

ADULT APPLICATION

VERY IMPORTANT!!! PRINT CLEARLY!!! ANSWER ALL QUESTIONS!!!

Mail to: P.O. Box 5377 Oceanside, CA 92057 Questions? Call 760 231 9982

Must include \$50 non-refundable deposit payable to "First the Kingdom" memo: mission trip

PERSONAL INFORMATION

PASSPORT Name _____
First Middle Last

SS# _____ - _____ - _____ Date of Birth: ____/____/____ Sex: M ____ F ____

Marital Status: Single ____ Engaged ____ Married ____ Divorced ____ Widowed ____ Separated ____

If married, spouse's name _____

Home Address: _____ Apt. # _____

City _____ State _____ Zip _____

Home Ph: (____) ____-____ Daytime Ph: (____) ____-____ Cell: (____) ____-____

E-mail Address: _____

Passport Number: _____ Expiration Date: ____/____/____ Need to Obtain a passport: ____ Application in Progress: ____

T-Shirt Size : _____ (S, M, L, XL, XXL)

Please explain any "yes" answers to the questions below on a separate sheet.

1. Have you ever been convicted of a crime? Yes ____ No ____
2. Have you been involved with any of the following within the past year
Alcohol or Tobacco? Yes ____ No ____ Illegal Drugs? Yes ____ No ____ A cult? Yes ____ No ____ The Occult? Yes ____ No ____
3. Have you ever had psychiatric care or treatment? Yes ____ No ____
4. If you are single, are you dating anyone who is also applying for this trip? Yes ____ No ____
5. If married, is your spouse in agreement with your participation and the commitment? Yes ____ No ____

PERSONAL REFERENCES

People we can contact other than relatives, who have known you well for at least 2 years.

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
_____	(____) ____-____	_____
_____	(____) ____-____	_____
_____	(____) ____-____	_____

Note: A Recommendation form is required to be completed by a Pastor or church leader to complete the application.

Trip Attending: January ____ April ____ June ____ October ____

ADULT APPLICATION

I understand that the purpose of the First the Kingdom (FTK) Baja California/Mexico Short-term Mission trip is to share the Gospel of Jesus Christ and any sightseeing/shopping and other activities will be permitted only if they coincide with the team's purpose and do not hinder the ministry. I understand schedules, travel arrangements, and trip prices are based on current research and are subject to change. I understand that FTK reserves the right to change or cancel a trip for any reason deemed necessary. I understand funds received for the trip are refundable solely at the discretion of FTK in accordance with established rules in addition to constraints set by airline policy. In any case, the initial \$50 deposit is nonrefundable.

I understand FTK has sole authority to reject any person from participation and may at its sole discretion, cancel or reject an applicant for whatever reason it deems necessary due to acts that are deemed, in FTK's sole discretion, otherwise unacceptable, detrimental to or incompatible with the mission or otherwise dangerous or incompatible with the safety, health, compatibility, comfort, welfare, or interests of the mission and its participants. I authorize FTK to share confidential information and/or do background checks for purposes deemed necessary by FTK to determine eligibility/suitability for the mission trip. Information of a confidential nature will be kept confidential except as deemed necessary for purposes previously stated.

I understand that FTK requires strict compliance with rules and regulations set forth in ministry guidelines, including rules concerning conduct, dress, and Christian lifestyle. I have read and understand everything in the packet of information provided for accepted applicants.

I understand as a team member, I will be representing the Lord Jesus Christ, my sending church, and the United States. I realize that as such a representative, I must avoid behaviors that are inappropriate to my host culture. I understand that I am expected to follow any additional rules/guidelines instituted by my team leader(s). I recognize that any deviation from the guidelines could result, after attempts at reconciliation, in my dismissal from the team with no refund or, if during the mission experience, in being sent home at my own expense. If I am removed from the mission in progress, I shall be solely responsible for the costs and expenses incurred after the date of such removal, including but not limited to all transportation, accommodations, and meals. I agree that I shall forever indemnify, defend, and hold harmless FTK and their respective directors, officers, and leaders from any loss, claim, damage, cost, penalty, expense, or other liability.

I have been advised that the trip may at times require vigorous physical effort and exertion with walking over rough terrain. I agree that I will cooperate with and abide by all safety and security precautions undertaken or recommended by FTK and that failure to do so shall be at my own risk. I understand that all participants are required to be in good physical condition and sign a medical release. I understand that in questionable cases or conditions, a written doctor's clearance will be required. I am aware that medical facilities available for participants at the mission base and in the field will be limited to local doctors with rudimentary equipment. More sophisticated facilities are located approximately 1 to 1.5 hours from mission base.

I understand that there will be necessary preparation and training and that attendance at all sessions is vitally important to the success of the mission and that any necessary absence must be approved by the team leader(s) in advance. I understand that the only acceptable excuse for absence would be a family emergency, illness, work obligation, or being away on a preplanned vacation. I understand that without my active participation and commitment to support all aspects of the mission, the FTK team cannot accomplish its goals.

I understand that if I choose to deviate from the established schedule and extend or shorten my stay, after permission is granted from FTK leadership to do so, the same shall be at my own expense and risk.

The information I have given on this application is accurate and true to the best of my knowledge.

