilities arising from my child's participation in the missions trip. Any photo or video of my child may be used by the church for promotional materials.

Parent/Guardian Signature:		_ Date:
Parent/Guardian Emergency Contact Info		
Phone #:	Email address:	

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