

**For Office Use Only**

- Deposit \_\_\_\_\_
- Application reviewed \_\_\_\_\_
- Interview \_\_\_\_\_
- Ins. Policy
- Pastor's Signature
- References Checked
- Passport
- Exp. Date
- 2 copies of Passport
- Photos for Visa
- Visa Application

# LEAMIS

International Ministries

Leadership and Missions

## Short-Term Mission Application

This application is for **Individual trips** and **Team trips**. All team members are required to participate in the specialized Pre-Field Training for each trip. The location and date of the training is listed at the end of the application. The cost of the Pre-Field Training, *excluding transportation costs*, is included in the total trip price.

**Please type or print.**

**Trip Destination:** \_\_\_\_\_ **Trip Date:** \_\_\_\_\_

Please list your name *as it appears on your passport*. If you do not yet have your passport, list your name as it appears on your birth certificate.

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place AND Date Passport Issued: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

### REFERENCES

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

**PERSONAL INFORMATION**

Briefly describe your personal relationship with Christ. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously participated in STM (Short Term Mission) Trips? \_\_\_\_\_

If yes, briefly share the countries involved in and the type of mission trip (construction, medical, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, briefly share how you have integrated your STM into your life for Kingdom purposes?

\_\_\_\_\_  
\_\_\_\_\_

Briefly state below the reason you would like to participate in this short-term mission trip and some of your key expectations concerning the trip. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**TO BE COMPLETED BY THE APPLICANT’S PASTOR:**

I believe that the above applicant is a dedicated Christian, is friendly, flexible, and able to make a valuable contribution to the mission team. I am personally acquainted with the applicant and recommend him/her for volunteer mission service. You may contact me for additional information if needed.

\_\_\_\_\_  
*Pastor’s Signature*

\_\_\_\_\_  
*Date*

**Medical History**

List all medical problems for which you have received medical care in the past 12 months. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies (including food allergies), breathing problems, and chronic conditions of which team leaders should be aware:

\_\_\_\_\_

List any history of major illness and/or surgeries, as well as any prescription drugs (and their generic names) that you are now taking. **Also**, please note if the prescriptions you are taking require special storage (for example: diabetic medication that needs to be refrigerated):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**EMERGENCY INFORMATION AND LIABILITY WAIVER**

**IN CASE OF EMERGENCY, CONTACT:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell/Work: (        ) \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell/Work: (        ) \_\_\_\_\_

**WAIVER**

In being accepted and allowed to participate in LEAMIS International Ministries activities associated with its programs and locations, I assume responsibility for my actions. I release LEAMIS International Ministries, its Trustees, Employees, Staff, Missionaries, and Agents from liability, loss, injury, or damage to my property or myself. Nothing contained herein shall excuse LEAMIS International Ministries, its employees, missionaries, or agents from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release LEAMIS International Ministries, its Staff, Trustees, Employees, Missionaries, Agents, and Sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon, or dentist.

In the event of my death I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in religious work in other countries.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

(if applicant is under 18 years of age)

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

**INSURANCE:**

LEAMIS International Ministries does not carry insurance coverage for participants on short-term missions assignments. Participants in short-term mission trips with LEAMIS International Ministries are required to obtain insurance from Brotherhood Mutual Insurance Company ([www.brotherhoodmutual.com](http://www.brotherhoodmutual.com) / 1-800-876-4994). It is your responsibility to purchase short-term coverage for the time that you are with LEAMIS International Ministries. The coverage is to include travel days to and from the mission location. **Proof of insurance coverage is required.**

Note: Regardless of the type of insurance you have, you will often be required to *pay for services at the time rendered* and will then need to file a claim with the insurance company for reimbursement upon your return.

**LEAMIS International Ministries requires that you have medical insurance with Brotherhood Mutual Insurance Company during the time of your short-term service.**

**Insurance Verification**

This is to certify that Brotherhood Mutual Insurance Company will cover \_\_\_\_\_ while in the country of \_\_\_\_\_ during the dates of \_\_\_\_\_ through \_\_\_\_\_. Policy # \_\_\_\_\_

Emergency Claims telephone number:

In the US \_\_\_\_\_ When overseas \_\_\_\_\_

In the event of illness/injury, all claims will be filed against Brotherhood Mutual Insurance Company. I further understand that LEAMIS International Ministries does *not* provide insurance coverage for participants on short-term mission trips or training events.

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

Parent or guardian's signature is required if under 21; self-assigned if 21 or over.)

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

I give my permission for LEAMIS International Ministries to use photos taken of me during my participation in LEAMIS events for newsletters and mission trip information.

Yes \_\_\_\_\_ (please initial)     No \_\_\_\_\_ (please initial)

**How did you hear about LEAMIS?**     Friend     My Church     Mailing     News Article  
 Internet     Conference \_\_\_\_\_  
 Other Mission Agency \_\_\_\_\_  
 Other \_\_\_\_\_

**PLEASE NOTE:** The following information is for the purpose of helping us organize the type of ministry and activities that will take place during the mission trip. It is *not* related to eligibility for participation in a LEAMIS event.

**SKILLS AND TRAINING**    Do you have specialized training in any of the following medical areas:

Medical Doctor                       Dentist                       Optometrist / Ophthalmologist  
 Nurse                                       Dental Assistant             Physical Therapy  
 CPR Certified                       CPR Instructor             First Aid Certified             First Aid Instructor  
 Other: \_\_\_\_\_

Do you play a Musical Instrument (s) – Type: \_\_\_\_\_

Do you have experience in any of the following:

Public Speaking     Children or Youth Ministry/Activities             Leading Bible Studies

**HOBBIES AND INTERESTS:**

Sewing     Crochet/Knitting/Weaving     Crafts     Drawing/Painting     Music     Sports  
 Nutrition     Herbs/Gardening     Aquaponics     Carpentry     Mechanics/Small engine repair  
 Animal Husbandry     Solar/Wind Energy     Other areas not listed: \_\_\_\_\_

Please return this form with your **\$100 deposit** to: LEAMIS Int'l. Ministries, P.O. Box 709, Monteagle, TN 37356. All participants are **required** to participate in the specialized Pre-Field Training for each trip. If you are participating in a **team** trip, the location and date of the training will be announced as soon as it is available. The cost of the Pre-Field Training, *excluding transportation costs*, is included in the total trip price. Transportation to the training site is the responsibility of the participant.

**If you are applying for an *individual opportunity*, the Pre-Field Training for your trip will be sent to you via email.**