



Mission Nicaragua 2016



INSTRUCTIONS

Eligibility Requirements: Adults who apply for this mission's trip must be at least 18 years of age as of **June 1, 2016**. By completing and submitting this application you are agreeing to the terms of the trip and to submit payments on time in accordance with your trip coordinator. Those selected for this mission's trip will be those who are involved in their local church, have a relationship with Jesus Christ, and are living their lives in a godly manner as an example that is evident to all who observe them.

1. **Fill out the application and send in right away!** Space is limited and selections will be made on a first come, first served basis. Application Deadline – all applications should be postmarked no later than **Friday, March 4, 2016**. It is possible that the trip may be filled before the application deadline.
2. **Enclose a recent photo** (no photo copies please)
3. **Apply for your passport immediately.** You should have your passport by **May 1, 2016**. If your passport expires within 6 months after the trip, you will need to get a new passport by May 1, 2016.
4. **Enclose a non-refundable/non-transferable \$150 deposit with your application.** This deposit will be applied to your balance. In the event that you are accepted but choose not to accompany the team, your \$150 deposit will be used to defray screening/handling costs. In the event that you are not chosen for the team, the deposit will be refunded to you.
5. **Send your reference forms.**
 - a. Complete your contact information at the top of each reference form. Please print **very neatly**.
 - b. The pastor's reference form must be given to your pastor and returned to our office at the address above. If you are a pastor, please have another pastor or a District official complete your Pastoral Reference form.
 - c. The attached mature Christian reference forms must be given to 2 mature Christian friends and must be returned to your trip coordinator.Please communicate to your references that the forms must be postmarked no later than **March 4, 2016**. Remember, the number of people who can participate in this mission's trip is limited and to be considered you must have your **complete** application (including references) turned in before space runs out.
6. **Cost: \$1,600**
 - a. This is an all inclusive price that covers your application process, airline tickets, lodging, meals, and insurance. This price does not include any fees associated with passports, immunizations, souvenirs, nor snacks during the trip.
 - b. Should you decide at any point to step down from the trip, or should it be discovered that due to ungodly behavior and/or attitudes you no longer meet the eligibility requirements for the trip, no moneys paid will be refunded to you.
7. **Training Dates** – Necessary interactive training times will be made available and each team member will be required to attend.

Bennett Ministries, Inc.

175 Free Soil Road - Mount Morris, PA 15349 - 412.613.6957
www.bennettministries.com - tim@bennettministries.com

On a separate sheet of paper, briefly share your testimony including your life prior to Christ, your conversion, your life after Christ, and any other important moments of your life.

Have you ever participated in a foreign missions trip? If so, please describe when, where, and what you did. ____

Do you speak any foreign languages or possess any special skills or abilities you would like to use on this trip?

Please list your highest level of educational training, degree or certification earned, and completion date.

Are you considered to be in good physical health? If no, please explain. _____

Do you have any physical handicaps? If yes, please explain. _____

Will you be willing eat whatever food you are served? If no, please explain (list food allergies) _____

Do you have any other known allergies? If yes, please explain. _____

Are you currently taking any medications? If yes, please explain. _____

Do you have any pertinent medical history? If yes, please explain. _____

(Includes congestive heart failure, "heart attack," COPD, asthma, diabetes, seizures, stroke, hyper/hypotension, etc...)

Please explain why you would like to go on this missions trip. _____

Bennett Ministries, Inc.

2016 ADULT APPLICATION

REFERENCE INFORMATION

(Please fill out each section completely. The references **cannot** be relatives.)

Your Lead Pastor's Name: _____

How long have you known your pastor? _____

Please describe your relationship with your pastor. _____

Mature Christian #1's Name: _____

How long have you known this person? _____

Please describe your relationship with this person. _____

Mature Christian #2's Name: _____

How long have you known this person? _____

Please describe your relationship with this person. _____

I certify that all of the above information is true and I have answered each question completely and honestly. I understand the eligibility requirements for this trip. I understand that should I decide not to go on the trip I will receive no refund of the moneys paid. I also understand that if I were to make decisions that out me outside of the eligibility requirements I may be dismissed from the trip and no refund given. I also understand that my application will be sent to a screening committee for and I will be notified of my acceptance or denial in writing.

