



Mission Nicaragua 2016



STUDENT INSTRUCTIONS

Eligibility Requirements: Students who apply for this mission's trip must be at least 16 years of age as of **June 1, 2016**. Any applicant that is not at least 16 years of age must be accompanied by a parent(s)/ guardian(s) or immediate family member(s) on the trip. By completing and submitting this application a student is agreeing to the terms of the trip, and to submit payments on time in accordance with trip coordinator. Students 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 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 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

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

Please list all previous church work and type of ministry in which you have been involved. _____

Have you made a confession of Jesus Christ as your Savior? Date? _____

Have you been water baptized by full immersion? Date? _____

Have you received the baptism in the Holy Spirit? Date? _____

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?

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 trip. (Use a separate sheet for more space, if necessary)

Bennett Ministries, Inc.

2016 STUDENT APPLICATION

REFERENCE INFORMATION

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

Your 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 place 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

Please Print Name of Parent/Guardian

Signature

_____/_____/_____
MM/DD/YYYY

2016 PARENTAL CONSENT FORM (1 OF 3)

*****DO NOT SIGN OR INITIAL ANY SECTION OF THE PARENTAL CONSENT FORM*****
 *****UNLESS IN THE PRESENCE OF A NOTARY PUBLIC.*****

MEDICAL TREATMENT AUTHORIZATION

I understand that we will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any adult leader participating on this trip to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. I understand that neither the Bennett Ministries, Inc., nor any of their agents, employees, or volunteers, will be responsible for medical expenses incurred on the basis of this authorization. I agree to notify Bennett Ministries, Inc. in the event of any health changes which would restrict my child's participation in any activities. I also understand that Bennett Ministries, Inc. representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home Phone #: _____ Email: _____

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Emergency Contact Name: _____

Emergency Contact Phone #(s): _____

Family Doctor's Name & City of Practice: _____

Family Doctor's Phone #: _____

Child's Insurance Company: _____

Child's Insurance Policy Number: _____

Initial: _____ Date: _____ / _____ / _____

ACTIVITY CONSENT & RESTRICTIONS

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a mission's trip to Nicaragua during 2016 including swimming, boating, hiking, sports events, construction, and any other activities that occur during this mission's trip to Nicaragua. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming. I (We) do not authorize our child to participate in any of the following activities:

 Initial: _____ Date: _____ / _____ / _____

Bennett Ministries, Inc.

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2016 PARENTAL CONSENT FORM (2 OF 3)

MODEL RELEASE

I, _____, do hereby give Bennett Ministries, Inc. and any/all of their licensees and legal representatives the irrevocable right to use my child's 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 parent/guardian of the minor 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: _____/_____/_____

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 require 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.

2016 PARENTAL CONSENT FORM (3 OF 3)

AUTHORIZATION FOR FOREIGN TRAVEL WITH A MINOR

I do hereby grant full authorization and consent for my child, _____ to travel outside of the United States of America with Bennett Ministries, Inc. I have approved the travel plans to Nicaragua.

I authorize the staff of the Bennett Ministries, Inc. to make any changes whatsoever to the travel plans specified above. Under penalty of perjury under the laws of the Commonwealth of Pennsylvania, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Initial: _____ Date: _____ / _____ / _____

Please Print Name of Parent/Guardian #1

Signature of Parent/Guardian #1 / Date (MM/DD/YYYY)

Please Print Name of Parent/Guardian #2

Signature of Parent/Guardian #2 / Date (MM/DD/YYYY)

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

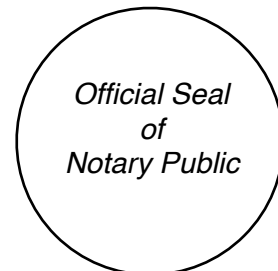
On _____, of 20_____, before me, _____, a Notary
Month/Day Year Notary's Name

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 STUDENT 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, INC.:

The above-named person is applying for a short-term mission's trip through the partnership of Bennett Ministries, Inc. 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 missions 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 STUDENT 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, INC.:

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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:

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- I prefer to discuss my response by telephone.

Your Signature

/ /

MM/DD/YYYY

Your Email Address

Your Phone #

2016 STUDENT 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:

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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 #