

(For office use only)

DATE OF MISSION TRIP _____

APPLICATION FEE RECEIVED _____

APPROVED _____

ATTACH PHOTO HERE



Global Focus Director, Eric Hamp
INCM
1025 S. Perry Street, Suite 101C
Castle Rock CO 80104
PHONE: 303-660-6626
FAX: 303-660-6444

E-MAIL: eric.hamp@incm.org
WEBSITE: www.incm.org

Desired Mission Destination:

SHORT-TERM MISSION APPLICATION

*Please complete this form and return it with your non-refundable \$25.00 application fee. Upon approval, a \$100.00 non-refundable deposit is required. Make all checks payable to International Network of Children's Ministry (INCM).

*Please type or print clearly your legal name as it appears on your official identification.

- Name _____
Last First Middle
- Street _____ Apt. # _____ City _____
State _____ Zip Code _____ Home Phone _____ Work Phone _____
Fax _____ E-mail _____
- Age _____ Date of Birth _____ Gender: Male Female
Place of Birth _____ Social Security # _____
Passport # _____
- U.S. Citizen: Yes No
Veteran: Yes No
- Marriage Status: Single Married Children: Name _____ Age _____

- Employment:
Part-time Retired Full-time Student
- Describe employment or type of ministry presently involved in _____

CHRISTIAN SERVICE

1. Church Name _____ Phone Number _____

2. Street _____ City _____ State _____ Zip _____

3. Name of Pastor _____

4. Date of Salvation _____ Do you attend church regularly? Yes No

5. Are you active in church work? Yes No

If yes, explain the kind of ministry:

6. List languages fluent in, other than English _____

7. Education completed _____

8. In what ways are you seeking to share Christ with others now? _____

11. Have you ever gone on a mission trip before, or out of the country? Yes No

12. What is the longest length of time you have been away from home? _____

13. List any special skills or talents you have _____

14. Why are you interested in participating in a short-term mission trip? (Answer in detail) _____

15. What experience do you have working with nationals? _____

MEDICAL HISTORY

1. Do you have any physical disability? Yes No
If yes, please describe: _____
 2. How would you describe your temperament and personality? _____

 3. Have you ever been treated for any mental or emotional condition? Yes No
If yes, please explain: _____
 4. Name of nearest relative in case of emergency: _____
Address: Street _____ Phone: _____
City _____ State _____ Zip _____
-

This information will not prevent you from coming, but it will be to your benefit for us to be aware of your medical history.

1. Are you receiving or considering any medical treatment or taking any medicine, drugs, pills, shots, etc.? Yes No
2. Do you have any physical or mental birth defects, developmental disability or physical or mental impairment? Yes No
3. Have you ever had chest pain, heart trouble, heart attack, heart murmur, or high blood pressure? Yes No
4. Have you ever had diabetes, urinary problems, arthritis, ulcers, asthma, allergies or allergic reactions to any medication? Yes No
5. Have you ever been treated for alcohol or drug abuse? Yes No
6. Will any problems result if you do hard physical labor? Yes No
7. Are you unusually sensitive to heat? Yes No
8. Were you ever completely or partially overcome by heat? Yes No

If any of the above questions were answered yes, please give a brief account of nature of illness, injury or medical attention: _____

RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned, (and we the parents or legal guardians and/or custodians of the undersigned minor or under legal disability) in consideration of the services and sponsorship of International Network of Children's Ministry hereinafter known as INCM, and all other valuable consideration and permission of INCM for me to go on a short-term mission project under its auspices, HEREBY RELEASE AND AGREE TO HOLD HARMLESS INCM and all of its officers, employees, and agents from any liability whatsoever that might involve me or any other person, corporation, agency or governmental unit whatsoever, as the result, whether immediate or proximate or not, of my participation in the sort-term mission project sponsored by INCM; and I specifically agree to provide any and all insurance protection that may be necessary, helpful, or desirable for my participation and that I will not rely upon INCM for such protection. I furthermore give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded, (audio or video), without prior notification or royalties.

Dated this _____ Day of _____ 20_____

Participant (print) _____

Participant Signature

Notary Seal

Parent or Guardian

Printed Name of Notary

Signature of Notary

My Commission Expires

PASTORAL CONFIDENTIAL RECOMMENDATION

Applicant: Fill out all the information in this box. Desired Destination: _____
 Applicant's Name: _____ Applicant's Phone :(____)_____
 Applicant's Social Security No.: ____-____-____ Applicant's Age: ____ Birthday_____

Pastor: Please complete the recommendation, place it in your letterhead envelope, seal the envelope and send to Eric Hamp, INCM, 1025 S. Perry Street, Castle Rock CO 80104 without returning to the applicant. If you have any questions please call 303-660-6626, ext 244.

Pastor's Name: _____ Pastor's Title: _____
 Pastor's Phone: _____ Church Name: _____
 Church Address: _____ City: _____ State: _____ Zip: _____

Please read the following before filling out this recommendation. Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. Providing appropriate details about the applicant will help us make a fair appraisal of his/her qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence. If you have questions, please call 303-660-6626 to speak with Eric Hamp, INCM Global Focus Director.

How do you know the applicant? _____ How long? _____
 How well do you know him/her? By Face/Name Casually Fairly Well Very Well

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN

Adaptability ____ Service ____ Dependability ____ Maturity ____
 Response to Authority ____ Influence on Peers ____ Leadership Ability ____

O=OFTEN S=SOMETIMES R=RARELY N=NEVER U=UNKNOWN

Procrastinates ____ Critical ____ Irritable ____ Inclined to Crushes ____ Depressed ____
 Argumentative ____ Domineering ____ Rebellious ____

- Is the applicant active in his/her church? Yes No
- To your knowledge, has the applicant had a salvation experience? Yes No
- To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? Yes No
- Are you aware of any mental or emotional illness or instability in the applicant? Yes No
- To your knowledge, has the applicant abused alcohol or illegal drugs in the last year? Yes No
- Have you ever had reason to question the applicant's morals? Yes No
- Do you have any reason to lack confidence in the applicant? Yes No
- Has a criminal background check been completed if the applicant is an adult? Yes No

Comments: _____

**CHURCH LEADER / FRIEND / RELATIVE (one of each)
CONFIDENTIAL RECOMMENDATION**

<u>Applicant:</u> Fill out all the information in this box.	Desired Destination: _____
Applicant's Name: _____	Applicant's Phone :(_____)_____
Applicant's Social Security No.: ____-____-_____	Applicant's Age: ____ Birthday_____

Recommendation Provider: Please complete the recommendation, place it in your letterhead envelope, seal the envelope and send to Eric Hamp, INCM, 1025 S. Perry St, Suite 101C, Castle Rock CO 80104 without returning to the applicant. If you have any questions please call (303)660-6626.

Recommendation Provider: _____ Your Title: _____
 Phone Number: _____ Address: _____
 City: _____ State: _____ Zip: _____

I
Please read the following before filling out this recommendation. Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. We need to know as much as possible about our applicants to make fair appraisals of their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence. If you have questions, please call 303-660-6626 to speak with the Global Focus Director, Eric Hamp.

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To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? Yes No

Are you aware of any mental or emotional illness or instability in the applicant? Yes No

To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? Yes No

Have you ever had reason to question the applicant's morals? Yes No

Do you have any reason to lack confidence in the applicant? Yes No

Based on the above information, for a missionary position with INCM the applicant is:
