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**INTERNATIONAL MISSION TEAM APPLICATION INSTRUCTIONS**

Dear Applicant,

Thank you for your interest in traveling with Summit Church Ministries (SCM)!

Attached is an application along with various forms and releases that MUST be completed to ensure your acceptance as an International Ministry Team(IMT) Member.

Your application cannot be processed until Summit Church Ministries receives all required, completed documents.

The following is a checklist of required documents.

TRAVELING WITHOUT YOUR PASTOR

* 􏰀  Summit Church Ministries IMT Application
* 􏰀  Deposit Form
* 􏰀  Liability Release
* 􏰀  Discipline Policy
* 􏰀  Ministry Team Training
* 􏰀  Pastoral Evaluation
* 􏰀  Confidential Evaluation
* 􏰀  Emergency Medical Release Form

(witnessed and notarized)

* 􏰀  Affidavit of Temporary Guardianship

(If you are younger than 18 years of

age)

* 􏰀  Email a picture of Applicant
* 􏰀  Color Copy of passport

**Trip Application**

Summit Church Ministries asks for a fairly in-depth amount of information. Some information required may be rather personal to you, but reasonable considering the scope of such a ministry trip. It is imperative that SCM has prior knowledge of each applicant’s personal background before approval can be granted for team participation. Please be assured that all information provided is kept strictly confidential within the leadership of SCM.

Please send all completed forms to: Summit Church Ministries International Ministry Trips, 207 Security Ct Wylie, TX 75098. A mandatory deposit reserves your space on the ministry trip pending review and approval of your application. Space is limited on most trips, 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.

Please make checks or money orders payable to: Summit Church. Deposits and/or full payment may be made by credit card. However, all payments must be made in U.S. dollars.

A Summit Church representative will contact you by phone or email after your application has been processed. Acceptance will be confirmed or denied shortly thereafter. Upon acceptance, you will receive a packet including information about trip preparation, obtaining a passport and/or visa, immunizations, etc. **Please do not apply for a visa until you receive your acceptance packet.**

If you experience any uncertainty during the application process, or if you have any questions, please call Summit Church at (972)578-9999 or email us at missions@summitchurchwylie.org. You can also visit our homepage at http://www.summitchurchwylie.org for any additional information.

We at Summit Church are excited about your desire to join us in bringing the kingdom of God to all nations. May the Lord bless you and continue to give you guidance as you seek His will!

**MINISTRY TRIP AWARENESS**

**Ministry Teams**

Everyone on the trip functions as one team. On a few occasions, we may divide up into smaller groups to minister to several churches/locations at the same time. In addition, each person will be a part of a smaller team of about 3-6 people, including a team leader, to have meals, pray and share testimonies together. These smaller teams are formed randomly by Summit Church to encourage interaction by those who do not yet know one another.

**Ministry Conditions**

Some of the places and hotel conditions teams may encounter can seem primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and physically exhausting. Each team member must be able to stand for long periods of time, continuing to function autonomously, even under trying conditions. We ask that you be prepared “to run and not grow weary, to walk and not faint.” On the other hand, the rewards of being instrumental in God pouring out His Spirit on His people are immeasurable!

**Ministry Meetings**

The key word is flexibility. Ministry meetings are often held in local churches, but sometimes are held in open-air arenas or large tents. SCM works side by side with local church and ministry leadership in submission to their authority. Meetings or mission objectives are subject to change at any time during a trip.

**Terms and Conditions**

**What is covered?** The cost of the trip includes round trip airfare from Dallas/Ft Worth International Airport – when flights are booked by the early bird date. After this date, you are responsible for any increase in airfare cost from the hub city as well. Also included is your hotel room (based on double occupancy), two meals per day, all internal transportation (unless otherwise noted). The deposit reserves your spot on the trip based on completed application and acceptance. SCM reserves the right to deny any application.

**What is not covered?** You will be responsible for your travel cost to and from the hub city airport, personal spending money, the cost of snacks, meals on travel days, gratuities where appropriate (waiters, bus drivers, housekeeping, etc.), passport and visa fees, country exit tax, and immunizations where required. SCM and Summit Church works diligently to obtain the best possible prices. There are many variable costs beyond our control; we are forced to set a final cost adjustment date (the Early Bird Date) for each trip at which point, if your trip is not paid in full, there may be a “trip cost increase”.

