

FREEDOM TO THE NATIONS MISSIONS

APPLICATION INSTRUCTIONS

Thank you for your interest in being a part of one of our mission teams. We are honoured that you are considering joining us in the nations and would like the opportunity to serve you and get to know you better on one of our upcoming trips. Please follow these instructions and let us know if we can further assist you.

There are several parts to these documents.

1. Cover Page
2. Instructions
3. Application & References

Printing the cover page and Instruction page are optional. You must print the Application & References pages to complete this application.

1. PRINT THE “APPLICATION & REFERENCE PAGES
2. COMPLETE THE 5 PAGE “APPLICATION” SECTION
3. CAREFULLY READ AND SIGN THE 1 PAGE “DISCIPLINARY AGREEMENT”
4. CAREFULLY READ AND SIGN THE 2 PAGE “LIABILITY RELEASE”
5. SIGN AND SUBMIT THE 2 PAGE “PASTORAL REFERENCE” TO YOUR PASTOR
6. SIGN AND SUBMIT THE 2 PAGE “PERSONAL REFERENCE” TO A LEADER
7. SUBMIT YOUR APPLICATION, DISCIPLINARY AGREEMENT & LIABILITY RELEASE
8. SUBMIT \$25 APPLICATION FEE WITH CHECK BY MAIL
9. SUBMIT \$500 DEPOSIT BY DEPOSIT DEADLINE (NON REFUNDABLE ONCE ACCEPTED INTO TEAM)
10. SUBMIT A COPY OF YOUR CURRENT PASSPORT PHOTO PAGE WITH YOUR APPLICATION
11. SUBMIT REMAINING TRIP COST BY FINAL PAYMENT DEADLINE

Please Submit Forms by email to: missions@freedomtothenations.org

Or submit by postal mail to:

Freedom To The Nations Ministries
Attention: Missions Coordinator
21213-B Hawthorne Blvd. #5556 Torrance, CA. 90503

MINISTRY APPLICATION

SECTION 1. PERSONAL INFORMATION

PART A. Mailing Address

First Name _____ Surname (last name) _____

Street Address _____

City _____ State _____ Zip Code _____

Country _____ Phone _____ Mobile _____

E mail Address (required) _____

Date of Birth _____ Country of Birth _____

Country of Citizenship _____

PART B. Passport Information (exactly as it appears on passport)

Given Names First, Middle _____ Surname (s) _____

Issuing Country _____ Date of Issue _____ Date of Expiry _____

Nationality _____ Passport Number _____

PART C. Emergency Contact

First Name _____ Surname _____

Street Address _____ City _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Mobile _____

Section 2. Christian Lifestyle

Part A. Christian Background

Do you consider yourself born again? Y / N

Do you consider yourself spirit filled? Y / N

Do you attend church regularly? Y / N

Please provide your home church information here

CHURCH NAME

SENIOR PASTORS FIRST & LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

FAX

WEBSITE

How long have you served in your church? _____

In which areas of your local church are you currently serving _____

What ministry training have you had? _____

What spiritual gifts do you believe God has given you _____

Section 3. Travel & Missions Experience

Have you ever traveled with Freedom To The Nations Ministries? Y / N

If yes, when _____

If yes, where? _____

If yes, overall, what did you enjoy about that Freedom To The Nations Missions trip? _____

If yes, overall, what areas could use improvement concerning that missions trip? _____

Have you traveled overseas, for the purpose of missions work, outside Freedom To The Nations Missions? Y / N

If yes, when _____

If yes, what city and nation? _____

If yes, with what ministry or organization? _____

If yes, please briefly tell us about your experience _____

Section 4. Other Info & Personality

If married, does your spouse support your participation in this trip? Y / N / NA

Are you willing to minister in a way that is consistent with Freedom To The Nations Min. guidelines Y / N

If necessary, are you willing to submit to loving correction? Y / N

Do you have a physical disability? Y / N If yes, please explain: _____

What attributes below best describe your personality temperament? (circle)

Adventurous Sensitive Shy Introverted Hesitant Worrier

Scheduled	Moody	Analytical	Content	Optimistic	Orderly
Peaceful	Planner	Listener	Leader	Sociable	Patient
Funny	Self-reliant	Disorganized	Spontaneous	Talker	Animated

For room mate considerations, circle those that apply to you...

