



International Mission Trip

Fortaleza, Brazil 2012

www.johnandellenduncan.com

Trip Application

APPLICATION INSTRUCTIONS

Dear Applicant,

Thank you for your interest in traveling with 24/7 Athens CHC (John and Ellen Duncan).

Attached is an application along with various forms and releases that must be completed to ensure your acceptance as a Ministry Team Member.

Your application cannot be processed until we receive all required, completed documents. The following is a checklist of required documents.

- Application
- Deposit Form
- Liability Release
- Discipline Policy
- Media Release
- Pastoral Reference Evaluation
- Confidential Evaluation
- Emergency Medical Services Authorization
- Send a picture of applicant
- Color Copy of passport



We ask for a fairly in-depth amount of information. Some information required may be rather personal to you, but reasonable considering the scope of such a ministry trip. It is imperative that we have prior knowledge of each applicant's personal background before approval can be granted for team participation. Please be assured that all information provided is kept strictly confidential.

Please send all completed forms to: **24/7 Athens**, c/o John and Ellen Duncan, P O Box 131, Nicholson, GA 30565. A mandatory deposit of \$350.00 reserves your space on the ministry trip pending review and approval of your application. Space is limited and acceptance is based on a first come, first serve basis. If a deposit is not received with your application, your application will not be processed. **Please make checks or money orders payable to: 24/7 Athens CHC.**

We will contact you by phone or email after your application has been processed. Acceptance will be confirmed or denied shortly thereafter. Upon acceptance, you will receive a packet including information about trip preparation. Please do not apply for a visa until you receive your acceptance packet.

If you experience any uncertainty during the application process, or if you have any questions, please call Ellen Duncan at 706-247-4891 or email us at info@georgiapreacher.com. You can also visit our homepage at www.georgiapreacher.com for any additional information.

Trip Application

MINISTRY TRIP AWARENESS

Ministry Teams

Everyone on the trip functions as one team. We may divide into smaller groups to minister to several churches/locations at the same time.

Ministry Conditions

Some of the places we encounter can seem primitive in comparison to what you are used to. Air conditioner will be available at the hotel but most churches do not have this luxury. The pace required on these trips can be rigorous, emotionally draining, and physically exhausting. Each team member must be able to stand for long periods of time, continuing to function autonomously, even under trying conditions. We ask that you be prepared "to run and not grow weary, to walk and not faint" (Ministry Team Members may stay back at the hotel if they are tired or not feeling well). On the other hand, the rewards of being instrumental in God pouring out His Spirit on His people are immeasurable!

Ministry Meetings

The key word is flexibility. Ministry meetings are often held in local churches, but sometimes in open-air arenas or tents. We work side by side with local churches and ministry leadership in submission to their authority. Meetings or mission objectives are subject of change at any time during a trip.

Terms and Conditions

What is Covered? The cost of the trip includes hotel accommodations (based on double occupancy), three meals per day, and all internal transportation (unless otherwise noted). The deposit reserves your spot on the trip based on completed application and acceptance. We reserve the right to deny any application.

What is Not Covered? You will be responsible for the airfare purchase, the cost of snacks, meals on travel days, gratuities where appropriate (waiters, bus drivers, housekeeping, etc), passport and visa fees, country exit tax, and immunizations if required. We work diligently to obtain the best possible prices. There are many variable costs beyond our control. If there are any price adjustments beyond our control, we will contact you as to how to proceed.

Important Payment Info: The full trip payment of **U\$1000.00** and completed application must be received by the balance due date: **JULY 01, 2012**

Other Comments: John Duncan, Ellen Duncan, or another associate will be teaching at most meetings. For some meetings, the team will divide between a few churches and pastors or leaders on the team will be chosen to preach at those churches. When planning trips to a foreign country up to a year or more in advance, it is VERY important that we remain flexible.

Questions and Answers

Q. Can I have a single room on the trip?

A. In general no, but exceptions can be made. Roommates are an important part of the trip and we don't want you to miss out on that fellowship. We will consider making an exception depending on room availability. You

Trip Application

should email us as far in advance as possible and explain the reason you would like the single room. Of course, if it is approved, there will be an additional cost that will be incurred and you will pay this ahead of time.