**Important payment info:**

* The full trip payment and completed application must be received in our office by the “balance due date.”
* For trips that are sold out, your full payment must be received 9 weeks prior to the beginning of the trip or your place on the trip will be given to the next person on the wait list. $150 of your deposit will be refunded.

IMT Scholarship Fund: Tax deductible donations can be applied towards your trip. Donations should be made payable to and sent to Summit Church, Attn: IMT Scholarship Fund. Please have donors include your name and trip by attaching a note. Donation receipts will be mailed at the end of the year.

**Trip Application**

As you raise support, please notify donors that all donations will go to Summit Church Ministries IMT Scholarship Fund and are non-refundable. SCM will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to the IMT Scholarship Fund and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, or cancellation of the individual’s trip. A one-time transfer of funds may apply for individuals transferring to a trip within one year of the original trip.

Other comments: Randy Hill or another SCM representative teaches at most meetings. For some meetings, the team will divide between 3-5 churches and pastors or leaders on the team will be chosen to preach at these churches. When planning trips to a foreign country up to a year or more in advance, it is VERY important that we remain flexible.

**Questions and Answers**

Q. Can I travel from another country and join with a Summit Church Ministries Team?

A. Anyone can travel to and participate in the meetings in any part of the world. If you would like to be on the Summit Church Ministry team, we ask that you fill out an application. You make and pay for your own flight reservations to the host city and then we would give you a discount on your trip. The discount varies for each trip. You will need to complete the ministry team requirements which include listening to all of the CDs/MP3s and read the ministry manual. We could ship these to you but you would need to order them with a major credit card.

Q. Can I travel on my own and not use Summit Church’s Agent?

A. It is our policy to allow a team member to make their own travel arrangements (not use our travel agent) only for one of the following cases:

1. You are traveling to the host country from outside of the US or from Canada;
2. You have an Airline "Buddy Pass" with another team member and the airline will only allow you to use it if you make the reservation with them directly;
3. You are using Frequent Flyer Miles;
4. You are authorized to use an Airline Employee Discount

If you qualify for one of the above, you must also understand that you will be responsible to get all the way to the host city (sometimes you may have to pay a connection fee in the host country) and be at the airport or hotel in the city where we are ministering at the time the rest of the team is arriving. If you are not at the airport during the time the other team members arrive, you will be responsible to connect up with the rest of the team and pay all costs associated with making this connection. If there are any internal flights, you will also be responsible to make these arrangements. Please contact the office for the “Travel on Your Own” discount for your trip.

Q. Can I upgrade my ticket to business or first class?

A. Yes, you will however need to pay the difference in price of what the standard flight would cost. When you book your ticket through Travel Leaders let them know you would like to fly business or first class. They will tell you what the price difference will be. You will then pay the difference in cost to SCM.

Q. Can I have a single room on the trip?

A. Usually no, but exceptions can be made. Roommates are an important part of the trip and we don’t want you to miss out on that fellowship. We will consider making an exception depending on room availability. You should email us and explain the reason you would like the single room. Of course, if it is approved, there will be an additional cost that will be incurred and you will pay this on the trip.

Q. Can I leave for the trip early or stay later than the rest of the team?

A. Yes. Just let the travel agents know when you would like to arrive and leave. You will be responsible for your own transportation to or from the hotel and your accommodations during this time. We cannot guarantee you will receive the same room rate as SCM!

**Trip Application**

**MINISTRY TEAM APPLICATION**

I AM APPLYING FOR ACCEPTANCE AS A SUMIT CHURCH MINISTRY TEAM MEMBER FOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESTINATION (CITY, COUNTRY) DATES

PERSONAL INFORMATION

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NICKNAME\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (EXACTLY AS IT APPEARS ON YOUR PASSPORT) NOTE: \*ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_\_\_ GENDER \_\_\_ Male \_\_\_ Female MM/DD/YY

OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\*\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS
HOME (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU PREVIOUSLY TRAVELED WITH SCM and Summit Church ?

