



## **MISSIONS APPLICATION INSTRUCTIONS**

*PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY*

Attached to this letter is an application package for you. **Your application cannot be processed until we have received all of these completed forms.**

***TEAM MEMBER***, please complete and return the following:

1. Application
2. Liability Release Form for Ministry/Missions Outreach
3. Deposit Form
4. Affidavit of Temporary Guardianship (if you are younger than 18 years of age) to be provided later
5. Pastor's Evaluation and Release Form
6. Confidential Reference Evaluation
7. Discipline Policy

**\*\*Please remind your pastor we will not approve any team member without a pastor's release.**

## APPLICATION INFORMATION

As you can see, we ask for a fairly in-depth amount of information, some of which is quite personal and yet understandably so considering the scope of this missions outreach. Therefore, it is absolutely imperative that we have personal knowledge and background information before approval is granted for team participation. Please be assured that all information provided is kept strictly confidential between Lionsgate (LLMI) Missions Coordinators and Team Leaders.

## TEAMS

Each person on the trip will be placed on a team with other team members and team leader.

## MINISTRY CONDITIONS

Some of the places and hotel conditions we will visit may seem primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and at times, physically exhausting. Every team member must be able to stand through long days and continue functioning autonomously and pace themselves under what can sometimes be trying conditions. We ask that you be prepared to run and not grow weary, to walk and not faint! On the other hand, the reward of being a part of God pouring out His Spirit on His people is immeasurable!

The key is flexibility. Plans can change last minute. Exhaustion can set in. So it's important to come with an attitude of servant hood. Our objective is to serve and be Christ to everyone we come into contact with from our fellow team members, to the people we are praying for, to the bus driver driving us around, etc.

## COST

The cost of a trip is dependent upon factors and can vary from trip to trip. The cost of for **Honduras 2018 is \$1695.00USD**. Costs include: airfare from US hub, two meals a day, accommodations, ground transportation, airport taxes, and administration Fees.

## PROCESS

Please send all completed forms to Troy Marshall Ministries Main office. Receipt of your deposit tentatively holds your spot pending review and approval of your information package. Space is limited and acceptance is based on a first come, first serve basis. If a deposit is not received with your information form we regret that we cannot process your registration. Make money orders or checks payable to **"Troy Marshall Ministries"** or Visit [www.lionsgateinfo.org/donate](http://www.lionsgateinfo.org/donate) and use **PAYPAL Link** All amounts must be in U.S. dollars.

You will receive a confirmation e-mail when your information form has been received to confirm whether we have completed registration.

If you have any questions about the application process you may call our office at (714) 451 8481 or email us at [info@troymarshall.org](mailto:info@troymarshall.org)

May the Lord bless you and may you receive His guidance and direction as you seek His will.

Troy Marshall,  
Founder, President

## LIABILITY RELEASE FORM FOR MINISTRY/ MISSIONS OUTREACH

### WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my being accepted by Troy Marshall Ministries for participation on a

Ministry/Missions Team outreach to Honduras 2018 dated July 30, 2018

through August 6, 2018 I make the representations and undertakings set out below:

- ü I am 18 years of age or older or will have notarized parental consent form signed by both of my parents.
- ü I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.
- ü I know that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.
- ü I know that Troy Marshall Ministries does not carry medical insurance described in an attachment to this Release as secondary insurance, that Troy Marshall Ministries does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility. Troy Marshall Ministries has advised me that Troy Marshall Ministries does not accept any responsibility for any injury, loss or damage not covered by my personal insurance. I further acknowledge that Troy Marshall Ministries has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Troy Marshall Ministries has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.
- ü I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

In consideration of my being permitted to participate as a Troy Marshall Ministries Team Member on the above Ministry/Missions Trip: HONDURAS (Please initial each paragraph)

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initials: \_\_\_\_

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY Troy Marshall Ministries, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS AND OTHER TEAM FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initials: \_\_\_\_

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initials: \_\_\_\_

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initials: \_\_\_\_

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING OR RESULTING FROM MY PARTICIPATION.

Initials: \_\_\_\_

I AUTHORIZE Troy Marshall Ministries TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initials: \_\_\_\_

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHO'S BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initials: \_\_\_\_

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGE, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS.