Night Owl	Messy & Cluttered	Sound Sleeper	Loud & Brash
Early Riser	Neat & Tidy	Snorer	Quiet Spoken

Please Provide Medical Insurance Information

INSURANCE CARRIER	POLICY NUMBER	PHONE
-------------------	---------------	-------

OTHER INSURANCE INFORMATION

Section 5. Application Completion

Part A. Interest & Check List

Please explain why you want to be a part of this Freedom To The Nations Missions team

Part A. Check List

Please ensure you have signed, dated and included the following:

Liability Release Form { } Application Fee { } Disciplinary Action Form { } Completed Application { }

Part B. Signature

I, the below signed, have read and understand the questions and requests for information about myself in this application and have completed the above truthfully. I also understand myself and/or my pastor and references may be contacted for verification, further clarity and their perspective of my participation in this mission trip and that Freedom To The Nations reserves the right to deny this application for any reason. Furthermore, I understand that the \$500.00 deposit is NON REFUNDABLE once I have been accepted into the team.

Printed full name _____

Signature _____ Date _____

DISCIPLINARY AGREEMENT

*This agreement is in reference to the application form and subsequent _____
(mission destination and date) missions trip conducted by Freedom To The Nations Ministries in the city
of Torrance, California.*

*This agreement comes into and remains in effect for the duration of the _____
(mission destination) mission trip from _____ (dates of mission trip).*

I understand and agree that Freedom To The Nations Ministries reserves the right to remove me from the mission trip and that all related expenses and inconveniences such as but not limited to extra flights, accommodation and any and all other expenses of any nature will be my responsibility and not that of Freedom To The Nations.

In the event of such an action no financial compensation or refund will be issued by Freedom To The Nations to any mission trip participant for any reason. This action may occur in the event that Freedom To The Nations observes or becomes knowledgeable of behavior, actions, speech or situations that violate Christian moral, ministry or lifestyle values or code of conduct acceptable to Freedom To The Nations.

This is a protective measure that we have to ensure the well being of the group as a whole. It is our utmost desire to create and maintain an environment of purity, peace, joy and fun. Anyone consistently causing a disruption, and that refuses to respond to the confrontation and correction of leadership from Freedom To The Nations will be removed in order to maintain this atmosphere for the rest of the team.

Participant acknowledges agreement with the entirety of this document:

First Name _____ Last Name _____

Signed _____ Date _____

Authorized Authority of Freedom To The Nations Ministries:

First Name _____ Last Name _____

Signed _____ Date _____

LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my being accepted by Freedom To The Nations Ministries for participation on a ministry Missions team outreach I make the representations and undertakings set out below:

I am 18 years of age or older or will have notarized parental consent form signed by both of my parents.

I am in good health and have received or will receive all vaccinations recommended by my country or state health department for travel in the countries or areas to be visited on this trip.

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; sickness or injury in areas where medical assistance may be primitive or inadequate, 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.

I know that Freedom To The Nations 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.

I know that Freedom To The Nations does not carry any insurance and I acknowledge that Freedom To The Nations Ministries has advised me that Freedom To The Nations Ministries does not accept any responsibility for any injury, loss or damage. I further acknowledge that Freedom To The Nations ministries has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Freedom To The Nations 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.

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 any 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.

Participant acknowledges agreement with the entirety of this disclosure document:

First Name _____ Last Name _____

Signed _____ Date _____

LIABILITY RELEASE

Continued...

In consideration of my being permitted to participate as a Freedom To The Nations Missions Team Member on the above Ministry/Missions Trip:

(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 Freedom To The Nations Missions, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS 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), ORGANIZER (S) AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT 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 Freedom To The Nations Missions 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 AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

Participant acknowledges agreement with the entirety of this disclosure document:

First Name _____ Last Name _____

Signed _____ Date _____

PASTORAL REFERENCE

APPLICANT: Please fill in this section and give this to your pastor.

First Name _____ Last Name _____

Trip Applying For _____ Trip Date _____

I give consent for my pastor to complete this reference form and submit to Freedom To The Nations Ministries.

Signature _____ Date _____

Dear Pastor/Church Leader: The applicant above has applied to be on a Freedom To The Nations Missions Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's reference and confirmation of the applicant's fitness for service. Therefore our staff greatly appreciates your supplying the information requested on this form. Please return this form directly to our office upon completion. Thank You!

1. How long have you known the applicant _____

2. In which areas of church life has the applicant served? _____

3. In which areas of church life are they currently serving? _____

Has the applicant proven to be dishonest, or of questionable character? Yes / No

As far as you know, has the applicant ever been arrested for any offense? Yes / No

Are you aware of any unrepentant attitudes, anger, unforgiveness, or moral impurity? Yes / No

What is your overall evaluation of the applicant for this mission trip? _____

Pastor's Name _____ Signature _____

Church Name _____ Date _____

PASTORAL REFERENCE

4. The applicant must be able to accommodate him or herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate changes and a demanding schedule. Keeping in mind the challenge of these unusual demands, please circle one description for each of the following categories to rate the applicant.

Physical Health: (circle)

Excellent Good Some Issues Medical Challenges

Social Interaction:

Well Liked Mixes Well Tolerated Avoided

Team Work:

Leader Cooperative Participates Causes Friction

Emotional Resilience: (in trying situations)

Positive & Encouraging Withdrawn Anxious Upset or Angry

Willingness to Serve:

Eager & Creative Usually Willing Lacks Motivation Reluctant

Achievement:

Superior Ability Meets Expectations Tasks Unfinished Uninterested

Leadership Ability:

Exceptional Displays Promise Lacking Experience Makes Effort

Christian Witness:

Warmly Contagious Rich & Genuine Over Emotional Relatively Superficial

Responsive to Needs of Others:

Very Empathetic. Understanding & Thoughtful Some Response Cold & Distant

Mental Adeptness:

Brilliant Quick & Responsive Average Ability Slow Learner

Healing & Inner Prayer Ministry:

Ability to Lead & Train Experienced Growing & Learning No Experience

Please Submit Forms by email to: missions@freedomtothenations.org

Or submit by postal mail to:

Freedom To The Nations Ministries
Attention: Missions Coordinator
21213-B Hawthorne Blvd. #5556 Torrance, CA. 90503

Thank you for your participation in this application process. If you have any questions please contact us at missions@freedomtothenations.org or call 310-977-2193

PERSONAL REFERENCE

APPLICANT: Please fill in this section and give this to your pastor/leader.

First Name _____ Last Name _____

Trip Applying For _____ Trip Date _____

I give consent for my pastor to complete this reference form and submit to Freedom To The Nations Ministries.

Signature _____ Date _____

Dear Friend of Applicant: The applicant above has applied to be on a Freedom To The Nations Missions Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's reference and confirmation of the applicant's fitness for service. Therefore our staff greatly appreciates your supplying the information requested on this form. Please return this form directly to our office upon completion. Thank You!

1. How long have you known the applicant? _____

2. In which areas of church life has the applicant served? _____

3. In which areas of church life are they currently serving? _____

Has the applicant proven to be dishonest, or of questionable character? Yes / No

As far as you know, has the applicant ever been arrested for any offence? Yes / No

Are you aware of any unrepentant attitudes, anger, unforgiveness, or moral impurity? Yes / No

What is your overall evaluation of the applicant for this mission trip? _____

Pastor/Leader Name _____ Signature _____

Church/Ministry Name _____ Date _____

Friend completing form

PERSONAL REFERENCE

4. The applicant must be able to accommodate him or herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate changes and a demanding schedule. Keeping in mind the challenge of these unusual demands, please circle one description each of the following categories to rate the applicant.

Physical Health:

Excellent Good Some Issues Medical Challenges

Social Interaction:

Well Liked Mixes Well Tolerated Avoided

Team Work:

Leader Cooperative Participates Causes Friction

Emotional Resilience: (in trying situations)

Positive & Encouraging Withdrawn Anxious Upset or Angry

Willingness to Serve:

Eager & Creative Usually Willing Lacks Motivation Reluctant

Achievement:

Superior Ability Meets Expectations Tasks Unfinished Uninterested

Leadership Ability:

Exceptional Displays Promise Lacking Experience Makes Effort

Christian Witness:

Warmly Contagious Rich & Genuine Over Emotional Relatively Superficial

Mental Adeptness:

Brilliant Quick & Responsive Average Ability Slow Learner

Responsive to Needs of Others:

Very Empathetic Understanding & Thoughtful Some Response Cold & Distant

Healing & Inner Prayer Ministry:

Ability to Lead & Train Experienced Growing & Learning No Experience

Please Submit Forms by email to: missions@freedomtothenations.org

Or submit by postal mail to:

Freedom To The Nations Ministries
Attention: Missions Coordinator
21213-B Hawthorne Blvd. #5556 Torrance, CA. 90503

Thank you for your participation in this application process. If you have any questions please contact us at 310-977-2193