

**APPLICATION**

**BURUNDI MISSION TRIP ~ 2024**

**Directions: (1) *Please print or type (2) attach copy of passport with deposit check Or PushPay: 180Church 77977 Memo: Burundi Mission***

# Personal Information (Please Print)

Name (as it appears or will appear on your passport)

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

Last First Middle

Applicant would prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_ \_\_\_

Country:

Citizen of (Country):

Cell phone: (\_\_\_\_)

E-mail:

# Medical Information

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization authorization: Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective internationally: yes no

Best doctor to contact for consultation:

Name:

Phone: (\_\_\_\_\_)

Primary policy holder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical History

Appraisal of your present health: excellent good fair

Do you have any chronic physical conditions?

 allergies asthma diabetes stomach ailments heart condition other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you allergic to any medications? no yes, please list

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

Will you be taking prescription medications on the trip?

 no yes, please list:

1. Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Purpose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on a special diet? no yes, please explain

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

Have you suffered from or received treatment for emotional or mental illness? no yes If yes, please explain:

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

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

Are you able to: Climb stairs unassisted? no yes Walk ½ mile: no yes

**PASSPORT INFORMATION:**

 **I hold a valid passport It is good through March, 2025**

**Full Name on Passport:**

**Passport #:**

**Date Issued: Expires:**

**Where Issued:**

**Birthdate:**

 Month Day Year

# Spiritual Life and Growth

Which best describes you today?

 \_\_\_new believer \_\_\_\_ maturing Christian \_\_\_discipler/mentor

Do you believe that Jesus is the only way to a relationship with God? \_\_\_Yes. \_\_\_No

Do you pray in the Holy Spirit with a prayer language? \_\_\_Yes. \_\_\_No

If no, are you opposed to the team using their prayer language during ministry ? \_\_\_Yes. \_\_\_No

**My Calling to the Mission**

My gifts include:

 \_\_ Prayer

 \_\_ Nurse \_\_Dr. \_\_Doula \_\_Pharmacy \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_ Construction \_\_Laborer. \_\_ Cleaning / Organizing. \_\_\_Helper

 \_\_ Ministry. \_\_ Teaching/Preaching. \_\_Worship \_\_Kids/Youth. \_\_Men \_\_Women \_\_Leadership

 \_\_ Computers. \_\_Sewing. \_\_Manufacturing. \_\_Int’l Marketing

 \_\_ Fundraising \_\_Photography \_\_Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Team Commitment

If chosen to serve on the Burundi Team, I agree to:

* Attend all team meetings and complete all training required for the team.
* Pray for the team and the mission assignment at regularly scheduled times.
* Continue serving and worshipping regularly with your Church fellowship.
* Uphold Godly standards of conduct at home and on the field.
* Minister with sensitivity and respect for the cultural differences of the country in which we are serving.
* Serve in unity.
* Lead as a servant, placing the needs of the team above my own.
* Submit to leadership authority.
* Organize local prayer warriors who will pray for me for a season of time before, during and after the ministry assignment.
* If married, I will participate on the team only with my spouse’s blessing.
* Raise my financial support beyond what I already give in tithe to my church, without going into debt.
* I will exude honor and appreciation for all whom we deal with; even if we don’t agree.

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|  **Dates of Trip:** **August 19** – **Sept. 2**  **2024** ( @15 days)**The “On-ground” Trip cost is:** $2600 for land expenses (includes hotel, vans/busses, fuel, 2 meals per day, water, visa, **NOTE**: Your AIRFARE will be an additional expense.  **March 8** = $500; **April 15** = $500; **May 18**=Airfare; **July 13**=Balance due. I have read the above info and agree with it. \_\_\_\_ Received Application \_\_\_\_ / -\_\_\_\_ / 24 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Applicant Signature Date  |
|   |
| **FOR OFFICE STAFF ONLY**  |  | **Date**  |
| **Received $500 Non-refundable Deposit**  |  **March 8** |  |  |
|  |  |  |
| **Received Balance of trip costs**  | **April 15** = $500; **May 18 =**Airfare**July 13 =**Balance Due |  |  |  |
| **Received Release Disclaimer**  |  |  |
| **Received Authorization For Medical Treatment** **Trip Insurance**  |  |    |
| Jeri/2022 BurundiTeamPrep/Applicationform.d | oc  |   |