I give my permission for FTK to use my picture, voice, and testimony in any form of promotional or testimonial materials.

I understand that FTK and their respective directors, officers, and leaders are not liable or responsible for injury or damage directly or indirectly to myself or property in connection with any transportation, accommodations, or other services resulting from acts of God, dangers, incidents in air, on ground, or sea, fire, breakdown of machinery or equipment, acts of government or other authorities, wars, terrorism, hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, custom regulations, delays, cancellations of or change in itinerary, scheduling, or from any other cause beyond the control of FTK.

I have read and understand the above information. I do hereby release and forever discharge FTK and their respective directors, officers, and leaders from all liability, actions, causes of action, damages, claims, and demands whatsoever, which I, my heirs, executor, administrators, or assigns have now or hereafter may have against them or any of them by reason of any damage, loss or injury to person(s) participation in the FTK short-term mission.

Applicant's Printed Name	Applicant's Signature	Date
State of _____	On this _____ day of _____, 200____; before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.	
County of _____		
Signature of Notary Public		

ADULT APPLICATION

Pastor/Spiritual Leader Recommendation

First the Kingdom Short Term Mission
(Confidential)

Applicant Name _____

Pastor/Spiritual Leader Name _____ Title/Position _____

Church _____ Phone: (____) ____ - _____ E-mail _____

How long have you known the applicant? _____

How well do you know him/her? By face/name ____ Casually ____ Fairly Well ____ Very well ____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS IF POSSIBLE:

Adaptability ____ Dependability ____ Maturity ____ Leadership Ability ____ Servant-hood ____

Spiritual Life/Maturity ____ Spiritual Influence on Peers ____

Critical ____ Irritable ____ Depressed ____ Argumentative ____ Domineering ____ **Rebellious** ____

Circle Response

- | | | |
|--|-----|----|
| 1. Is the applicant active in your church? | Yes | No |
| 2. To your knowledge does the applicant have a meaningful relationship with Christ? | Yes | No |
| 3. 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, a troubled romance or some other wrong motive? | Yes | No |
| 4. Are you aware of any mental or emotional illness or instability in the applicant? | Yes | No |
| 5. To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? | Yes | No |
| 6. Have you ever had reason to question the applicant's morals? | Yes | No |

Explain a "No" answer to # 1 and "Yes" answers to # 3, 4, 5, or 6

Recommended ____ Not Recommended at this time ____ Don't know well enough to recommend ____

_____/_____/_____
Signature Pastor Title Date

Return to "First the Kingdom" P. O. Box 5377 • Oceanside, CA • 92052-5377 •
Questions? 760 231 9982

ADULT APPLICATION

First the Kingdom (FTK)

Adult Medical Information/ Adult Medical Release

(If more space is needed, attach separate sheet)

Allergies _____ Allergic Reactions _____

Are you presently under medication prescribed by a doctor? Yes ___ No ___ If yes, indicate the type of meds and any medical information that could possibly be significant. _____

Date of last tetanus shot ____/____/____

I have consulted my physician regarding Hepatitis A which is recommended by FTK (FI). Yes ___ No ___
I acknowledge that I have been informed that Hepatitis A and Current Tetanus shot is recommended by First the Kingdom (FTK)
I have been advised that the use of insect repellent is necessary.

Other information/instructions _____

How would you describe your overall health fitness? Excellent ___ Good ___ Average ___ Below Average ___ (Explain)

Do you or have you ever had? Seizures? Yes ___ No ___ Fainting Spells? Yes ___ No ___ Eating Disorder? Yes ___ No ___
Heart Disorder? Yes ___ No ___ Diabetes? Yes ___ No ___ Respiratory Problems? Yes ___ No ___ Chronic Illness? Yes ___ No ___
Back Problems? Yes ___ No ___ Other? _____

Do you have any disability or disease that might affect your ability to fully function on this trip? Yes ___ No ___ Explain: _____

Are you able to ride in a vehicle for long periods of time? Yes ___ No ___ (Explain if No) _____

IN CASE OF EMERGENCY, CALL: Give 2 contact #'s (One day, one night)

Name _____ Phone (____) _____ - _____ Relationship _____

Name _____ Phone (____) _____ - _____ Relationship _____

In case of medical emergency, injury or illness to myself and I am unable to make medical decisions, I hereby empower FTK leadership as my authorized agent(s) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any nurse, paramedic, physician or surgeon. In the absence of any nurse, paramedic, physician or surgeon; I empower FTK leadership to assist in any way they deem necessary.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all diagnosis, treatment, surgery or hospital care, which the aforementioned nurse, paramedic, physician or surgeon in the exercise of his/her best judgment may deem advisable.

I recognize and agree that I will be ultimately responsible and liable for payment of any medical bills and costs incurred by me or on my behalf that are not covered by travel insurance.

To the best of my knowledge all medical information provided is current and accurate. If I choose to opt out of a tetanus vaccination, and/or malaria regimen, I hereby absolve FTK and their respective directors, officers and leaders from all liability which I, my heirs, executor, administrators or assigns regarding any consequences of not following the recommendations.

_____ Applicant's Printed Name	_____ Applicant's Signature	____/____/____ Date
State of _____ County of _____	On this _____ day of _____, 200__; before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.	
_____ Signature of Notary Public		