Please Print Your Name

Signature

_____/_____/_____
MM/DD/YYYY

Bennett Ministries, Inc.

175 Free Soil Road - Mount Morris, PA 15349 - 412.613.6957
www.bennettministries.com - tim@bennettministries.com

2016 ADULT APPLICATION

INSURANCE INFORMATION

I am aware of the hazards and risks associated with serving in a mission's capacity. I further understand that Bennett Ministries, Inc. currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Brotherhood Mutual Insurance Company:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- Medical accident and sickness coverage: \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance, including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Initial: _____ Date: _____ / _____ / _____

Please select one of the following:

- I do not desire any additional insurance coverage other than what Bennett Ministries, Inc. currently requires through Brotherhood Mutual Insurance Company for foreign trips.
- I do desire additional insurance coverage and will assume full responsibility for obtaining such coverage from a private insurance carrier at my own expense.

Initial: _____ Date: _____ / _____ / _____

Bennett Ministries, Inc.

175 Free Soil Road - Mount Morris, PA 15349 - 412.613.6957
www.bennettministries.com - tim@bennettministries.com

2016 ADULT APPLICATION

MODEL RELEASE

I, _____, do hereby give Bennett Ministries, Inc. and any/all of their licensees and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the individual named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: _____ Date: _____ / _____ / _____

*******DO NOT sign below unless you are in the presence of a Notary Public.*******

Please Print Your Name _____
Signature

MM/DD/YYYY

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

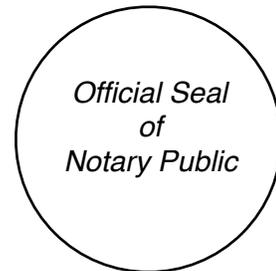
On _____, of 20_____, before me, _____, a Notary
Month/Day Year Notary's Name

Public in and for said county, personally appeared _____,
Subscribing Witness

known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

Date: _____ / _____ / _____
MM/DD/YYYY



2016 ADULT APPLICATION

ASSUMPTION OF RISK

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Bennett Ministries, Inc. represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Bennett Ministries, Inc., Mount Morris, PA.
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 limited to, death or injury by accident, disease, 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, subject to the insurance coverages described below, 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 such risks have always been associated with missionary service.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverages required by Bennett Ministries, Inc, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Bennett Ministries, Inc., Mount Morris, PA, or any agent or employee of any 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 I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by Bennett Ministries, Inc., 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 expressly waive any defense to the enforcement of any provision 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.
7. 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 of my own, free act.**

Your Signature

_____/_____/_____
MM/DD/YYYY

Witness Signature

_____/_____/_____
MM/DD/YYYY

Print Name of Witness

2016 ADULT APPLICATION

PASTORAL RECOMMENDATION

This section is to be completed by the applicant. Please print.

Name of Pastor: _____

Name & Address of Church: _____

Phone # of Pastor/Church: _____

E-mail Address of Pastor: _____

This section is to be completed by the Pastor. Please print.

A NOTE FROM BENNETT MINISTRIES:

The above-named person is applying for a short-term mission's trip through the partnership of Bennett Ministries, Inc., Mount Morris, PA. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our mission's program. We appreciate your candor; please know your answers will be kept confidential. Please complete this recommendation and return to the address at the bottom of this page postmarked by **March 4, 2016**. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

How long of you known the applicant? _____

How well do you know the applicant? *not very well* *casually* *well* *very well*

Do you believe the applicant is a committed Christian? _____

How involved is the applicant in your church? none slightly involved very involved

What special talents has he/she shown? _____

To your knowledge, has the applicant in the last year participated in the use of intoxicants, tobacco, or illegal drugs? If yes, please explain. _____

Do you know any reason why the applicant wouldn't be suitable participate on this trip? If yes, please explain. _____

Bennett Ministries, Inc.

