

alive  2 love
MISSIONS TRIP APPLICATION FORM

MISSIONS TRIP APPLICATION FORM

TO APPLICANTS:

Thank you for your interest in traveling with Alive2Love Missions. Attached is an application along with various forms and releases that **MUST** be completed to ensure your acceptance as a ministry team member.

Alive2Love Missions asks for a fairly in-depth amount of information. Some information required may be rather personal to you, however, reasonable considering the scope of such a ministry trip.

Because our team is comprised of individuals from a variety of backgrounds and experiences, it is imperative that Alive2Love has prior knowledge of each applicant's personal information before approval can be granted for team participation. Please be assured that all details provided are kept strictly confidential within the leadership of Alive2Love Missions.

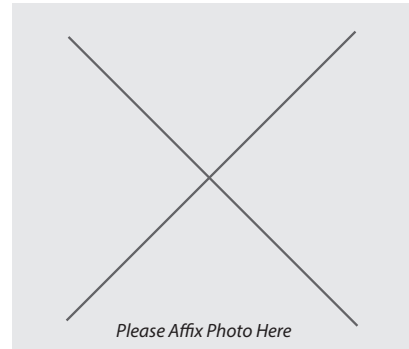
WHAT TO DO:

- Complete this application.
- Ensure your Spiritual Mentor Reference completes and sends in his portion of the application.
- If under 18 years of age, ensure you include the completed parental consent form.
- Send in your APPLICATION, DEPOSIT, & COLOR PASSPORT PHOTO

Please send all completed forms to the Alive2Love address captioned above. A mandatory deposit of \$ _____ reserves your space on the ministry trip pending review and approval of your application. Space is limited and acceptance is based on a first come, first serve basis. If a deposit is not received with your application, your application will not be processed. Deposit payment information is located further in this form.

A color copy of your passport is a requirement; if you do not yet have a passport, you may submit your application now and then send us the copy once you have received it. Please note, it takes 6-8 weeks for passport processing. Visit travel.state.gov/passport for more info about passport application.

An Alive2Love representative will contact you by phone or email once your application has been processed. If you experience any uncertainty during the application process, or if you have any questions, please call the Alive2Love office at (904) 778-5064 or email us at info@alive2love.org.



T-SHIRT PREFERENCE: Men
 Women | Size: Small Medium
 Large X-Large XXL

DEPARTURE:

1st Choice City & State for Flight Departure:

2nd Choice: _____

(Use 3 Letter Airport Code if Known)

TRIP SELECTION: Destination (City & Country): _____ | Dates: _____

Have you previously traveled with Alive2Love Missions? Yes No | If so, give dates: _____

CONTACT INFORMATION

Full Name: <i>(as on passport)</i>		Date of Birth: <i>(MM/DD/YYYY)</i>	
Nickname: <i>(As you would like it on your name tag)</i>			
Street Address:			
City:	State:	Zip:	Country:
Mobile Phone:	Home Phone:	Work/Other Phone:	
E-mail:	Facebook User Email:		
Twitter Username:	Marital Status:		
Occupation:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		

EMERGENCY CONTACT

Full Name:	Phone:
E-mail:	Relationship:

PASSPORT INFORMATION

(If you do not currently have a passport or have applied for renewal, you may submit this application without your passport info. However, you must immediately update the office with your passport information, once acquired.)

Passport #:	Date of Expiration:
Nationality on Passport:	

MISSIONS TRIP APPLICATION FORM

SUPPLEMENTAL APPLICATION INFORMATION:

	Yes	No	Unsure
Are you born again?			
You are Spirit-filled?			
Are you willing to minister consistent with Alive2love's ministry guidelines?			
Are you willing to submit to being monitored and lovingly corrected if necessary?			
If married, does your spouse support your participation?			
If married, will your spouse be joining this trip?			
Spouse's Name:			

DO YOU HAVE ANY PHYSICAL DISABILITY? _____

If so, please describe.

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? _____

If so, please describe.

MEDICAL HISTORY

Please state any and all medications you have taken in the past year or that you are currently taking. Also, please state any known physical disabilities, known allergies, or other relevant medical information (you may attach a separate sheet if necessary).

INSURANCE

"It is required that you obtain travelers insurance to cover possible medical needs that may arise during international travel. You are responsible to purchase your own travel insurance. Visit www.missiontripinsurance.com (or carrier of your choice) to obtain or contact our office for further details."

Please list insurance carrier and policy number below.

