

SHORT-TERM MISSIONS TRIP APPLICATION

PLEASE COMPLETE THE FOLLOWING APPLICATION, including all required signatures, and return it to the Global Outreach office at Lincoln Berean Church, 6400 So. 70th St., Lincoln, NE 68516.

Each adult needs to fill out an application.

PLEASE INCLUDE ANY DEPOSIT DUE FOR YOUR TRIP.

Which short-term opportunity are you applying for? _____

This trip departs _____ and returns _____.

PERSONAL INFORMATION

Full Legal Name (as it appears on your passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Home Phone: (____) _____ Cell: (____) _____

Occupation: _____ Work Phone: (____) _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

If applicable, your t-shirt size (circle): S M L XL 2XL 3XL

For frequent flyer miles, please enter the airline (s) and code number (s): _____

PASSPORT/VISA INFORMATION

IF YOU ARE APPLYING FOR AN OVERSEAS TRIP AND DO NOT HAVE A PASSPORT, **APPLY IMMEDIATELY**. THE PROCESS CAN TAKE SEVERAL WEEKS AND VISA APPLICATIONS (IF NECESSARY) WILL TAKE ADDITIONAL TIME AFTER YOU RECEIVE YOUR PASSPORT. PASSPORT APPLICATIONS ARE AVAILABLE AT SOME POST OFFICES OR ONLINE AT www.travel.state.gov/passport.

Your Name (EXACTLY as it appears on your passport): _____

Passport Number: _____ Country of Issue: USA _____ Other _____

Issue Date: _____ Expiration Date: _____

Place of birth: _____

VISA

If you need a visa for this trip, please contact the Global Outreach office at Lincoln Berean Church for assistance.

PERSONAL PROFILE

**Please write out your answers to each of the following questions or statements.
You may use another sheet of paper if more space is required.**

1. After prayerfully asking God, I would like to be considered to go on the _____
short-term missions trip because...(please explain what interests you about this opportunity):

2. During this trip, what do you hope to see God do in and through your life? _____

3. How are you presently involved in the ministry of Lincoln Berean Church? (LifeGroup, Service, etc.)

4. Please list any previous missions' experience or service involvement (either locally or globally).

5. Are there any addictive behaviors, moral character concerns or personal issues that may, in any way, affect your ability to participate as a part of a team (or as an individual) on a cross-cultural foreign missions trip? Yes ___ No ___ I would prefer to speak with someone personally. Please contact me. _____

6. The “per person” cost for this trip will be approximately \$_____ (exact total to be determined after booking of international flights). **Do you understand that you will be responsible for covering all expenses of this trip for which the funds will either need to be raised as missionary support or as contributions from your own funds?** Yes _____ No _____

I have read and understand the purpose of this trip and the expectations of team members (if going as a team) and am in agreement with the above.

Signature: _____ **Date:** _____

Please list the name, phone number and email address of two character references (if possible, a LifeGroup or other leader at Lincoln Berean Church):

1. _____

2. _____

PLEASE CONTINUE ON THE NEXT PAGE.

HEALTH INFORMATION

How would you describe your present health? Excellent _____ Good _____ Average _____ Poor _____

Please list any allergies you have: _____

Please list all medications that you will take on this trip: _____

(Please note that all prescription medications should be in their original containers.)

Please list any other conditions that would limit your activity on this trip: _____

Family doctor's full name: _____

Phone: (____) _____ City: _____ State: _____ Zip: _____

HEALTH INSURANCE INFORMATION

Name of Health Insurance Company: _____

Policy #: _____ Group #: _____ Phone: (____) _____

TRIP INSURANCE (IF ANY)

Company Name: _____ Policy #: _____

USA Phone # (**NOT** 800 toll free): _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will try to contact the person(s) below (in order of priority):

Contact #1

Name: _____ Relationship: _____

Home phone: (____) _____ Work phone: (____) _____

Cell: (____) _____

Contact #2

Name: _____ Relationship: _____

Home phone: (____) _____ Work phone: (____) _____

Cell: (____) _____

MEDICAL CONSENT STATEMENT

In the event of an emergency, I hereby give permission to receive medical treatment at the nearest hospital or clinic. Additionally, I certify that all of the above information is correct.

Name: _____

Signature: _____

Signature of parent/guardian (if under age 19): _____

Date: _____

SHORT-TERM MISSIONS TEAM COMMITMENT

If selected to be a part of a Lincoln Berean Short-Term Missions Team, I make a commitment to:

- Participate in any training process prior to departure and after I return from the trip.
- Conduct myself in a manner worthy of the Lord while serving Him on the trip.
- Submit to the authority of the team leader or the “host-on-the-field”.
- Refrain from any behavior which may compromise my witness (i.e. abusive or inappropriate language, substance use, etc.).

In addition, if my behavior constitutes a problem at any time on the trip, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my expense.

Signature: _____ Date: _____

LINCOLN BEREAN CHURCH RELEASE OF LIABILITY

In signing this form, I _____ agree not to hold Lincoln Berean Church, its officers, employees or other agents liable for any injury, loss, damage or accident that I might encounter while on a short-term missions trip.

I realize and acknowledge that my participation on a short-term missions trip includes many risks and possible dangers. I am well aware that travel exposes me to such risks as accidents, disease, injury, political unrest or war.

I hereby assume any such risks that might result from my travel to _____ on the following dates _____ and I unconditionally agree to hold Lincoln Berean Church, its officers, employees or other agents blameless for any liability concerning my personal health and well-being or liability for my personal property that might be lost, damaged or stolen while on a short-term missions trip.

I have carefully read the foregoing and I understand that my signature below holds Lincoln Berean Church, its officers, employees or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signature: _____

Signature of parent/guardian (if under age 19): _____

Witnessed by: _____

Date: _____