Q. Can I choose my roommate during the trip?

A. Yes. Please make sure that the roommate's name is clearly defined on both applications.

Q. Can we sign a group for the trip?

A. Yes, we will welcome a group, whether they are organized by a church, some other ministry, or it is simply a group of friends. Give your group a name and put this group name on each application or correspondence you submit. If a church or a sponsor is making a payment towards one or more individuals, be sure that it is clear exactly how much each person's account should be credited.

Q. Will I receive any training during the trip?

A. Absolutely! The first meeting will be required where we will go over the accepted protocol to pray with people at the altars as well as praying for each Team Member to receive a greater anointing to pray for the sick. In addition, we will also use our "bus time" to share praise reports, prayer requests, and general instructions.

Q. Can I smoke or drink alcoholic beverages during the trip?

A. No. Breaking of this rule by one team member may compromise the whole Ministry Team's ability to minister during the trip.

Q. What is the Dress Code for this trip?

A. **Both Genders:** We have developed a dress code for the Ministry Team during meetings based on the local "Christian Culture" and we should try to stay on the conservative side of things. Our aim is to not let our clothes interfere with our ministry. There are some churches at which we can dress more casually than what is described below but the following is a good guideline. Be advised that even though some church members appear to have a casual dress code, they still would like the ministry team to dress conservatively.

Outside ministry time you can dress as you would at home. Remember that Fortaleza is not far from the Equator, so expect high temperatures with a very strong sun. Swimwear will come handy for use during the free time as well as a hat and sunscreen to help keep you from getting sunburned. Because we may be doing an outdoor / outreach event, you may wear comfortable casual clothes for this event. Please use good judgment with this, remembering you will still be the ministry team.

Ladies: Casual dresses, skirts and blouses, or blouse and nice modest pants, comfortable shoes (you could be standing a long time while ministering). It is allowed for you to wear jeans during these times, but we ask that they not have holes, and be dressier in nature. We do ask that during ministry time you NOT wear spaghetti strap shirts or tank tops, shorts, sneakers, or flip flops (nice sandals are acceptable).

Gentlemen: Nice casual long slacks, shirt with a collar (button down or golf style). It is allowed for you to wear jeans during these times, but we do ask that they not have holes, and be dressier in nature. Comfortable shoes (you could be standing a long time while ministering). No shorts, or flip flops (nice sandals are acceptable).

Trip Application

MINISTRY TEAM APPLICATION

I AM APPLYING FOR ACCEPTANCE AS A MINISTRY TEAM MEMBER FOR THE

2012 BRAZIL MISSION TRIP TO FORTALEZA

AUGUST 13-20, 2012

PERSONAL INFORMATION

NAME _____ (EXACTLY AS IT APPEARS ON YOUR PASSPORT) NICKNAME* _____
NOTE: ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH ____/____/____ AGE ____ GENDER ____ MALE ____ FEMALE
MM / DD / YYYY

OCCUPATION _____

STREET ADDRESS _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY* _____ STATE* _____ ZIP _____

PHONE NUMBERS

HOME () _____ WORK () _____

FAX () _____ CELL () _____

EMAIL _____ PASSPORT NUMBER _____

(Send color copy of passport)

COUNTRY OF ISSUE _____ EXPIRATION DATE ____/____/____
MM/DD/YYYY

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMAIL ADDRESS _____ PHONE NUMBER () _____

Trip Application

SUPPLEMENTAL APPLICATION INFORMATION

ARE YOU BORN AGAIN? ___ Yes ___ No ___ Unsure ARE YOU SPIRIT-FILLED? Yes No Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH OUR GUIDELINES? Yes No

ARE YOU WILLING TO SUBMIT TO BEING MONITORED AND LOVINGLY CORRECTED IF NECESSARY? Yes No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? Yes No

SPOUSE'S NAME _____

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? _____

MEDICAL INFORMATION

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF SO, PLEASE DESCRIBE:

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL / EMOTIONAL CONDITION? Yes No IF SO, PLEASE

DESCRIBE: _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS THAT YOU ARE

CURRENTLY TAKING _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

IT IS HIGHLY RECOMMENDED THAT YOU CARRY OR OBTAIN PRIMARY MEDICAL INSURANCE TO COVER POSSIBLE ADDITIONAL MEDICAL NEEDS THAT MAY ARISE DURING INTERNATIONAL TRAVEL.