\_\_\_\_ Yes \_\_\_􏰁No IF YES, GIVE DATES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Send color copy of passport) COUNTRY OF ISSUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ MM/DD/YY

SUPPLEMENTAL APPLICATION INFORMATION

ARE YOU BORN AGAIN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􏰁

ARE YOU SPIRIT-FILLED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU WILLING TO MINISTER CONSISTENT WITH SCM/SUMMIT MINISTRY GUIDELINES? \_\_\_\_Yes \_\_\_\_No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? \_\_\_\_Yes \_\_\_\_No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? \_\_\_\_Yes \_\_\_\_No

SPOUSES NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL/INSURANCE INFORMATION

DO YOU HAVE ANY PHYSICAL DISABILITY? \_\_\_\_Yes \_\_\_\_No IF SO, PLEASE DESCRIBE

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HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? \_\_\_\_Yes \_\_\_\_No

IF SO, PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE

CURRENTLY TAKING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IT IS HIGHLY RECCOMENDED THAT YOU CARRY OR OBTAIN PRIMARY MEDICAL INSURANCE TO COVER POSSIBLE ADDITIONAL MEDICAL NEEDS THAT MAY ARISE DURING INTERNATIONAL TRAVEL.

DO YOU HAVE PRIMARY MEDICAL INSURANCE? □ Yes □ No IF SO, WHAT IS THE NAME OF YOUR INSURANCE CARRIER?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHURCH/MINISTRY INFORMATION**

CHURCH NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENOMINATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_

ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHURCH PHONE (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PASTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU TITHE REGULARLY? \_\_\_\_Yes \_\_\_\_No DO YOU ATTEND CHURCH REGULARLY? \_\_\_\_Yes \_\_\_\_No

HAVE YOU BEEN WATER BAPTIZED? \_\_\_\_Yes \_\_\_\_No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? \_\_\_\_Yes \_\_\_\_No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? \_\_\_\_Yes \_\_\_\_No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? \_\_\_\_Yes \_\_\_\_No

IF SO, PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? \_\_\_\_Yes \_\_\_\_No
IF SO, PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARE YOU FLUENT IN ENGLISH? \_\_\_\_Yes \_\_\_\_No

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? \_\_\_\_Yes \_\_\_\_No IF SO, NAME LANGUAGE(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE SCM AND SUMMIT CHURCH TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_/\_\_\_\_

**MINISTRY TEAM TRAINING**

IN ORDER TO PARTICIPATE IN ANY SCM TRIP, ALL MINISTRY TEAM MEMBERS WILL BE EXPECTED TO COMPLETE ONE OF THE FOLLOWING OPTIONS. ALL OPTIONS MUST BE COMPLETED WITHIN TWO WEEKS BEFORE THE TRIP DEPARTURE DATE. PLEASE MARK ONE OF THE OPTIONS BELOW AND RETURN.

􏰁 OPTION 1.

I HAVE ALREADY ATTENDED OR WILL ATTEND A SUMMIT CHURCH MINISTRY TEAM TRAINING

TAUGHT BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROX. DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􏰁 OPTION 2.

ORDER THE FOLLOWING CD’S AND ORDER THE TRAINING MANUAL BY CALLING GLOBAL AWAKENING PUBLISHING (717)796-9866 OR VISIT OUR ONLINE BOOKSTORE AT www.globalawakening.com.

1. Global Awakening Ministry Training Manual by Randy Clark
2. Biblical Basis For Healing & Words of Knowledge CD Series by Randy Clark
3. Deliverance CD Series by Pablo Bottari
4. Healing/Deliverance Prayer Card
5. Thrill of Victory & Agony of Defeat CD Set

\*SPECIAL- ALL FIVE FOR $45.00! (+S&H)

(\*PLEASE NOTE THAT AN ADDITIONAL CHARGE FOR SHIPPING & HANDLING WILL APPLY TO ALL PURCHASES-) (35% for international shipments))

1. F. Tracee Loosle Video on Intercession (no charge)
(The Intercession video is located on the Globalawakening.com website, under the IMT icon and then on the left hand side, under documents)

􏰁OPTION 3.

