



Short-Term Ministry Application Packet

ENCOURAGEMENT INTERNATIONAL, INC.

PO Box 8524 Northridge, CA 91327

(818) 772-1177 ~ encouragehal@hotmail.com

Thank you for your interest in EII's short-term mission trips. In preparation for this opportunity please read through and complete the following application packet. **You will be notified upon approval.**

Personal Requirements

1. Be a High School student or above.
2. Demonstrate a personal faith in Jesus Christ and agree with the Encouragement Intl., Inc. Statement of Faith.
3. Attend and be presently active in an evangelical church.
4. Be willing to enter wholeheartedly into the purpose and spirit of the mission project and to accept the leadership of the Team Leaders.
5. Participate in **all** training sessions and complete all the assignments given.
6. Complete and submit an application to Encouragement Intl., Inc.

Encouragement International, Inc. Cancellation Policy

Cancellations made more than 60 days in advance of the departure date will result in all monies being refunded less the registration deposit and any non-refundable deposits held by the airlines or other agencies. No refunds will be made for cancellations within 60 days of the departure date.

Total cost of the trip is subject to change according to airfare and other variable Team fees.

Note

These applications must be completely filled out, including PHOTOS [Details on photo requirements on page 9], SIGNATURES [Personal, Parental/ Guardian, Ministry Leader Reference], and BLOOD TYPE.

Applications that are not complete will be returned.

Application Deadline: April 1st

Encouragement Intl., Inc.
 PO Box 8524
 Northridge, CA 91327
 ☎: (818) 772-1177 Fax: (818) 772-1177
 encouragementhal@hotmail.com
www.encouragementintl.com

**Staple
 Current
 Photograph(s)
 Here**

Short-Term Ministry
Application for Service

Application Instructions:

1. Please type or print in black or blue ink.
2. Answer **every** question in each section.
3. Use additional sheets as needed.
4. Submit with photos.
5. Incomplete applications will be returned.

For Office Use Only:

Director of Church Planting Initial _____

Team Leader Initial _____

Deposit _____ Pictures _____ Passport _____

Team Information:

Ukraine: City Name: _____

Russia: City Name: _____

Moldova Czech Republic Belarus: _____

For Office Use Only Final Team: _____ Dates: _____

Personal/Family Information:

1. Last Name <i>(as written in passport)</i> Nickname:	First Name Middle	2. Home / Cell ☎:	3. Work ☎:
		4. E-mail Address:	
5. Permanent Address		City	State
		Zip	
6. <input type="checkbox"/> The address above is also my mailing address		<input type="checkbox"/> I have a different mailing address <i>(please write below)</i>	
7. Mailing Address		City	State
		Zip	
8. Work Address		City	State
		Zip	
9. Date of birth:	10. Current age:	11. Place of Birth (city, state, country):	12. Current citizenship:
13. Stateside Emergency Contact <i>(cannot be traveling with you):</i>		14. Relationship:	
		15. Home ☎:	
		16. Work ☎:	
17. Address		City	State
		Zip	
18. Beneficiary:	19. Relationship:	20. Home ☎:	21. Work ☎:

Travel Information:

22. Passport #	23. Date of Issue:	24. Date of Exp.:	25. Issuing authority:
26. Frequent Flyer #s & Airlines:		27. Special Travel Needs (health, diet, etc.):	

Church Information:

28. Church Affiliation: <input type="checkbox"/> I am a Member <input type="checkbox"/> I am in process of becoming a member <input type="checkbox"/> I attend	29. Name & Address: City, State, Zip
30. Will your church support you financially for this trip? <input type="checkbox"/> YES <input type="checkbox"/> NO	31. Church ☎:
32. In what church activities are you <i>presently</i> involved?	
33. In what church activities have you been involved in the <i>past</i>?	

Ministry Information:

34. If you are under 18: Are your parents/guardians supportive of your desire to serve on this short-term mission trip? <input type="checkbox"/> YES (If yes, please have at least one parent/guardian sign here _____) <input type="checkbox"/> NO (If no, please explain why in the space below.)	
35. Are you willing to work under the direction of missionaries and national pastors, to accept and perform willingly any and all reasonable assignments? <input type="checkbox"/> YES (Initial here _____) <input type="checkbox"/> NO (If no, please explain in the space below.)	
36. Are you willing to conform to the lifestyle standards of the local church leaders, even if these standards are stricter than your own? <input type="checkbox"/> YES (Initial here _____) <input type="checkbox"/> NO (If no, please explain in the space below.)	
37. In which way(s) do you feel that you could make a special contribution to the ministry of this mission project? Indicate your area of skill, ability, or giftedness which you could share with others (<i>indicate as many as are applicable</i>) Music: <input type="checkbox"/> Vocal <input type="checkbox"/> Solo <input type="checkbox"/> Small group <input type="checkbox"/> Worship Leader <input type="checkbox"/> Instrument(s) : _____ Speaking: <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Adults Teaching: <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Adults Drama: <input type="checkbox"/> Skits <input type="checkbox"/> Plays <input type="checkbox"/> Reading's <input type="checkbox"/> Puppets First Aid: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Red Cross Certified Media: <input type="checkbox"/> Photography <input type="checkbox"/> Video <input type="checkbox"/> Computer Graphics <input type="checkbox"/> Web design <input type="checkbox"/> Flyers <input type="checkbox"/> Displays	38. What foreign languages do you speak? 1) _____: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent 2) _____: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent 3) _____: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent 39. Have you ever been overseas before in any capacity? <input type="checkbox"/> YES (please describe) <input type="checkbox"/> NO 40. Have you ever had any cross-cultural experiences? <input type="checkbox"/> YES (please describe) <input type="checkbox"/> NO

41. What mission related books have you read in the past 12 months?

42. Briefly write your testimony below, including the scriptural basis for your salvation & hope of eternal life:

43. Describe your current relationship with the Lord. Explain what you are presently doing to maintain a time of devotions (Bible study & prayer) for your own strength and guidance.

44. Describe your expectations for participating in this mission project.

--Not for Returning Team Members--

45. Reference: This page needs to be filled out by the leader of the ministry in which you are presently involved.

Name of ministry leader: _____

Phone _____ E-mail _____

1. In what capacity/ministry have you observed the applicant serving God? _____

2. Is this person capable emotionally to handle an extreme cross-cultural experience? Do you have any reservations? _____

3. What do you feel are this applicant's strengths? _____

4. Is there anything else you would like to inform International Interns about regarding this applicant?

5. How could International Interns help this person in their personal growth? _____

How would you rate this applicant in the following areas? Please circle one.

1= not developed 2= somewhat developed 3= well developed 4= above average DK= Don't Know

Knowledge of Scripture 1 2 3 4 DK

Leadership 1 2 3 4 DK

Flexibility 1 2 3 4 DK

Submission to leadership 1 2 3 4 DK

Ability to work well with others 1 2 3 4 DK

Compassion 1 2 3 4 DK

Ability to make friends 1 2 3 4 DK

Evangelization 1 2 3 4 DK

Selflessness 1 2 3 4 DK

Medical Information:

Is there any reason why you cannot engage in vigorous outdoor activity?

- Yes** (If yes, please explain in the space below. You will be required to submit your doctor's approval for participation on a team.)
 No

Do you use tobacco, alcohol, or drugs of any form?

- Yes** (If yes, please explain in the space below.)
 No

How is your general health? If health is fair or poor, please explain in the space provided.

- Excellent** **Good** **Fair** **Poor**

Please attach a separate explanation/doctor's note if required.

If you answer "yes" to any of the questions below, please explain on the back of this form.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you wear glasses/contact lenses?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have a heart condition? (including heart murmur) If yes, Dr.'s permission to participate required.
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you prone to fainting spells or dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a "Medic Alert"?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have allergies?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you a hemophiliac?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have ulcers?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever had epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are you a diabetic? If yes, you must get a note from your doctor saying that you are diabetic and need to carry your supplies with you at all times.
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you in any way physically handicapped?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have a history of anorexia/bulimia?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you have, or ever had, a mental disorder? If yes, Dr.'s permission to participate required.
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you have any daily mandatory medical need? If yes, state briefly how the need is fulfilled.
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you have any other medical problems not already mentioned which might hinder you on any unusually strenuous day with E.I.I.?
<input type="checkbox"/>	<input type="checkbox"/>	15. Are you currently ill or undergoing any medical treatment? If yes, discuss with the Team Leader.
<input type="checkbox"/>	<input type="checkbox"/>	16. Are you allergic to any medications? If yes, list on the back of this page.

- Travel Requirement:** Prescriptions issued by your doctor will need to accompany all Prescription Medications.
 We allow no drinking alcoholic beverages (even if offered by nationals) or smoking on the outreach. All un-prescribed drug use is strictly prohibited. If you have a problem with this, please explain on the back of this form.

BLOOD TYPE:

We need your blood type in case of an emergency on the field. Some of the hospitals in Eastern Europe are not as equipped as American hospitals. If you do not submit your blood type, we cannot let you travel. All expenses in acquiring your blood type must be paid by *you*. EII will not be responsible for any extra expenses you may incur to meet these requirements.



