

# Short Term Missions

## TRIP DETAILS

**Dates:** Month day –Month day, Year

**Location:** Uttermost parts of the world

**National Leader:** Name and Last Name

**Total Cost:** \$1,000 (Includes: transportation, food, lodging, insurance & supplies)

(Does not include: Sightseeing, souvenirs, food on day off or during travel)

**Team Members:** All Board approved applicants

## INSTRUCTIONS

1. Fill out the attached application immediately – The deadline for all applications is **Month day, YEAR**. Selections will be made by the Praise Assembly Board from all qualified applications received by the deadline.
2. Enclose a non-refundable/non-transferable \$250 deposit with your application. This deposit will be applied to your balance. In the event that you choose not to accompany the missions team your \$250 deposit will be used to defray screening/handling costs. In the event that you are not chosen for the team, the deposit will be returned.

Please have all checks made payable to Praise Assembly and include your name and Missions Trip in the memo. See **GROUP LEADER** immediately if you have any questions concerning finances or tax deductible credit for donations.

**Payment Schedule is as follows (no exceptions):**

\$\$\$\$\$\$\$ by Date

\$\$\$\$\$\$\$ by Date

\$\$\$\$\$\$\$ by Date

3. A state/gov't issued photo ID or drivers license is needed.
4. Return the completed application forms, and \$250 deposit to:

Group/Team Leader  
Praise Assembly of God  
P.O. Box 9025  
Newark, DE 19714

# APPLICATION

Please type or print neatly using black/blue ink

Today's Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Birth Place \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## REFERENCE INFORMATION

Ministry Leader: \_\_\_\_\_ Ministry: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long acquainted? \_\_\_\_\_

What Ministry are you currently involved in? \_\_\_\_\_

What Capacity? \_\_\_\_\_ How Long? \_\_\_\_\_

## EDUCATION INFORMATION

What year of schooling have you completed? \_\_\_\_\_ What was your major? \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ Which one(s)? \_\_\_\_\_ How well? \_\_\_\_\_

Special Skills/abilities/musical talents: \_\_\_\_\_

## HEALTH INFORMATION

1. Are you in excellent health? \_\_\_\_\_

2. Any physical handicaps: \_\_\_\_\_

3. Is there any history of mental illness in your family? \_\_\_\_\_

4. If you answered "yes" to question 2 or 3 please explain: \_\_\_\_\_

5. Will you be willing and able to eat whatever food you are served? \_\_\_\_\_

If not, please explain your diet requirement: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

Preferred T-Shirt Size (please circle one): small      medium      large      x-large      xx-large

### SPIRITUAL INFORMATION

Please give a brief account of the following on a separate sheet of paper:

1. Your spiritual experiences
  - a. Conversion, water baptism, and infilling of the Holy Spirit
  - b. Relate how, when and where for each
2. Your experience in Christian work
  - a. What you have done; when, where, and with whom you worked
  - b. List particular examples of leadership experience
  - c. List anything else you feel we should know about you
3. Your reasons for wanting to participate in this outreach
4. How did you learn about this trip?

Is this your first Short Term Missions trip? \_\_\_\_\_

*Fill out the remaining questions, referring only to the most recent Missions trip*

1. What year did you go on a Missions trip? \_\_\_\_\_
2. Where did you go? \_\_\_\_\_
3. What kind of trip was it? (Church/District/National – please circle one)
4. Do you have a current/valid passport? \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Have you enclosed your \$250 deposit? \_\_\_\_\_**

**By signing below I acknowledge that I have read the Praise Assembly Short Term Missions Trip Policy and agree to abide by all of its stipulations. I also agree to have all funds turned in by the deadline date for this trip as stated in this application.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

# PRAISE ASSEMBLY ASSUMPTION OF RISK

## *Short Term Missions Trip*

### PART 1—Assumption of Risk

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a volunteer with the Short-Term Missions program of Praise Assembly, Inc., represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Praise Assembly.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I waive and release any and all claims for damages which I, or my heirs or successors, may have against Short-Term Minister Abroad, the World Missions of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church (Praise Assembly) sponsoring the Short-Term Minister Abroad trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I understand and accept the following policy of the Assemblies of God World Missions and Praise Assembly, Inc. regarding ransom payments:  
  

The World Missions Board and Praise Assembly, Inc. have determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. Assemblies of God World Missions and Praise Assembly pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.
7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me, enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

SIGNATURES

Date: \_\_\_\_\_

\_\_\_\_\_  
*Legible signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Legible signature of spouse (if accompanying you on your assignment)*

\_\_\_\_\_  
*Address*

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.

\_\_\_\_\_  
*Witness' legible signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Witness' legible signature*

\_\_\_\_\_  
*Address*

Trip Information:

Destination(s): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Please return this signed Assumption of Risk form to the Team Leader