DOWNLOAD THESE MP3’S AND ORDER THE TRAINING MANUAL IN PDF FORMAT

1. Global Awakening Ministry Training Manual PDF by Randy Clark B. Healing/Deliverance
2. Prayer Card PDF
3. Biblical Basis For Healing MP3
4. Words of Knowledge MP3
5. Deliverance: And Dark Became Light Part 1 MP3 By Pablo Bottari
6. Deliverance: And Dark Became Light Part 2 MP3 By Pablo Bottari
7. Thrill of Victory MP3
8. Agony of Defeat MP3

\*SPECIAL- ALL EIGHT FOR $25.00!

1. Tracee Loosle Video on Intercession (no charge)
(The Intercession video is located on the Globalawakening.com website, under the IMT icon and then on the left hand side, under documents)

I UNDERSTAND THAT I AM RESPONSIBLE TO COMPLETE THE MINISTRY TRAINING OPTION CHOSEN ABOVE, WITHIN TWO WEEKS OF THE MINISTRY TRIP DEPARTURE DATE.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPOSIT FORM**

PLEASE NOTE: YOUR APPLICATION FOR SUMMIT MINISTRY TEAM PARTICIPATION CAN NOT BE PROCESSED UNLESS THE DEPOSIT AMOUNT IS INCLUDED WITH THIS FORM.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WISH TO BE CONSIDERED AS A SUMMIT CHURCH MINISTRY TEAM MEMBER FOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION (CITY, COUNTRY) DATES

DEPOSIT AMOUNT INCLUDED: $\_\_\_\_\_\_\_\_\_\_\_ ($350 PER PERSON PER TRIP; $500 FOR MOZAMBIQUE)

Make checks payable to: SUMMIT CHURCH; If paying by credit card please provide your credit card information below. Your deposit can be made by credit card at no extra charge. All payments must be made in U.S. Dollars.

IMT Scholarship Fund: Tax deductible donations can be applied towards your trip. Donations should be sent to SUMMIT CHURCH, Attn: IMT Scholarship Fund. Please have donors include your name and trip by attaching a note. Donation receipts will be mailed at the end of the year. As you raise support, please notify donors that all donations will go to SUMMIT CURCH IMT Scholarship Fund and are non-refundable. SUMMIT CHURCH will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to the IMT Scholarship Fund and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, cancellation of the individual’s trip. A one-time transfer of funds may apply for individuals transferring to a trip within one year of the original trip.

CANCELLATION & REFUND POLICY

If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to 8 weeks prior to your departure date in order to receive a $150 refund of this deposit or you can move the total deposit to another trip date within 6 months of your scheduled trip for a $50 transfer fee. 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 early bird date in order to avoid the $200 increased price. 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 (varies between $75-$200+). 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 SUMMIT CHURCH has paid out on your behalf to secure hotel, bus, and food service reservations. Any amount over and above the deposit, airline ticket, late cancellation fee, and reservation monies spent on your behalf will be refunded to you by check!

I understand and agree to the above cancellation and refund policy. If paying the deposit by credit/debit card, I authorize the above amount to be charged to my credit/debit card.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

ENCLOSED IS A CHECK IN THE AMOUNT OF $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ~ OR ~

PLEASE CHARGE MY CREDIT CARD:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Exactly as it appears on the Credit Card)

Credit Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVC#\_\_\_\_\_\_\_\_ (3 digits on back) \_\_\_\_ Exp. Date\_\_/\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be Charged $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AUTHORIZE THE ABOVE AMOUNT TO BE CHARGED TO MY CREDIT CARD BY SCM OR SUMMIT CHURCH.

Signed: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**LIABILITY RELEASE**

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, IN CONSIDERATION OF MY BEING ACCEPTED BY SUMMIT CHURCH

FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME TRIP)

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I am in good health and have received of 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 SUMMIT CHURCH will 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 acknowledge that SUMMIT CHURCH does not carry any, and I acknowledge that SUMMIT CHURCH has advised me that SUMMIT CHURCH does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that SUMMIT CHURCH has recommended that I carry or obtain primary medical insurance to cover possible additional 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.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A SUMMIT CHURCH MINISTRY TEAM MEMBER ON THE ABOVE MINISTRY TRIP: (Please initial each paragraph)

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 SUMMIT CHURCH, 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 SCM TO ARRANGE FOR TRANSPORTATION, FOOD, 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: \_\_\_\_\_\_\_\_\_\_

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHELF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF MINOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ PRINT

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DISCIPLINE POLICY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, IN CONSIDERATION OF MY BEINGACCEPTED BY SUMMIT CHURCH FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME TRIP)

“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 SCM to follow the biblical patterns of discipline within the confines of all international ministry trips. SCM trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. 1 John 2:1- “My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous.” The goal of SCM 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 SCM is greatly appreciated.

Below are procedures that will be followed by SCM 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 SUMMIT CHURCH. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by SUMMIT CHURCH 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 SCM representative will be informed. A senior SCM 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.
5. If any individual is involved in any sin that cannot, at the discretion of leadership, be taken care of in a timely manner or would affect the team in an adverse way, leadership reserves the right to put procedure (4) into action immediately.

I AGREE TO FOLLOW THE DISCIPLINE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY SCM LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MEDIA RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, IN CONSIDERATION OF MY BEING ACCEPTED BY SUMMIT

CHURCH MINISTRY FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (NAME TRIP)

SCM AND SUMMIT CHURCH often takes photographs and video footage on ministry trips using them in SCM advertising, promotional materials, web page, and publications. In signing below, you fully authorize SCM to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use. Photographs are not to be used for any publication, website, advertisement or any other means without the permission of SCM. The exception to this is that the undersigned may use the photographs for showing to their personal church group and/or affiliation. SCM reserves the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

I AGREE TO THE MEDIA RELEASE POLICY STATED ABOVE AND WILL ABIDE BY THE TERMS AS STATED.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Trip Application**

**PASTORAL REFERENCE EVALUATION**

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WISH TO BE CONSIDERED AS A SUMMIT CHURCH MINISTRY

TEAM MEMBER FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION (CITY, COUNTRY) DATES

I GIVE MY FULL CONSENT THAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE THIS NAME PASTORAL REFERENCE EVALUATION AND RELEASE IT TO SUMMIT CHURCH.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dear Pastor/Church Leader,

The applicant above has applied to be on a Summit Church Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Summit Church Ministries greatly appreciates your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank You!

How long have you been acquainted with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation of Applicant’s Emotional & Spiritual Maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

**PHYSICAL CONDITION**

\_\_\_\_ Frequently incapacitated \_\_\_\_ Somewhat below par \_\_\_\_ Fairly healthy \_\_\_\_ Good health

**EMOTIONAL RESILIENCE**

\_\_\_\_ Gets angry; \_\_\_\_ impulsive \_\_\_\_ Withdrawn \_\_\_\_ Gets discouraged easily \_\_\_\_ Meets constructively

**ACHIEVEMENT** (Ability to formulate, execute & carry plans to conclusion)

\_\_\_\_ Starts but doesn’t finish \_\_\_\_ Does only what is assigned􏰀\_\_\_\_ Meets average expectations􏰀\_\_\_\_ Superior creative ability

**SOCIAL INTERACTION**

\_\_\_\_ Avoided by others \_\_\_\_ Tolerated by others \_\_\_\_ Liked by others􏰀\_\_\_\_ Well-liked by others

**WILLINGNESS TO SERVE**

\_\_\_\_ Reluctant to serve \_\_\_\_ Motives confused \_\_\_\_ Usually willing to serve􏰀\_\_\_\_ Eager to serve as Needed

**LEADERSHIP** (Ability to inspire others & maintain their confidence)

\_\_\_\_ Makes an effort to lead \_\_\_\_ Tries but lacks ability \_\_\_\_ Has some leadership promise􏰀\_\_\_\_ Unusual ability to lead