CHURCH

Name of the Church You Currently Attend:		's Name:	
Street Address:			
City:	State:	Zip:	Country:
Pastor's Number:	How long have you attended this church?		
Denomination:			

MISSIONS TRIP APPLICATION FORM

CHURCH

DO YOU TITHE REGULARLY?

DO YOU ATTEND CHURCH REGULARLY?

HAVE YOU BEEN WATER BAPTIZED?

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT?

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY?

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS?

WHAT DO YOU BELIEVE ARE YOUR NATURAL TALENTS & ABILITIES?

HAVE YOU RECEIVED ANY CHRISTIAN MINISTRY TRAINING?

If so, please describe:

ARE YOU FLUENT IN A FOREIGN LANGUAGE? _____

If yes, which one(s)?

HAVE YOU EVER SERVED IN THE MILITARY? _____

If yes, which branch?

DECLARATION & SIGNATURE

I, the undersigned, declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I authorize Alive2Love Missions to verify any and all information provided above.

Print Full Name:

Signature:

Date:

MISSIONS TRIP APPLICATION FORM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS. All persons under 18 years of age must additionally submit the included parental consent form.

I, _____, wish to be considered as an Alive2Love Missions Team Member for the following mission trip.

TRIP SELECTION: Destination (City & Country): _____ | Dates: _____

HEREBY DECLARE: I am 18 years of age or older. **(If not yet 18, both youth and parents/legal guardian must initial and sign).** I am in good health and have received or will be receiving all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip. I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel. I acknowledge that Alive2Love does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility. I further acknowledge that Alive2Love has recommended that I carry or obtain primary medical or travel insurance to cover possible medical needs, especially related to previously existing medical conditions. I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

Please read carefully, initial and sign indicated areas:

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS AN ALIVE2LOVE MISSIONS TEAM MEMBER ON THE ABOVE MINISTRY TRIP: I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE. Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY ALIVE2LOVE, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER. Initial: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY. Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER (S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT. Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION. Initial: _____

I AUTHORIZE ALIVE2LOVE TO ARRANGE FOR TRANSPORTATION AND LODGING FOR ME ON THIS TRIP. Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS. Initial: _____

DECLARATION & SIGNATURE OF MINOR

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

Print Full Name of Minor:	Signature of Minor:	Date:
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DECLARATION & SIGNATURE

I have read carefully and understand this liability release. I am aware that I am giving up important legal rights and sign of my own free will.

Print Full Name:	Signature of:	Date:
Address:		



P.O. BOX 1043 • PONTE VEDRA, FL 32004
WWW.ALIVE2LOVE.ORG

904-778-5064 | INFO@ALIVE2LOVE.ORG

MISSIONS TRIP PARENTAL CONSENT

ABOUT: *This form is to be used when an applicant is under the age of 18.*

HOW IT WORKS: *Parent/Guardian: Fill out this form and submit it with the rest of the application.*

APPLICANT FULL NAME:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name:			
Street Address:			
City:	State:	Zip:	Country:
Mobile Phone:	Home Phone:	Work/Other Phone:	
E-mail:			

DECLARATION & SIGNATURE

I, as parent or legal guardian for the above named applicant, hereby give my permission for this child or legal ward to participate in the trip and further agree, individually and on behalf of my child or legal ward to the terms and conditions, release of liability and assumption of risk as outlined in the application form, which I have thoroughly read.

Print Full Name of Minor:	Signature of Minor:	Date:
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MISSIONS TRIP APPLICATION FORM

DISCIPLINE POLICY

I, _____, wish to be considered as an Alive2Love Missions Team Member for the following mission trip.

TRIP SELECTION: Destination (City & Country): _____ | Dates: _____

VOLUNTARILY SUBMIT MYSELF TO THE FOLLOWING DISCIPLINARY PROTOCOL:

"If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector." –Matthew 18:15-17

It is the intent of Alive2Love Missions to follow the Biblical patterns of discipline within the confines of all international ministry trips. The goal of Grace & Glory is to create a safe, healthy, environment, in order to minister to the people of the country visited. We recognize that ministry team members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one's sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come along side each ministry team member in loving correction only when necessary. All compliance with any disciplinary action by Alive2Love is non-negotiable. Below are procedures that will be followed by Alive2Love leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to the Alive2Love Missions office. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Alive2Love leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation:

1. If you have a problem with any individual, you are to lovingly approach that person first, without going to any other ministry team member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but cannot hear your conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.
2. If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a ministry team leader. The ministry team leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.
3. If the ministry team leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the ministry team leader, and the trip coordinator in order bring closure to the difficult situation.
4. If the ministry team leader and event coordinator find any individual to be in rebellion to correction, a senior Alive2Love representative will be informed. A senior Alive2Love representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may include an individual returning home within 24 hours or being brought before the whole ministry team for public correction. If absolutely necessary, the ministry team will be informed not to have any personal contact with the individual throughout the remainder of the trip. The individual will not be permitted to eat, sleep, or travel with any ministry team member.