DO YOU HAVE PRIMARY MEDICAL INSURANCE? Yes No

IF SO, WHAT IS THE NAME OF YOUR INSURANCE CARRIER? _____

Trip Application

CHURCH / MINISTRY INFORMATION

CHURCH NAME _____ DENOMINATION _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE () _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR _____ PHONE () _____

DO YOU TITHE REGULARLY? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No

HAVE YOU BEEN WATER BAPTIZED? Yes No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? Yes No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? Yes No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTS? _____

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? Yes No

IF SO, PLEASE DESCRIBE _____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? Yes No

IF SO, PLEASE DESCRIBE _____

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? Yes No

IF SO, NAME LANGUAGE(S) _____

I, _____, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE REST OF MY KNOWLEDGE. I AUTHORIZE JOHN OR ELLEN DUNCAN TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X _____ DATE ____/____/____

Trip Application

DEPOSIT FORM

PLEASE NOTE: YOUR APPLICATION FOR MINISTRY TEAM PARTICIPATION CAN NOT BE PROCESSED UNLESS THE DEPOSIT AMOUNT IS INCLUDED WITH THIS FORM.

I, _____, WISH TO BE CONSIDERED AS A MINISTRY TEAM MEMBER FOR THE
2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012

DEPOSIT AMOUNT INCLUDED: \$ _____ (\$350 PER PERSON PER TRIP). Make checks payable to: 24/7 Athens CHC. All payments must be made in US Dollars.

CANCELLATION AND REFUND POLICY

If you are not selected for the team, your deposit will be refunded in full. After your application has been processed, you may cancel up to 8 weeks prior to your departure date in order to receive a \$150 refund of this deposit. IF FOR ANY REASON, a team member cancels after 8 weeks prior to the departure date, the full deposit will be forfeited. This is due to the fact that we cannot refund any monies that have already been paid out on your behalf to secure hotel, bus, and food service reservations.

I understand and agree to the above cancellation and refund policy.

Signed: _____ Date ____ / ____ / ____

ENCLOSED IS A CHECK IN THE AMOUNT OF \$ _____ CHECK # _____

Trip Application

LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, _____, IN CONSIDERATION OF MY
BEING ACCEPTED BY 24/7 ATHENS CHC FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR
2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012

HEREBY DECLARE:

_____ I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

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

_____ I acknowledge 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, 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 of other dangers. I understand that the above and / or other possibilities are risks in ministry /missionary travel.

_____ I acknowledge that 24/7 Athens CHC, the Congregational Holiness Church, John or Ellen Duncan, or any affiliated persons do not accept any responsibility for injury, illness or less 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 acknowledge that this trip does not carry any insurance and I acknowledge that I have been advised that 24/7 Athens CHC, the Congregational Holiness Church, John or Ellen Duncan, do not accept any responsibility for any injury, loss or damage not covered by any insurance. I further acknowledge that it was recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

_____ I hereby assume all risk of personal injury, sickness, or death, and damage to or less 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 that I might receive.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A 24/7 ATHENS MINISTRY TEAM MEMBER ON THE ABOVE MINISTRY 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.

Initial: _____

Trip Application

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY THE CONGREGATIONAL HOLINESS CHURCH, 24/7 ATHENS CHC, THEIR 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.

Initial: _____

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.

Initial: _____

I AGREE TO PAY THE COSTS AND / OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS 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.

Initial: _____

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.