**TEAMWORK**

\_\_\_\_ Frequently causes friction \_\_\_\_ Insists on having own way \_\_\_\_ Usually cooperative􏰀\_\_\_\_ Works well with others \_\_\_\_ Energized by teamwork

**INTELLIGENCE**

\_\_\_\_ Learns and thinks slowly \_\_\_\_ Average mental ability \_\_\_\_ Alert; has a good mind \_\_\_\_ Brilliant, exceptional

**CHRISTIAN EXPERIENCE**

\_\_\_\_ Relatively superficial \_\_\_\_ Over-emotional \_\_\_\_ Genuine but mild􏰀\_\_\_\_ Rich and growing􏰀\_\_\_\_ Warmly contagious

**RESPONSIVENESS** (To the feelings and needs of others)

\_\_\_\_ Slow to sense how others feel \_\_\_\_ Reasonably responsive \_\_\_\_ Understanding & thoughtful \_\_\_\_ Extremely responsive

**PRAYER MINISTRY** (Praying for inner and physical healing)

\_\_\_\_ Has not been trained and is very new at this \_\_\_\_ Has some training and experience \_\_\_\_ Has had much experience and expertise

Evaluation of applicant’s skills, training, profession, or trade. (Answer only if you have first hand info)

\_\_\_\_\_Incompetent \_\_\_\_\_Doubtful \_\_\_\_\_Adequate \_\_\_\_\_Superior in Competence

In what other skills or areas is he/she well qualified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient Easily offended Easily discouraged Intolerant Erratic in attitudes

Argumentative Critical of others Frequently worried Lacking in humor Racially prejudiced

Domineering Anxious Nervous or tense Can’t take a joke Self-absorbed Cocky

Easily embarrassed Given to moods Unable to cope with stress

If the applicant seems relatively free from all such tendencies, check here\_\_\_\_\_\_\_\_\_\_\_\_

Please comment briefly on the family and social background of the applicant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe any physical limitations the applicant may have. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following questions:

a)  Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_ YES \_\_\_ NO

b)  As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations? \_\_\_ YES \_\_\_ NO

c)  To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult? \_\_\_ YES \_\_\_ NO

d)  Has the applicant had psychiatric treatment? \_\_\_ YES \_\_\_ NO

e)  Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity) ? \_\_\_ YES \_\_\_ NO

If the answers to a), b), c) d), and e) above are all “no”, please check here\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your overall evaluation of the applicant’s promise as a SCM Team participant?

\_\_\_\_\_He/she is definitely unsuited \_\_\_\_\_At this time I feel he/she is not suited

\_\_\_\_\_He/she is a good prospect, but I do have reservations \_\_\_\_\_He/she is an average prospect

\_\_\_\_\_He/she is an above average prospect \_\_\_\_\_He/she is an unusually exceptional prospect

REFERENCE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAIL DIRECTLY TO:
SUMMIT CHURCH
Attn: IMT Dept.
207 SECURITY COURT

WYLIE, TEXAS 75098

WEBSITE: WWW.SUMMITCHURCHWYLIE.ORG

**Trip Application**

**CONFIDENTIAL REFERENCE EVALUATION**

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WISH TO BE CONSIDERED AS A SUMMIT CHURCH MINISTRY TEAM

MEMBER FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESTINATION (CITY, COUNTRY) DATES

I GIVE MY FULL CONSENT THAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPLETE THIS NAME OF REFERENCE

CONFIDENTIAL REFERENCE EVALUATION AND RELEASE IT TO SCM/SUMMIT CHURCH.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dear Friend of the Applicant,

The applicant above has applied to be on a SCM Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, SCM greatly appreciates your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank You!

