



Application for Short Term Mission Team
Email: Support@LiveICM.org

Mission Trip

Location: _____

Dates: _____

Personal Information

Full Name: _____ Preferred name: _____

Address: _____

Email Address: _____ Telephone Number: _____

Male/Female: _____ Marital Status: _____ Spouse's Number: _____

Passport Number: _____ Place of Issue: _____

Issue Date: _____/_____/_____ Expiration Date: _____/_____/_____

Country of Citizenship: _____

If not the US, are you a permanent resident? Yes _____ No _____

Emergency Contact Person: _____ Relationship _____

Email Address: _____

Telephone Number: Home: _____ Cell: _____

Church Involvement

Are you an active participant of Identity In Christ Ministries? Yes _____ No _____

If yes, how long? _____

If no, with which church/ministry are you a member and for how long? _____

Have you taken ICM's *ID Required* class? Yes _____ No _____

Are you currently a part of a Mentorship program or Mission team? Yes _____ No _____

If yes, who is the leader of the program/team? _____

Please list the ministries with which you have been involved: (Time of involvement, leadership positions held and the organization/church which was responsible for the ministry) _____

Mission Experience

What mission trips and/or community outreach activities (i.e., Serving) have you participated in during the last 12 months? _____

Have you had any training in sharing your faith? Yes No

If yes, please describe: _____

Health

Please list any pre-existing illness, surgeries, allergies or medical conditions: _____

Please list any medications you are presently taking: _____

Please list any special dietary needs: _____

Are you in good health: Yes No

If no, please explain: _____

Name and phone number of your doctor: _____

Date of last tetanus shot: _____/_____/_____

Is there any reason why you cannot tolerate any of the following?

- Strenuous outdoor activity
- High temperatures
- Low temperatures
- High humidity
- High altitudes

Additional Emergency Contacts

1. Name _____ Relationship: _____
Phone: _____

2. Name _____ Relationship: _____
Phone: _____

3. Name _____ Relationship: _____
Phone: _____

Statement of Faith and Belief

Please write a brief testimony sharing your salvation experience and beliefs:

What are two things you hope to see the Lord do in and through you on this mission trip?

1. _____
2. _____

What makes you interested in missions or ministry service?

Please list any skills, talents or gifts that you feel may be helpful to this team:

How do you hope you will be different as a result of participating on this team? What do you hope to accomplish?

References

Please provide an email address where a reference form can be sent to each listed person listed.

Spiritual Mentor/Leader

Name: _____ Relationship: _____

Email Address: _____

Friend/Co-Worker (non-relative)

Name: _____ Relationship: _____

Email Address: _____

Authorization

The information I have given Identity In Christ Ministries is accurate and true to the best of my knowledge. I also give Identity In Christ Ministries the right to use my picture, voice and/or testimony in any form of promotional advertising materials that may be developed. My signature, below, (and signature of my parent/legal guardian if I am under the age of 18) signifies authorization.

If selected to be a part of this short term mission team, I make a commitment to:

- ✓ Go through the training process prior to departure and after I return from the trip
- ✓ Conduct myself in a manner worthy of the Lord while serving Him with the team
- ✓ Submit to the authority of the team leader and the host on the field and to team policies
- ✓ Refrain from any behavior which may compromise my witness, the witness, the witness of the team, or the ministry which we will be serving on the field (ex. inappropriate language, drug use, etc.)
- ✓ Satisfy all monetary responsibilities prior to departure

Additionally, if at any time while on the project my behavior constitutes a problem, the team leader has authority to return me home. Any additional cost incurred as a result of this action will be at my expense.

Signature: _____ Date: _____

Signature of legal guardian (if under 18): _____ Date: _____

Legal Waiver

I am aware that all positions on this mission team are voluntary, without financial remuneration. I agree to abide by all present and subsequent rules of Identity In Christ Ministries. I clearly understand that raising expenses (see ICM guidelines for team members), including travel to and from the designated mission location will be my responsibility. I further agree that Identity In Christ Ministries has the right to discontinue my participation in this ministry at any time at its sole discretion.

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executer and/or administrator, releasing and forever discharging Identity In Christ Ministries and all its officers, agents, servants, and employers, acting officially or otherwise, from any and all reason of injury, damage (including property, damage to any of my belongings), loss or death which may occur from any cause including but not limited to, any accident and/or occurrence while participating individually or with others while with this mission ministry and/or this mission trip.

Furthermore, I realize all contributions to Identity In Christ Ministries are tax deductible. Contributions are non-refundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of Identity In Christ Ministries.

I have read the above and understand my commitment to participate and my financial commitment.

Signature: _____ Date: _____

Signature of legal guardian (if under 18): _____ Date: _____