MEDIA RELEASE

I, _____, IN CONSIDERATION OF MY BEING ACCEPTED BY ALIVE2LOVE FOR PARTICIPATION AS A
MINISTRY TEAM MEMBER FOR THE FOLLOWING TRIP: _____ (destination city), ADHERE TO THE
FOLLOWING MEDIA POLICY:

Alive2Love often takes photographs and video footage on ministry trips which are then used as needed for Alive2Love advertising, promotional materials, web page, and publications. In signing below, you fully authorize Alive2Love to use video or photographs taken of you in any or all of the above-mentioned materials. In addition to this, any photo or video footage personally acquired on the trip will be at the disposal of Alive2Love, should they request it.

DECLARATION & SIGNATURE

I AGREE TO FOLLOW THE DISCIPLINARY PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER, I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY THE ALIVE2LOVE LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS. IN ADDITION, I AGREE TO THE MEDIA RELEASE POLICY STATED ABOVE AND WILL ABIDE BY THE TERMS AS STATED.

Print Full Name:	Signature:	Date:
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MISSIONS APPLICATION DEPOSIT FORM

Please note: Your application for the Alive2Love Missions Team participation cannot be processed without the deposit amount included with this form.

I, _____, wish to be considered as an Alive2Love Missions Team Member for the following mission trip.

TRIP SELECTION: Destination (City & Country): _____ | Dates: _____

DEPOSIT AMOUNT INCLUDED: \$ _____ (\$ _____ PER PERSON PER TRIP)

Please make checks or money orders payable to: Alive2Love. Deposits and/or full payment may be made by credit card. If you choose to make a payment by credit card using PayPal, you must add an additional 3% above what you are sending in order to cover PayPal processing fees. All payments must be paid in U.S. dollars.

SUPPORT FUND/DONATIONS POLICY

Support funds/donations can either be sent to the applicant or directly to the Alive2Love Missions office. Please include the applicant's name and destination country in the memo line of the check. Please also mark the envelope: ATTN: APPLICANT DONATIONS. All support funds/donations must be received in accordance with payment deadlines.

CANCELLATION/REFUND POLICY

Alive2Love Missions reserves the right to deny any application. If you are not accepted for a team, your deposit will be refunded in full. Once your application has been processed, you may cancel up to 8 weeks prior to your departure date, but your deposit is nonrefundable. You can however, move the total deposit to another trip date within 6 months of your scheduled trip. If, for any reason, a team member cancels after 8 weeks prior to the departure date, the full deposit will be forfeited.

Final payment must be received by the cut off date in order to avoid the \$100 late fee. If, for some reason you cancel your trip within 4 weeks of your departure date or after we have paid for your air flights, you will not be refunded for your ticket price. However, it is often the case that the ticket can be reused in the future less a change fee (to be determined at time of change). Also, you will forfeit your deposit and there will be an additional \$100 late cancellation penalty. In addition, you will not be refunded monies that Alive2Love Missions has paid out on your behalf to secure hotel, bus, and food service reservations. Otherwise, any amount over and above the deposit, airline ticket, late cancellation fee, and reservation monies spent on your behalf will be refunded to you.

DECLARATION & SIGNATURE

Please sign below if you have read and understood the cancellation/refund policy as written above.

Print Full Name:	Signature:	Date:
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PAYMENT OPTIONS

Please make checks payable to Alive2Love

Enclosed is a Check in the Amount of \$ _____ | Check # _____

Credit Card Information: VISA  MC  Discover  American Express 

Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Card No. _____ Exp. Date _____ / _____ Sec. code _____

I AUTHORIZE THE ABOVE AMOUNT TO BE CHARGED TO MY CREDIT CARD BY ALIVE2LOVE MISSIONS.

Signature _____ Date: _____ Amount to be Charged: \$ _____

MISSION TRIP SPIRITUAL MENTOR FORM

ABOUT: This form should be completed by a pastor or spiritual mentor and sent to the Alive2Love Missions office directly. This completed form should not be returned to the applicant.

HOW IT WORKS:

APPLICANT: Please ask your spiritual mentor to fill out this form.

