

River of Life Fellowship
Mission's Department
Application for Missions Trip and Financial Support
For church sponsored trips

PLEASE
ATTACH A
PHOTO OF
YOURSELF
HERE!

Information:

Name as it appears on Passport: _____

Address: _____

Phone: _____ Alt Phone: _____

Email: _____

Are there other ways you prefer us to contact you? _____

Age: _____ Date of Birth _____ Please circle a T-shirt size: S M L XL XXL

STOP!

**Before proceeding with this application please take time to read the Guidelines and
Policy concerning Mission's Trips with River of Life Fellowship!**

Please answer the questions below:

1) Have you been a faithful attendee of River of Life Fellowship for a minimum of one year? Yes _____, No _____

Comment: _____

2) Have you been trustworthy, and exhibited a servant's heart as reflected in an active role in serving others in a ministry at River of Life Fellowship? Yes _____, No _____

: What department are you serving in? _____

: Who is your department leader? _____

Comment: _____

3) Would you say you are cooperative and be in good report with those in authority of the church including the pastor, staff, elders, and leaders? Yes _____, No _____

Comment: _____

4) Are you financially supporting River of Life Fellowship with your tithe and offerings?
Yes _____, No _____

Comment: _____

5) Will you be able to have a minimum of 3 faithful prayer support partners who will be available to pray before, during, and after the trip for you? Yes _____, No _____

Comment: _____

6) Do you use illegal drugs, alcohol, tobacco, or have an addiction to legal drugs?

Yes _____, No _____

Comment: _____

7) Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Separated ___

Husband/Wife's Name _____

Children's Name and age _____

8) When did you accept Jesus Christ as your Savior? _____

Finances

Do you understand the Policy / Guidelines for raising your funds should you be accepted for this trip? Yes _____, No _____. If "no" see policy.

Are you willing to adhere to the Policy / Guidelines regarding this Mission Trip should your application be accepted? _____

Ministry

Describe your desires in going on this Mission Trip. _____

Why do you believe God wants you to go on this Mission Trip? _____

Describe what ministry you are capable of doing while on this Mission's Trip. _____

Describe any special area of ministry you believe God will use you in _____

Do you pray and study God's Word? _____ How often? _____

Describe any construction skills, mechanical skills or expertise you have outside of ministry that we should be aware of. _____

Physical Needs

We need the following information below in the event of an emergency.

1) Do you have any physical limitations, special dietary requirements, disabilities, or ailments (i.e. diabetes, allergies, etc.). _____

2) Will you bring any medication with you? _____

If so, what? Supply timetable that the medication will be taken.

3) Emergency contact information including Name, Address, Phone, Email:

Should you become ill, or get into an accident in which you are hurt, do you have Medical insurance to help cover costs? Yes _____, No _____.

Is your place of employment understanding of you being absent during this trip? _____

Youth Waiver and Release of Liability

****Waiver must be Notarized***

The undersigned parent, _____, on behalf of himself/herself and his/her child, _____, (collectively known as “Participant”) hereby agree with River of Life Fellowship (collectively, including agents, directors, coordinators, officers and volunteers, known as “Sponsor”) as follows:

1. The Sponsor has arranged an event for the benefit of the Church youth program: _____, and the young person would like to participate, with the consent of his/her parent.
2. The Sponsor is sponsoring this event as part of its global youth program and cultural education. The Sponsor has not obtained liability insurance for the event and will require that any Participant along with Parental Guardianship agree to waive and release any claim of liability he or she, and/or his or her child, may have in connection with the event prior to participating in the event, as more fully set forth below.
3. The Participant acknowledges that the event, including transportation to and from the event, may involve a certain degree of risk of bodily injury, or even death, in that the Participants will be engaged in the following activity:

*International Travel/Public School Assemblies/Social Events including distribution of toys, medicine, food.

In consideration of the above, the Participant hereby waives and releases any and all claims with respect to the event which Participant (including Participant’s heirs, successors and assigns) has or may ever have against the Sponsor and its agents, directors, coordinators, officers, and volunteers which may arise from participating in the event, including all claims based upon negligence and failure to warn of risks. The Participant represents that he or she is fully advised of all risks inherent in such activity, that the child is in good physical condition with no medical needs which have not been disclosed in writing to the Sponsor, and Participant hereby assumes all risks of loss, injury and damage which may result from such activity. Participant agrees to indemnify and hold harmless the Sponsor for all damages, including costs and attorneys fees, incurred by the Sponsor in the event any claim is made by the Participant, or Participant’s heirs, successors and assigns, with respect to the event.

Participant:

Date Signature (Parent or Legal Guardian)

Date Signature (Parent or Legal Guardian)

Date (Child)

****Waiver must be Notarized***

Adult
Waiver and Release of Liability

**Waiver must be Notarized*

The undersigned adult, _____, on behalf of himself/herself (collectively known as “Participant”) hereby agree with River of Life Fellowship (collectively, including agents, directors, coordinators, officers and volunteers, known as “Sponsor”) as follows:

1. The Sponsor has arranged an event.
2. The Sponsor is sponsoring this event as part of its global youth and young adult cultural education. The Sponsor has not obtained liability insurance for the event and will require that any Participant agree to waive and release any claim of liability he or she may have in connection with the event prior to participating in the event, as more fully set forth below.
3. The Participant acknowledges that the event, including transportation to and from the event, may involve a certain degree of risk of bodily injury, or even death, in that the Participants will be engaged in the following activity:
*International Travel/Public School Assemblies/Social Events including distribution of toys, medicine, food.

In consideration of the above, the Participant hereby waives and releases any and all claims with respect to the event which Participant (including Participant’s heirs, successors and assigns) has or may ever have against the Sponsor and its agents, directors, coordinators, officers, and volunteers which may arise from participating in the event, including all claims based upon negligence and failure to warn of risks. The Participant represents that he or she is fully advised of all risks inherent in such activity, that the child is in good physical condition with no medical needs which have not been disclosed in writing to the Sponsor, and Participant hereby assumes all risks of loss, injury and damage which may result from such activity. Participant agrees to indemnify and hold harmless the Sponsor for all damages, including costs and attorneys fees, incurred by the Sponsor in the event any claim is made by the Participant, or Participant’s heirs, successors and assigns, with respect to the event.

Participant:

Date Signature

**Waiver must be Notarized*

-----Office use only below-----

Comments: _____

Accepted: _____ Rejected: _____

FINAL APPROVAL

Signature of Missions Director

Signature of Senior Pastor