Initial: _____

I AUTHORIZE JOHN OR ELLEN DUNCAN TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OR RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS, AND ASSIGNS:

Initial: _____

NAME OF MINOR _____

SIGNATURE OF MINOR _____

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____

FULL ADDRESS _____

Trip Application

DISCIPLINE POLICY

I, _____, IN CONSIDERATION OF MY BEING ACCEPTED BY 24/7 ATHENS CHC FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR:

2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012

“Moreover if thy brother shall trespass against thee, go and tell him his fault between thee and him alone: if he shall hear thee, thou hast gained thy brother. But if he will not hear thee, then take with thee one or two more, that in the mouth of two or three witnesses every word may be established. And if he shall neglect to hear them, tell it unto the church: but if he neglect to hear the church, let him be unto thee as an heathen man and a publican.” (Matthew 18:15-17)

It is the intent of 24/7 Athens CHC to follow the biblical patterns of discipline within the confines of this international ministry trip. We are attempting to bring in a spirit of renewal and revival in our trips and this often attracts spiritual warfare. “My little children, these things write I unto you, that ye sin not. And if any man sin, we have an advocate with the Father, Jesus Christ the righteous.” (1 John 2:1) Our goal is to create a safe, healthy environment, in order to minister to the people of the country visited.

We recognize that Ministry Team Members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one’s sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come along side each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by 24/7 Athens CHC is greatly appreciated.

Below are procedures that will be followed by the 24/7 Athens CHC leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to us. By consenting to the following, you agree to receive correction, public rebuke and / or removal, if decided necessary by 24/7 Athens CHC leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.

1. If you have a problem with any individual, you are to lovingly approach that person first, without going to any other Ministry Team Member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but cannot hear the conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.
2. If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.
3. If the Ministry Team Leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the Ministry Team Leader, and the Trip Coordinator in order to bring closure to the difficult situation.
4. If the Ministry Team Leader and Event Coordinator find any individual to be in rebellion to correction, a senior 24/7 Athens CHC representative will be informed. A senior representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may

Trip Application

include an individual returning home within 24 hours or being brought before the whole Ministry Team for public correction. If absolutely necessary, the Ministry Team will be informed not to have any personal contact with the individual throughout the remainder of the trip. The individual will not be permitted to eat, sleep, or travel with any Ministry Team Member.

5. If any individual is involved in any sin that cannot, at the discretion of leadership, be taken care of in a timely manner or would affect the team in an adverse way, leadership reserves the right to put procedure (4) into action immediately.

I AGREE TO FOLLOW THE DISCIPLINE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY 24/7 ATHENS CHC LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGNED: X _____ DATE ____/____/____

MEDIA RELEASE

I, _____, IN CONSIDERATION OF MY BEING
ACCEPTED BY 24/7 ATHENS CHC FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR
2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012

24/7 Athens CHC, John or Ellen Duncan, and other members of the ministry team, as well as local pastors and visitors to the meetings, often take photographs and video footage on ministry trips using them in promotional materials, advertising, webpage, and publications. In signing below, you fully authorize any of the above mentioned parties to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use only. We reserve the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

I AGREE TO THE MEDIA RELEASE POLICY STATED ABOVE AND WILL ABIDE BY THE TERMS AS STATED.

SIGNED: X _____ DATE ____/____/____

Trip Application

PASTORAL REFERENCE EVALUATION

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

I, _____, WISH TO BE CONSIDERED AS A 24/7 ATHENS CHC MINISTRY TEAM
MEMBER FOR: **2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012**

I GIVE MY FULL CONSENT THAT _____ COMPLETE THIS
PASTORAL REFERENCE EVALUATION AND RELEASE IT TO 24/7 ATHENS CHC.

SIGNED: X _____ DATE ___/___/_____

Dear Pastor / Church Leader,

The applicant above has applied to be on a 24/7 Athens CHC Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, we greatly appreciate your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank you!

How long have you been acquainted with the applicant? _____

In which area (s) of church life has the applicant served, and in which area(s) is he/she currently serving?

Evaluation of Applicant's Emotional & Spiritual Maturity: The applicant must be able to accommodate himself / herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- Frequently incapacitated
- Somewhat below par
- Fairly healthy
- Good healthy

EMOTIONAL RESILIENCE

- Gets angry; impulsive
- Withdrawn
- Gets discouraged easily
- Meets constructively

ACHIEVEMENT

- (Ability to formulate, execute & carry plans to conclusion)
- Starts but doesn't finish
 - Does only what is assigned
 - Meets average expectations
 - Superior creative ability

SOCIAL INTERACTION

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Unusually willing to serve
- Eager to serve as needed

LEADERSHIP

- (Ability to inspire others & maintain their confidence)
- Makes an effort to lead
 - Tries by lacks ability
 - Has some leadership promise
 - Unusual ability to lead

TEAMWORK

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others
- Energized by teamwork

INTELLIGENCE

- Leans and thinks slowly
- Average mental ability
- Alert; has a good mind
- Brilliant, exceptional

CHRISTIAN EXPERIENCE

- Relatively superficial
- Over-emotional
- Genuine but mild
- Rich and growing
- Warmly contagious

RESPONSIVENESS

(To the feelings and needs of others)

- Slow to sense how others feel
- Reasonably responsive
- Understanding & thoughtful
- Extremely responsive

PRAYER MINISTRY

(Praying for healing and working at the altars)

- Has not been trained and is very new at this
- Has some training and experience
- Has had much experience and expertise

Trip Application

Evaluation of applicant's skills, training, profession, or trade. (Answer only if you have first hand info).

____ Incompetent

____ Doubtful

____ Adequate

____ Superior in Competence

In what other skills or areas is he/she well qualified?

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient

Argumentative

Domineering

Cocky

Easily offended

Critical of others

Anxious

Easily embarrassed

Easily discouraged

Frequently worried

Nervous or tense

Given to moods

Intolerant

Lacking in humor

Can't take a joke

Unable to cope with stress

Erratic in attitudes

Racially prejudiced

Self-absorbed

If the applicant seems relatively free from all such tendencies, check here

Please comment briefly on the family and social background of the applicant _____

Please describe any physical limitations the applicant may have _____

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- Has the applicant had psychiatric treatment?
- Are you aware of any unresolved problems in their life? (Ex. Unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c), d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant's promise as a Ministry Team participant?

He/she is definitely unsuited

He/she is an average prospect

At this time I feel he/she is not suited

He/she is an above average prospect

He/she is a good prospect, but I do have reservations

He/she is an unusually exceptional prospect

REFERENCE NAME _____ TITLE _____

ADDRESS _____

PHONE _____ EMAIL _____

SIGNATURE: x _____

PLEASE MAIL DIRECTLY TO:

24/7 Athens CHC

Attn: John & Ellen Duncan

P O Box 131

Nicholson, GA 30565

Phone: 706-247-4891 FAX: 815-346-2384

Email: info@georgiapreacher.com

Website: www.georgiapreacher.com

Trip Application

CONFIDENTIAL REFERENCE EVALUATION

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

I, _____, WISH TO BE CONSIDERED AS A 24/7 ATHENS CHC MINISTRY TEAM MEMBER FOR: **2012 BRAZIL MISSION TRIP TO FORTALEZA AUGUST 13-20, 2012**

I GIVE MY FULL CONSENT THAT _____ COMPLETE THIS PASTORAL REFERENCE EVALUATION AND RELEASE IT TO 24/7 ATHENS CHC.

SIGNED: X _____ DATE ____/____/____

Dear Pastor / Church Leader,

The applicant above has applied to be on a 24/7 Athens CHC Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, we greatly appreciate your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank you!

How long have you been acquainted with the applicant? _____

In which area (s) of church life has the applicant served, and in which area(s) is he/she currently serving?