Name of minor child: \_\_\_\_\_

I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

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

Print Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

# MINISTRY TEAM INFORMATION SHEET

**PASSPORT # :** \_\_\_\_\_ **PASSPORT EXPIRY DATE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
 Please print legibly and (include a photocopy of passport) mm/dd/yyyy mm/dd/yyyy

For which Mission Trip are you applying? \_\_\_\_\_ Honduras 2018 \_\_\_\_\_

Name: \_\_\_\_\_ Gender: (Circle) Male/Female Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ (Exactly as it appears or will appear on your passport)

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ \*Email: \_\_\_\_\_

Have you ever traveled to a foreign country for the purpose of mission work? \_\_\_\_\_

If "yes", Dates & Destination \_\_\_\_\_

Have you ever traveled abroad? \_\_\_\_\_ If "yes", where and when? \_\_\_\_\_

Are you born again?  Yes  No  Unsure Are you Spirit-filled?  Yes  No  Unsure

Are you willing to minister in a way consistent with Troy Marshall Ministries Missions Team guidelines?  
 Yes  No

Are you willing to submit to being monitored and lovingly corrected, if necessary?  
 Yes  No

If attending without your spouse, does he or she support your participation?  
 Yes  No

What spiritual gift(s) do you believe God has given you?

\_\_\_\_\_

What languages do you communicate in other than English? \_\_\_\_\_

Do you have any physical disability?  Yes  No If "Yes", please describe: \_\_\_\_\_

\_\_\_\_\_

Please list any physical limitations that may limit your participation & any medications that you are presently taking:

\_\_\_\_\_

Medical Insurance Carrier and Phone # \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_  
 (Name) (Phone)

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

How would you describe your temperament? \_\_\_\_\_

Have you ever been treated for any mental or emotional condition?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Do you attend church regularly?  Yes  No

Local Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Denomination, if any: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

In what areas of church life have you served/or are currently serving? \_\_\_\_\_

What healing prayer ministry training have you had? \_\_\_\_\_

Have you had other ministry training? \_\_\_\_\_ Describe: \_\_\_\_\_

What experiences do you have working with internationals? \_\_\_\_\_

Explain why you would like to participate as Missions team member:

\_\_\_\_\_

**I have read, understand, and agree with the application and accompanying information.**

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

*We reserve the right to deny any application based on our judgment of the applicant's qualifications / experience compared to those required The Challenge Missions Trips.*

SCANNED COPY OF PASSPORT

DEPOSIT FORM

LIABILITY RELEASE FORM

INFORMATION SHEET

### **Please mail the completed forms to:**

Troy Marshall Ministries/Lionsgate Leadership & Missions Institute  
1518 Brookhollow Drive, Suite 11D  
Santa Ana, CA 92705

E-mail: [info@troymarshall.org](mailto:info@troymarshall.org)

Phone: (714) 451-8481

## TRIP PAYMENT SCHEDULE 2018

*\*SCHEDULE AND PRICES IS SUBJECT TO CHANGE WITHOUT NOTICE*

### **Honduras**

|                                |                  |                             |
|--------------------------------|------------------|-----------------------------|
| Application & Deposit Deadline | <u>April 20,</u> | <b>\$300</b>                |
| Half Payment Due               | <u>June 18,</u>  | <b>\$650</b>                |
| Final Payment Due              | <u>July 6,</u>   | <b>\$745</b>                |
|                                |                  | <b><i>Total \$1,695</i></b> |

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## DEPOSIT FORM

I wish to be considered as the Lionsgate Missions team member on the following trip & date:

**Trip Name:** Honduras 2018      **Dates of Trip:** April \_July 30-August 6

**Amount Included \$** \_\_\_\_\_ **US Funds Only (\$300.00 USD per person per trip)**

*(Please note: Your application cannot be processed unless the deposit amount is included with this form. Make checks payable to: Troy Marshall Ministries  
Also, please note on the memo section of your check the name of the team member and the trip the deposit is designated for.)*

### Cancellation and Refund Policy

**\*\*\*No refunds will be given on payments made after July 6, 2018. All refunds will be processed 90 days after trip completion.**

**I UNDERSTAND AND AGREE TO THE ABOVE CANCELLATION AND REFUND POLICY.**

**Signature:** \_\_\_\_\_  
(Parent's, Legal Guardian Signature)

**Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Missionary's Signature)

**Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_