



GLOBAL DEVELOPMENT

Short-Term Mission Trip Application

Greetings, we are grateful for your heart to serve and are excited for what God has in store for our partnership. To help the Global Development Team evaluate and protect participating volunteers, please fill out this form, which will allow you to participate in short-term mission trips with Journey of Faith Church. Please note that all information on this form will be kept strictly confidential, stored in a secure location, and held from release without explicit permission. We thank you for your cooperation and enthusiasm.

Short-term Mission Trip: _____

CONTACT / PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Nickname or Maiden Name, if preferred: _____

Email address: _____ Gender: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: Home Work Cell (_____) _____
Phone 2: Home Work Cell (_____) _____

Date of Birth (MM/DD/YY): _____ Citizenship: _____

Place of Birth: _____ Driver's License #: _____

Passport Number: _____ Expiration Date: _____

Attach a photo copy of your passport

Marital Status: Single Married Separated Divorced Widowed

Spouse First Name: _____ Last Name: _____

Emergency Contact Information

Full Name: _____ Full Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

PERSONAL HISTORY

Education

School last attended: _____ Date of Graduation: _____

Date last attended: _____ Diploma(s) awarded: _____

Languages

Are you Fluent in other languages? Yes No

If yes please list: _____

Rate your fluency:

From 1 to 5, 1 having some ability to 5 being fluent

Oral Communication: _____ Reading: _____

Understanding: _____ Writing: _____

Church Involvement

Is Journey of Faith your church home? Yes No

If yes, date first attended Journey of Faith: _____

If no, what is your church home? _____

Date you last attended home church: _____

Ministry Experience

Ministry/Organization: _____

Role: _____

Location: _____

Term of Service: _____

Ministry/Organization: _____

Role: _____

Location: _____

Term of Service: _____



Ministry/Organization: _____

Role: _____

Location: _____

Term of Service: _____

Please list any special training, skills, or abilities you have:

Please describe your heart for ministry and why you desire to be a part a mission trip:

Spiritual Assessment

Do you know Jesus Christ as your personal Savior? Yes No

Do you share your relationship with Jesus Christ with others? Yes No

Are you currently in a small group/Bible study? Yes No

If yes, which one or through which ministry? _____

Do you have experience teaching or leading a small group/Bible study? Yes No

If yes, which one or through which ministry? _____

Rate yourself honestly in the following areas:

From 1 to 5, 1 being weakest and 5 being highest

Flexible:		Open-Minded:		Self-Motivator:		Evangelist:	
Humble:		Sense of Humor:		Teacher:		Listener:	
Teachable:		Resourceful:		Team Player:		Organized:	
Endurance:		Prayerful:		Counselor:		Able to Submit:	

Scholarship

Based on your financial need, would you like to request scholarship assistance from Journey of Faith?

Yes

No



TESTIMONY

In the space provided below, please describe how you came to know Jesus Christ as your personal Savior and how you incorporate your faith with your lifestyle:



REFERENCES

Please provide **three** non-family-member references who are familiar with your work and/or volunteer experience. One of the three should be a pastor.

Your Name: _____

As it appears on your Driver License or I.D.

Reference 1 Relationship: _____

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: Home Work Cell Phone 2: Home Work Cell

(_____) _____ (_____) _____

Reference 2 Relationship: _____

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: Home Work Cell Phone 2: Home Work Cell

(_____) _____ (_____) _____

Reference 3 Relationship: _____

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: Home Work Cell Phone 2: Home Work Cell

(_____) _____ (_____) _____

I authorize Journey of Faith to contact any references listed herein to verify all information provided and to obtain information related to my character and volunteer performance. I release all listed references from any liability for information provided in good faith. I waive any rights to inspect information provided about me by any person or organization identified by me in this application or reference checks. My signature on this document confirms my understanding and agreement with the above statements and, to my knowledge, the information contained in this Reference Sheet is true and correct.

Signature: _____

Date: _____

MEDICAL INFORMATION

Your answers may or may not disqualify you from travelling with Journey of Faith overseas.
All information listed below will be kept strictly **confidential**.

Full Name: _____

As it appears on your Driver License or I.D.