Evaluation of Applicant's Emotional & Spiritual Maturity: The applicant must be able to accommodate himself / herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- Frequently incapacitated
- Somewhat below par
- Fairly healthy
- Good healthy

EMOTIONAL RESILIENCE

- Gets angry; impulsive
- Withdrawn
- Gets discouraged easily
- Meets constructively

ACHIEVEMENT

- (Ability to formulate, execute & carry plans to conclusion)
- Starts but doesn't finish
 - Does only what is assigned
 - Meets average expectations
 - Superior creative ability

SOCIAL INTERACTION

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Unusually willing to serve
- Eager to serve as needed

LEADERSHIP

- (Ability to inspire others & maintain their confidence)
- Makes an effort to lead
 - Tries by lacks ability
 - Has some leadership promise
 - Unusual ability to lead

TEAMWORK

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others
- Energized by teamwork

INTELLIGENCE

- Leans and thinks slowly
- Average mental ability
- Alert; has a good mind
- Brilliant, exceptional

CHRISTIAN EXPERIENCE

- Relatively superficial
- Over-emotional
- Genuine but mild
- Rich and growing
- Warmly contagious

RESPONSIVENESS

- (To the feelings and needs of others)
- Slow to sense how others feel
 - Reasonably responsive
 - Understanding & thoughtful
 - Extremely responsive

PRAYER MINISTRY

- (Praying for healing and working at the altars)
- Has not been trained and is very new at this
 - Has some training and experience
 - Has had much experience and expertise

Trip Application

Evaluation of applicant's skills, training, profession, or trade. (Answer only if you have first hand info).

____ Incompetent

____ Doubtful

____ Adequate

____ Superior in Competence

In what other skills or areas is he/she well qualified?

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient

Argumentative

Domineering

Cocky

Easily offended

Critical of others

Anxious

Easily embarrassed

Easily discouraged

Frequently worried

Nervous or tense

Given to moods

Intolerant

Lacking in humor

Can't take a joke

Unable to cope with stress

Erratic in attitudes

Racially prejudiced

Self-absorbed

If the applicant seems relatively free from all such tendencies, check here

Please comment briefly on the family and social background of the applicant _____

Please describe any physical limitations the applicant may have _____

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- d) Has the applicant had psychiatric treatment?
- e) Are you aware of any unresolved problems in their life? (Ex. Unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c), d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant's promise as a Ministry Team participant?

He/she is definitely unsuited

He/she is an average prospect

At this time I feel he/she is not suited

He/she is an above average prospect

He/she is a good prospect, but I do have reservations

He/she is an unusually exceptional prospect

REFERENCE NAME _____ TITLE _____

ADDRESS _____

PHONE _____ EMAIL _____

SIGNATURE: x _____

PLEASE MAIL DIRECTLY TO:

24/7 Athens CHC

Attn: John & Ellen Duncan

P O Box 131

Nicholson, GA 30565

Phone: 706-247-4891 FAX: 815-346-2384

Email: info@georgiapreacher.com

Website: www.georgiapreacher.com

Trip Application

EMERGENCY MEDICAL SERVICES AUTHORIZATION

Participant Full Name: _____
Age: _____ Birth Date: _____ Telephone: () _____ - _____
Address: _____
City: _____ State: _____ Zip: _____

I hereby authorize any representative of 24/7 Athens CHC, who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as a team member of a ministry trip from the dates of _____ to _____. I authorize any medical provider to disclose my individually identifiable health information or other medical records as necessary to the bearer of this authorization. This authorization applies, but is not limited to, to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C. 1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to 24/7 Athens CHC or John or Ellen Duncan, without restriction, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this Authorization to the extent not covered by any travel insurance secured by me or on my behalf. Should it be necessary for me to return home due to medical reasons or otherwise, I will assume all transportation costs incurred.

Health Insurance: Yes No

Insurance Co: _____
Policy #: _____

Participant Signature

Emergency Contact: _____
Relationship: _____
Emergency Phone #: _____

Parent/ Legal Guardian Signature (Minors Only)

Witness Signature

State Of _____:
County Of _____:

Witness Signature

Sworn and subscribed to me by the Participant and Witnesses this the _____ day of _____, 20____.

Notary Public

Trip Application

**ON THIS PAGE PLEASE LIST ANY AND ALL ALLERGIES OR SPECIAL
MEDICAL PROBLEMS THAT YOU MAY HAVE.**