PASTORAL RECOMMENDATION (CONT.)

Please rate the applicant in the following areas: Applicant's Name: _____

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social Adaptability					
Leadership					
Cooperation					
Teachable Spirit					
Motivation					
Emotional Stability					
Personal Appearance					
Health					

Knowing the applicant as you do, what recommendation would make regarding this applicant's participation in a missions trip to Nicaragua? (please circle one)

strongly recommend *recommend* *recommend with reservation* *do not recommend*

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone.

Your Signature

/ /

MM/DD/YYYY

Your Email Address

Your Phone #

2016 ADULT APPLICATION

MATURE CHRISTIAN RECOMMENDATION (A)

This section is to be completed by the applicant. Please print.

Name of Reference: _____

Address of Reference: _____

Phone # of Reference: _____

E-mail Address of Reference: _____

This section is to be completed by the reference. Please print.

A NOTE FROM BENNETT MINISTRIES:

The above-named person is applying for a short-term mission's trip through the partnership of Bennett Ministries, Inc., Mount Morris, PA. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our mission's program. We appreciate your candor; please know your answers will be kept confidential. Please complete this recommendation and return to the address at the bottom of this page postmarked by **March 4, 2016**. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

How long of you known the applicant? _____

How well do you know the applicant? *not very well* *casually* *well* *very well*

Do you believe the applicant is a committed Christian? _____

How involved is the applicant in your church? none slightly involved very involved

What special talents has he/she shown? _____

To your knowledge, has the applicant in the last year participated in the use of intoxicants, tobacco, or illegal drugs? If yes, please explain. _____

Do you know any reason why the applicant wouldn't be suitable participate on this trip? If yes, please explain. _____

Bennett Ministries, Inc.

MATURE CHRISTIAN RECOMMENDATION (A) (CONT.)

Please rate the applicant in the following areas: Applicant's Name: _____

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social Adaptability					
Leadership					
Cooperation					
Teachable Spirit					
Motivation					
Emotional Stability					
Personal Appearance					
Health					

Knowing the applicant as you do, what recommendation would make regarding this applicant's participation in a missions trip to Nicaragua? (please circle one)

strongly recommend *recommend* *recommend with reservation* *do not recommend*

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone.

Your Signature

/ /

MM/DD/YYYY

Your Email Address

Your Phone #

2016 ADULT APPLICATION

MATURE CHRISTIAN RECOMMENDATION (B)

This section is to be completed by the applicant. Please print.

Name of Reference: _____

Address of Reference: _____

Phone # of Reference: _____

E-mail Address of Reference: _____

This section is to be completed by the reference. Please print.

A NOTE FROM BENNETT MINISTRIES:

The above-named person is applying for a short-term mission's trip through the partnership of Bennett Ministries, Inc., Mount Morris, PA. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our mission's program. We appreciate your candor; please know your answers will be kept confidential. Please complete this recommendation and return to the address at the bottom of this page postmarked by **March 4, 2016**. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

How long of you known the applicant? _____

How well do you know the applicant? *not very well* *casually* *well* *very well*

Do you believe the applicant is a committed Christian? _____

How involved is the applicant in your church? none slightly involved very involved

What special talents has he/she shown? _____

To your knowledge, has the applicant in the last year participated in the use of intoxicants, tobacco, or illegal drugs? If yes, please explain. _____

Do you know any reason why the applicant wouldn't be suitable participate on this trip? If yes, please explain. _____

Bennett Ministries, Inc.

MATURE CHRISTIAN RECOMMENDATION (B) (CONT.)

Please rate the applicant in the following areas: Applicant's Name: _____

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social Adaptability					
Leadership					
Cooperation					
Teachable Spirit					
Motivation					
Emotional Stability					
Personal Appearance					
Health					

Knowing the applicant as you do, what recommendation would make regarding this applicant's participation in a missions trip to Nicaragua? (please circle one)

strongly recommend *recommend* *recommend with reservation* *do not recommend*

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone.

Your Signature

/ /

MM/DD/YYYY

Your Email Address

Your Phone #