Physician's Name: _____

Physician's Phone Number: (_____) _____

Medical Insurance Company: _____ Policy No.: _____

Blood Type: _____

General Medical History

Describe your overall health:

List any medications you are currently taking and reasons for taking them:

If you answer "yes" to any of the following questions, please explain in the comments below:

Do you have any chronic health problems? If yes, describe severity.

Yes No

Do you have, or have you ever had, seizures?

Yes No

If yes, are your seizures well controlled on meds: Yes No

When was your last seizure?

Do you have high blood pressure?

Yes No

Have you ever had a heart attack or stroke?

Yes No



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Are you being treated for any cancer or tumor?

Yes No

Do you have diabetes?

If yes, do you have: TYPE 1 TYPE 2

Yes No

Do you have back or joint problems?

Yes No

Do you have food, drug or environmental allergies?

If yes, describe the severity below

Yes No

Do you have asthma?

If yes, is your asthma: MILD MODERATE SEVERE

Yes No

Are you going through any emotional strain or difficult situations which could interfere with your ability to reach out to others?

Yes No

Do you suffer from phobias or excessive fears? If yes, describe below

Yes No

Do you have any neurological disorders? If yes, describe below

Yes No

Do you have any psychological disorders? If yes, describe below

Yes No

Can you tolerate hot humid climates?

Yes No

Can you tolerate lack of sleep?

Yes No

Can you tolerate dirty environments?

Yes No

Are you flexible in the type of foods that you can eat?

Yes No

Do you have reason to believe you may not be healthy enough to participate in this event?

Yes No

Comments:

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Medical Information form is true, accurate and reflects my current medical condition.

Signature: _____

Date: _____



VOLUNTEER CONSENT, WAIVER & RELEASE

1. In case of any medical emergency occurring while volunteering with GD, in which personal judgment is impaired, I authorize any Ministry Leader of Journey of Faith as my agent to sign for consent to an anesthetic, medical, dental X-ray, surgical diagnosis, or treatment and hospital care for me which is deemed advisable by them. This is to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act, or any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at an office of said physician or dentist, at a hospital, or anywhere else. This authorization will remain effective while I am en route to and from, or involved in or participating in, any GD program or event, unless revoked in writing by me and delivered to a Pastor or Director of GD.

2. I release and hold harmless Journey of Faith, its employees, and volunteers, and the event facility from all actions, damages, or personal injuries which may occur. I understand in the event of a minor injury I may receive first aid treatment. If my personal judgment is impaired I authorize the event leaders to take whatever action is necessary for my personal safety and health.

3. I give my consent that photographs, and audio/video recordings during the course of the event may be used by Journey of Faith for training, promotion, and fundraising.

***My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Application is true and correct.
A copy of this document is available upon request.***

Signature: _____

Date: _____



WORKING WITH MINORS

Full Name: _____

As it appears on your Driver License or I.D.

We are glad you want to serve with us. Some personal information is needed to volunteer at a Global Development (GD) event / activity with minors present. This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your permission.

Relationship Parameters with Minors

Relationship building, involvement and contact with GD participants are to be conducted within the Relationship Parameters applicable to all GD-sponsored events. Exceptions may be granted for a specific event and are only made by a Global Development staff member prior to the event in training.

1. _____ (Initial) Volunteers are never allowed to have contact with service recipients individually or in groups outside of an event without authorization from GD. This includes communication in person, email, instant messaging, text messaging, letters, by phone, etc.
2. _____ (Initial) Volunteers are never allowed to have one on one interaction with any minor, regardless of age or sex. There must be a minimum of two people present. Unless it is a married couple in which case another adult must be present. Pending prior authorization, my involvement and contact with the children at a GD event will be conducted within the preexisting ministry teams already established. I realize that any contact with children outside of the constraints of the GD Relationship Parameters or following my service or termination, from any GD Ministry could easily be misinterpreted by the child and his/her parents as still related to GD. Should an accident or mishap occur in those circumstances, this confusion could possibly expose Journey of Faith and its staff to potential litigation and possibly jeopardize the ministry.

