



Short-Term Ministry Team Application Adult (Ages 18 and older)



This application obligates neither you nor OMS. The application is designed to gather information that will help us advise you about possible ministry opportunities with OMS.

Personal Information	<p>Today's Date: _____</p> <p>Full Name - <u>as shown on passport</u>: _____ Nickname: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone #: _____ Cell Phone #: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Passport Number: _____ Expiration Date: _____</p> <p>Nationality: _____ (Please send us a copy of the picture page of your passport)</p> <p>Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Height: _____ Weight: _____</p> <p>Airport you wish to depart from: _____</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please explain: _____</p>
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Family/Church Information	<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower</p> <p>Spouse Name (if married): _____</p> <p>Name of Emergency Contact: _____ Relationship: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone #: _____ Cell Phone #: _____</p> <p>Name of your home church: _____</p> <p>Church Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>How long have you attended this church? _____ Pastor's Name: _____</p> <p>Have you accepted Jesus Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____</p>
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Mission Information	<p>Have you been on a Men for Missions short-term team? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where: _____</p> <p>Country of interest with this application: _____</p> <p>Dates of trip: _____</p> <p>While ministering with Men for Missions, you may not use tobacco, alcohol, or recreational drugs.</p> <p>Are you willing to abide by this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Complete and return to:

Men for Missions

PO Box A

Greenwood, IN 46142

Phone: 317-881-6752 Fax: 317-865-1076 Email: teams@mfmi.org

For Office Use Only:	
Application Date:	
BG Approval Date:	

RELEASE

to be completed by all applicants

Applicant's Name _____ Today's Date _____

YOUR RESPONSIBILITY

If accepted to participate in Men For Missions you will not only be representing your country overseas, but also your Lord Jesus Christ, your local church, those who have made the mission experience possible, One Mission Society, and the general Christian population of your home country. You will be allowed into your host country by invitation of that government, the national church, and the missionary body. **How you act and react to different cultural situations and other team members will cause people in your host country to form opinions about you, Christian values, and your home country.**

By accepting the challenge of participating in Men for Missions you are expressing your willingness to honor the authority of OMS leaders and the wishes of the national church to exemplify a cooperative spirit of love and unity. Your signature indicates a clear understanding and consent to the above standard of conduct.

FINANCES

Men for Missions will make all international travel arrangements as well as domestic lodging reservations necessary at the port of departure, and will provide all needed information regarding passports, visas, inoculations, baggage requirements, and finances.

Funds received by One Mission Society for the purposes of Men for Missions may or may not be a charitable contribution, depending on the nature and purpose of the trip. However, OMS will provide an appropriate acknowledgment that funds have been received. Each ministry team participant is responsible for contacting individuals to provide his own financial support, including international and domestic travel, in-country living expenses, insurance, orientation, and departure costs. All funds must be submitted to OMS a minimum of 14 days prior to departure. OMS will provide a tax-deductible receipt to donors for those Men for Missions participants whose overseas experience qualify for tax deductions.

All funds become the property of One Mission Society according to regulations governing tax received funds of not-for-profit organizations.

CONSENT AND RELEASE AGREEMENT

Foreign travel by its very nature offers an unfamiliar and unique environment in which risks of injury to both persons and property are inherent. I understand that by my participation in Men for Missions I am indicating my acceptance of these risks. I consent to and authorize One Mission Society to obtain and secure reasonably necessary medical or surgical treatment for me in the event of an emergency.

In consideration of my being accepted for participation in the program, I hereby voluntarily release and agree to hold harmless and indemnify One Mission Society and each of its employees, directors, officers, and agents from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney's fees, loss and judgments of whatsoever kind and nature which may result from or arise out of the participation by myself, whether or not resulting in whole or in part from the negligence, acts, or my omissions, or from the acts or omissions of One Mission Society or its employees, directors, officers, and agents, excepting only such injury or damage resulting from the willful or negligent acts of such employees, directors, officers, or agents.

I am aware that basic accident and sickness insurance coverage is provided as part of the program but that this insurance may not cover all situations. Furthermore, I understand that there is no personal property insurance provided through the program and that such insurance is considered a personal responsibility of each person participating in the program.

* By checking this box and typing my name below, I am electronically signing my application.

Applicant's Signature* _____ Date Signed _____

MEDICAL STATEMENT

To be completed by all applicants

Applicant's Name: _____ Age: _____

Please answer the following questions. In some cases we may require your personal physician to complete and sign a medical history form that will give us more comprehensive understanding of your medical condition and ability to safely travel with Men for Missions.

1. Do you have any restrictions on travel/activities? Yes No If yes, please describe:

2. Are you undergoing any medical care at this time? Yes No If yes, please describe:

3. Describe any physical, mental, neurological or psychological conditions we need to be aware of:

4. List any prescription medications being taken or used:

5. Are you fully aware of any side effects your prescription drugs may cause during overseas travel? Yes No

6. Do you have any other health related information we need to know?

To see recommended and/or required immunizations for the country you are visiting, please visit <http://wwwnc.cdc.gov/travel/destinations/list/> to see their recommendations "For Travelers."

* **By checking this box and signing my name below, I agree that I have no known preexisting medical conditions that would prevent me from traveling at this time. Should a condition arise, I agree to inform Men for Missions as soon as possible.**

* **By checking this box and typing my name below, I am electronically signing my application.**

Applicant's Signature* _____ Date Signed _____

YOUR TESTIMONY

Your testimony is very important for this ministry team, we strongly urge you to send in a short testimony. If you prefer you may give your life story. Please consider the three-point outline when writing your testimony.

FIRST STEPS IN PREPARING YOUR TESTIMONY

- Ask the Lord to give you wisdom and guidance as you recall events and write.
- Prepare it in such a manner that it can be used in both large and small groups.
- Stay within three minutes. Three minutes with an interpreter equals six minutes.
- Consider your audience. Some groups may have little or no knowledge of Christ and the plan of salvation, so keep things simple.
- Avoid using words and phrases that may not be understood in another culture.

We suggest using the following three-point outline:

- A. Describe your life before receiving Christ.
- B. How did you receive Christ?
- C. What happened after you received Christ?

NOTE: Please KEEP these instructions to help you PREPARE, GIVE and UPDATE your TESTIMONY
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Good Writing Techniques:

- A. Begin with an attention-getting sentence or incident
- B. Be concise from start to finish
- C. Be specific, giving enough detail to arouse interest
- D. Be expressive and enthusiastic
- E. Include personal experiences
- F. Consider one or two Bible verses, but only when they relate directly to your experience and fit in naturally
- G. Write a good closing to summarize your testimony

Presenting Your Testimony

- A. Pray ... then rehearse it until it becomes natural
- B. Pray ... adequately express your assurance that you have received Christ and know you have eternal life.
- C. Pray ... try to avoid too many non-essential statements
- D. Pray ... ask the Lord to give you good verbal communication skills. Body language is also important - smile often.
- E. Pray ... avoid annoying mannerisms such as swaying, playing with pocket change or clearing your throat.
- F. Pray ... then have a friend evaluate your testimony

MY TESTIMONY

Please complete your testimony.

Send a copy in with your application and keep a copy for yourself.

Applicant's Name: _____

NOTE: Please COMPLETE and RETURN this page with your application.