RELEASE OF LIABILITY

I, _____, the undersigned, will be involved in a *voluntary* mission program in _____ (location) from _____ to _____ (dates).

- I understand that inherent in travel and service, especially to an unfamiliar environment, are risks of injury to both person and property.
- I understand that my medical and accident insurance will be the primary coverage utilized while participating in *any* program of Encouragement Intl., Inc. I also understand that the international medical and accident insurance provided by Encouragement Intl., Inc. will be utilized only if my insurance does not cover international travel.
- I understand I am responsible to contact my family doctor about any vaccines that may be needed, no less than 4 to 6 weeks prior to team travel. I understand I am responsible to contact my family doctor about any medications I may need during travel.
- I further understand that as a participant in this voluntary program, I will be *completely responsible for arranging my own financial support* during the term of this program.

I do hereby release Encouragement International, Inc. from any and all financial, medical, legal, or other liabilities and responsibilities sustained by me, or claimed for me, as a result of my participation in the above-described voluntary missions program.

I have read this release and fully understand its terms and do therefore sign this release.

Today's date: _____

Signature of Applicant: _____

Signature of parent/guardian **required** if applicant is under 18 years of age and not accompanied by parent/guardian.

Today's date: _____

Signature of parent/guardian: _____

Relationship to Applicant: _____

This form must be COMPLETED, SIGNED, and RETURNED to Encouragement International, Inc. with the attached Short-Term Mission Application Packet. Application will be returned if turned in without this form.

Please read before signing:

Encouragement International, Inc. Statement of Faith

- We believe the Bible to be the inspired, the only infallible authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that all men are sinners by nature and by choice and are, therefore, under condemnation. We believe that those who repent of their sins and trust in Jesus Christ as Savior are regenerated by the Holy Spirit and will be saved from condemnation.
- We believe in the present ministry of the Holy Spirit to convict the world of sin, righteousness and judgment and to regenerate, sanctify, and empower all who believe in Jesus Christ. We believe that the Holy Spirit indwells every believer in Christ, and that He is an abiding Helper, Teacher and Guide.
- We believe in the universal Church, a living spiritual body of which Christ is the head and all regenerated persons are members. We believe in the local church, consisting of believers in Jesus Christ, baptized on a credible profession of faith, and associated for worship, service, fellowship and the primary task of evangelizing the lost of the world.
- We believe in the personal and visible return of the Lord Jesus Christ to the earth and the establishment of His Kingdom. We believe in the resurrection of the saved to eternal life with God and the lost to eternal separation from God.

Encouragement International, Inc. Cancellation Policy

Cancellations made more than 60 days in advance of the departure date will result in all monies being refunded less the registration deposit and any non-refundable deposits held by the airlines or other agencies.

No refunds will be made for cancellations within 60 days of the departure date.

- In signing and submitting this application, I am expressing my agreement with the attached Statement of Faith.**
- If accepted, I agree to complete any and all training requirements.**
- I agree to whole-heartedly submit to any regulations and fully cooperate with the leaders in charge of this ministry.**
- I have read and understand EII's cancellation policy and agree to bear all financial responsibility for this trip.**

Signature of Applicant _____ **Date** _____

We, the undersigned, do hereby recommend that the above-named person be allowed to participate in an Encouragement Intl., Inc. missions ministry. We agree to pray for and encourage this person in every way Possible.

Signatures: [for awareness]

Senior Pastor:	Date Signed:
Chairman of the Mission Board/Committee:	Date Signed:
Local Church Ministry Supervisor:	Date Signed:
Church Name & Website:	Church E-mail:
Church Address City State Zip	Church ☎:

Before Submitting Your Application: (please use checkboxes)

- Make sure you answered all the questions, completed all the sections, and signed all the areas where you were asked to sign (and where your parents were asked to sign). Your application will be returned to you if incomplete.
- Submit your application to your ministry leader to sign (there is a section for him/her to sign).
- Photos:
 - Russia Travelers:** Staple passport pictures to this application, do not glue to application. Pictures must be professionally processed by a commercial printer (due to new embassy requirements they will no longer accept copy paper or glossy cardstock print-outs). Write your full name on the back of each photo. At least two photos –one for the office use and one for the visa application.
 - Those traveling to countries **other than Russia**, please attach one photo for office use. Photo can be printed from home computers or professionally processed.
- Submit your **completed** Application, and your **Photos** to EII.

Encouragement Intl., Inc.

PO Box 8524

Northridge, CA 91327

~

Phone: (818) 772-1177

Fax: (818) 772-1177

encouragehal@hotmail.com

www.encouragementintl.com