SPIRITUAL MENTOR: Please fill out this form and mail or email the form to the address below:

Alive2Love, P.O. Box 1043, Ponte Vedra, FL 32004

_____ is interested in being considered for mission service with Alive2Love Missions. Since it is our purpose to secure an understanding of the applicant's personality as a whole, we urge you to be completely straightforward, in justice both to the person under consideration and to Alive2Love Missions.

Please offer pertinent facts and observations not covered by the questions and exceed space limitations whenever you feel necessary. We realize you will not be cognizant of the applicant's ability in every area; therefore, the "unknown" category is provided. Your comments are an important part to our application process. We are grateful for your honesty, time and prompt response. Your answers will be handled with the utmost confidentiality. Parent/Guardian: Fill out this form and submit it with the rest of the application.

APPLICANT FULL NAME:

SPIRITUAL MENTOR CONTACT INFORMATION

Full Name:	Church Name:	
Street Address:		
City:	State:	Zip:
Contact Phone:	E-mail:	
How long, how well, and under what circumstances have you known the applicant?		
What do you believe to be the applicant's motivation to participate in missions service?		

SPIRITUAL MATURITY

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
Ability to share personal faith in a constructive way:						
Ability to display respect for people of other faiths:						
Ability to maintain faith and prayer life during times of difficulty:						
Ability to maintain a lifestyle consistent with a relationship to Christ:						
Comments:						

MISSION TRIP SPIRITUAL MENTOR FORM

EMOTIONAL STRENGTHS

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
Ability to identify personal strengths and weaknesses:						
Ability to be flexible in the face of change:						
Ability to grow and change in response to experience:						
Ability to withstand criticism or rejection:						
Comments:						

CROSS-CULTURAL ADAPTABILITY

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
Awareness of influence of own cultural background on personal attitudes, assumptions, values, behavior:						
Ability to modify personal attitudes, assumptions, values, behavior in response to different cultural patterns						
Ability to empathize with those of differing cultural patterns:						
Capacity to adjust to a different lifestyle:						
Comments:						

INTERPERSONAL RELATIONSHIPS

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
Ability to work with others, especially where there are differences of theological or political beliefs, or work objectives:						
Ability to participate in the process of planning and decision-making o produce mutually determined goals:						
Ability to listen to others:						
Ability to perceive nonverbal communication:						
Ability to respond to feelings and needs of others:						
Comments:						

MISSION TRIP SPIRITUAL MENTOR FORM

AUTHORITY RELATIONSHIPS

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
The seat of authority is distant:						
The lines of authority are blurred:						
Authorities are older or younger:						
In a position of authority:						
Authorities are of a different race or culture:						
Comments:						

ANALYSIS, PLANNING, & EVALUATION

THE DEGREE TO WHICH I BELIEVE HE/SHE POSSESSES THE:

	Outstanding	Good	Satisfactory	Fair	Poor	Unknown
Skill in planning and implementation: gathering data, determining needs, planning to meet needs.						
Readiness to have program work evaluated:						
Comments:						

NOTE SPECIFIC STRENGTHS OF THE APPLICANT YOU HAVE OBSERVED:

HOW WOULD YOU ASSESS THE APPLICANT'S HEALTH?

MISSIONS SERVICE OFTEN INVOLVES CONSIDERABLE CONTACT WITH PEOPLE IN DIFFERENT CULTURAL SETTINGS. SUCH EXPOSURE MAY EXAGGERATE THE EFFECTS OF SOME PERSONALITY TRAITS, POSSIBLE INCLUDING THOSE LISTED BELOW.

Please check any of these characteristics that apply to the candidate:

- Impatient
 Sullen
 Easily Offended
 Irritable
 Frequently Worried
 Argumentative
 Cocky
 Easily Embarrassed
 Anxious
 Nervous
 Critical of others
 Domineering
 Tense
 Easily discouraged

Comments:

MISSION TRIP SPIRITUAL MENTOR FORM

HOW DO YOU RATE THE APPLICANT'S POTENTIAL FOR MISSION SERVICE?

Please check one below:

Exceptional Superior Good Average Below Average Should be Discouraged

SUMMARY

Please honestly state your opinion of the applicant's all-around fitness of mission service, adding any significant information and impressions that have not been brought out by the preceding questions:

IF POSSIBLE, LIST ANOTHER PERSON QUALIFIED TO GIVE A SOUND APPRAISAL OF THE APPLICANT:

Full Name:	
Contact Phone:	E-mail:
Relationship to Applicant:	

THANK YOU FOR YOUR TIME.