Behavior Guidelines

1. During this GD event, I agree to: respect, cooperate with and follow the directions of the leadership of GD; abstain from smoking, the use of alcohol, illegal drugs, and profanity; respect the personal property and space of others; use proper restraint in my conduct and, attitude; and abide by the event rules.
2. I understand and agree that if I violate this Agreement in any way I:
 - (a) may be subject to immediate dismissal from the current event (even overseas) and possibly lose my privileges to participate in any future GD Ministry event(s); and
 - (b) at my own expense, will reimburse, indemnify, defend and hold Journey of Faith, its ministries, employees and volunteers harmless from any cost, expense, obligation, claim or liability resulting from such violation.

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Working with Minors form is true and correct.

A copy of this document is available upon request.

Signature: _____

Date: _____



STATEMENT OF FAITH

The statement below reflects what Journey of Faith believes to be solid fundamental doctrine regarding our spiritual beliefs. If for some reason, you need guidance or are unwilling to sign the agreement, please reach out to our Global Development team for assistance.

We believe that the Bible is God's infallible and inerrant Word, written by men who were divinely and uniquely inspired, and that is our supreme authority in all matters of faith and practice. We affirm our belief in the verbal and full, complete and absolute inspiration of the Scriptures in their original writings.

Reference: 2 Timothy 3:16-17; 2 Peter 1:20-21; Jude 3

We believe in one God, creator and sustainer of all things, eternally existing in three persons, Father, Son and Holy Spirit, that these are equal in every divine perfection and that they execute distinct but harmonious office in the work of creation, providence and redemption.

Reference: Deuteronomy 6:4; Acts 5:3-4; 2 Corinthians 13:4; Ephesians 4:4-6; Hebrews 1:8; 1 Peter 1:2

We believe in God the Father, perfect in holiness, infinite in wisdom, and measureless in power. We rejoice that He concerns Himself mercifully in the affairs of men, granting the right of the individual to directly approach Him in prayer, and that He saves from sin and death all who come to Him through Jesus Christ.

Reference: Genesis 1:1; 1 Corinthians 8:6; Ephesians 1:3-6

We believe in the pre-eminence of Jesus Christ as our divine Lord and Master, true God and true man, God's only begotten Son, born of a virgin, sinless in His life, who atoned for the sins of the world by His death on the cross. We believe in His bodily resurrection, His ascension into heaven, His High Priestly intercession for His people, and His personal, visible, premillennial return to the world according to His promise.

Reference: Isaiah 7:14; Luke 1:26-33; John 1:1-5, 14; Philippians 2:6-8; Colossians 2:8-9; Acts 1:9-11; 7:56; 1 Corinthians 15:3-4; Hebrews 1:3; Luke 12:40; Acts 1:10-11; 1 Thessalonian 4:13-17; Titus 2:13; 1 John 3:1-3

We believe in the Holy Spirit who was sent from God to convict the world of sin, of righteousness and of judgment, and to regenerate, sanctify, comfort, empower, and seal forever those who believe in Jesus Christ. We believe that at the time of salvation, each believer in Christ is baptized by the Holy Spirit and becomes a member of the Body of Christ. Speaking in tongues is not a necessary evidence of baptism of the Holy Spirit.

Reference: John 14:16-17; John 16:7-11; Acts 1:8; Romans 8:9-12; Ephesians 1:13; 1 Corinthians 12:13; 14:22

We believe that all men are sinners by nature and by choice, but that "God so loved the world that he gave His one and only Son, that whoever believes in Him shall not perish but have eternal Life." We believe, therefore, that those who accept Christ as Savior and Lord shall be forever in God's presence and that those who reject Christ as Savior and Lord will be forever separated from God.

Reference: John 3:16; John 18; John 36; Acts 16:31; Romans 3:23, 6:23

We believe that the local church is to be composed of regenerated believers, voluntarily united together for the purpose of observing the two Scriptural ordinances of Baptism by immersion and the Lord's Supper, the worship of God in fellowship of believers, and the proclamation of the gospel of Christ throughout the world. We believe in the complete interdependence in association with other like-minded churches, and the separation of church and state.

Reference: Matthew 28:19; Luke 22:19-20; Acts 8:36-39; 1 Corinthians 11:23-29

My signature confirms my understanding and agreement with the above statements and to my knowledge, the information in this Statement of Faith is true and correct.

A copy of this document is available upon request.

Signature: _____

Date: _____