How long have you been acquainted with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Evaluation of Applicant’s Emotional & Spiritual Maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

**PHYSICAL CONDITION**

􏰀 Frequently incapacitated 􏰀 Somewhat below par􏰀 Fairly healthy􏰀 Good health

EMOTIONAL RESILIENCE

􏰀 Gets angry; impulsive 􏰀 Withdrawn􏰀 Gets discouraged easily 􏰀 Meets constructively

ACHIEVEMENT (Ability to formulate, execute & carry plans to conclusion)

􏰀 Starts but doesn’t finish 􏰀 Does only what is assigned􏰀 Meets average expectations􏰀 Superior creative ability

SOCIAL INTERACTION

􏰀 Avoided by others 􏰀 Tolerated by others 􏰀 Liked by others

WILLINGNESS TO SERVE

􏰀 Reluctant to serve 􏰀 Motives confused 􏰀 Usually willing to serve􏰀 Eager to serve as needed

LEADERSHIP (Ability to inspire others & maintain their confidence)

􏰀 Makes an effort to lead 􏰀 Tries but lacks ability 􏰀 Has some leadership promise
􏰀 Unusual ability to lead

TEAMWORK

􏰀 Frequently causes friction 􏰀 Insists on having own way 􏰀 Usually cooperative􏰀 Works well with others 􏰀 Energized by teamwork

INTELLIGENCE

􏰀 Learns and thinks slowly 􏰀 Average mental ability 􏰀 Alert; has a good mind 􏰀 Brilliant, exceptional

CHRISTIAN EXPERIENCE

􏰀 Relatively superficial 􏰀 Over-emotional􏰀 Genuine but mild􏰀 Rich and growing􏰀 Warmly contagious

RESPONSIVENESS (To the feelings and needs Of others)

􏰀 Slow to sense how others feel Reasonably responsive Understanding & Thoughtful Extremely responsive

PRAYER MINISTRY (Praying for inner and physical healing)

􏰀 Has not been trained and is very new at this Has some training and experience Has had much experience and expertise

**Evaluation of applicant’s skills, training, profession, or trade**. (Answer only if you have first hand info)

\_\_\_\_Incompetent \_\_\_\_Doubtful \_\_\_\_Adequate \_\_\_\_Superior in Competence

In what other skills or areas is he/she well qualified?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient Easily offended Easily discouraged Intolerant Erratic in attitudes

Argumentative Critical of others Frequently worried Lacking in humor Racially prejudiced

Domineering Anxious Nervous or tense Can’t take a joke Self-absorbed

Cocky Easily embarrassed Given to moods Unable to cope with stress

If the applicant seems relatively free from all such tendencies, check here\_\_\_\_\_\_\_\_\_\_\_\_

Please comment briefly on the family and social background of the applicant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe any physical limitations the applicant may have. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following questions:

a)  Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_ YES \_\_\_NO

b)  As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations? \_\_\_ YES \_\_\_NO

c)  To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult? \_\_\_ YES \_\_\_NO

d)  Has the applicant had psychiatric treatment? \_\_\_ YES \_\_\_NO

e)  Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity) \_\_\_ YES \_\_\_NO

If the answers to a), b), c) d), and e) above are all “no”, please check here\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your overall evaluation of the applicant’s promise as a Global Ministry Team participant?

\_\_\_\_\_He/she is definitely unsuited \_\_\_\_\_At this time I feel he/she is not suited

\_\_\_\_\_He/she is a good prospect, but I do have reservations \_\_\_\_\_He/she is an average prospect

\_\_\_\_\_He/she is an above average prospect \_\_\_\_\_He/she is an unusually exceptional prospect

REFERENCE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAIL DIRECTLY TO:
SUMMIT CHURCH

207 SECURITY COURT

WYLIE, TEXAS 75098

**Trip Application**

**Emergency Medical Services Authorization**

Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (  )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize any representative of Summit Church, who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as a team member on a Summit Church ministry trip from the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize any medical provider to disclosure my individually identifiable health information or other medical records as necessary to the bearer of this authorization. This authorization applies, but is not limited to, to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C .1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to ANGA, without restriction, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this Authorization to the extent not covered by any travel insurance secured by me or on my behalf. Should it be necessary for me to return home due to medical reasons or otherwise, I will assume all transportation costs incurred.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance: Yes \_\_\_ No\_\_\_\_ Insurance Co: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature (minors only)

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Telephone No: (\_\_\_\_\_) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Sworn and subscribed to me by the Participant and Witnesses this the \_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

**On this page please list any and all allergies or special medical problems that you may have.**