

FIELDS OF ABUNDANCE MISSION SHORT-TERM MISSION TRIP APPLICATION

If you have any questions, concerns, or need more details please contact Doug or Betty McRoberts.
Office: (267) 926-3026 Email: mission@fieldsofabundance.org

Today's Date: _____ Trip you are applying for _____

APPLICANT INFORMATION

Full Name:		
Date of Birth:	Gender:	
Address:		
City:	State:	Zip code:
Phone #: (Cell)	(Home)	
Email:		
If in School/College, Name of School:		

PASSPORT INFORMATION

Please submit a copy of your passport with your application

Your name <u>exactly as it appears on your passport</u> :	
US Passport #:	Place of Issue:

If you don't have a passport it's easy to apply, but you must allow 6-8 weeks to receive it. For more information, go to this website: http://travel.state.gov/passport/passport_1738.html This site will give you locations to apply. Many local Post Offices provide Passport services.

EMERGENCY CONTACT INFORMATION

Name of person to be notified in case of accident or emergency

Name:	Relationship:	
Phone #: (Cell)	(Home)	
Address:		
City:	State:	Zip code:

CHILD ABUSE HISTORY CLEARANCE

FOAM will accept copies of clearances obtained by your home church or place of employment. More information will be given to those who have been selected for this trip.

HEALTH

Please note these questions are confidential and we are only collecting the information for your health and safety on the trip.

Do you have any physical condition which may limit your ability to keep up with the group and to perform the ministry described by the team leader? Yes No If Yes, Please Explain:

Are you presently on medication prescribed by a physician? Yes No If so, what medication(s)?

Have you ever been treated for a nervous, mental or emotional disorder? Yes No If so, what was the nature of the disorder (this is confidential information for team leaders only)?

Have you ever/are you currently been treated for Asthma? Past What age? _____ Currently No

What Asthma medicine did you/are you currently taking?

*****Please note, Asthma has a way of resurfacing itself when in Nicaragua due to the hot, humid climate, even after 10 years. It is important your leaders know prior to the trip any past history of asthma. It will also be important to take the medicine with you or a Doctor's prescription.**

List any known past allergies and/or current allergies other than asthma:

Please list any special dietary restrictions:

CHURCH, SPIRITUAL and PERSONAL BACKGROUND

Have you accepted Jesus as your personal Lord and Savior? Yes No If Yes, when & how?

Briefly describe your relationship with Jesus Christ:

Are you a member/do you attend a local church? Yes No If yes, what is the name of your church and who is your pastor?

If yes, what ministries are you involved with at your church?

Have you ever been on a mission trip or done something similar in nature? Yes No
Please explain:

Explain some of the reasons for wanting to go on this mission trip:

What are some things you love to do in your spare time?

What do you see as your strongest character quality and why?

What do you see as your weakest character quality and why?

Nicaragua is a third world country. It can be hot, sticky, and buggy. The food may be bland and not very American. You will share a bedroom with 5-8 others, you won't have air conditioning and chances are, you won't get tons of sleep. The electricity and water get turned off occasionally and there are times we have to be real frugal with water. In light of all this, are you willing to put up with these inconveniences? Yes No
What do you think some areas that could be hard for you but you are willing to endure?

Have you been trained or certified with First Aid Training? Yes No

Do you consider yourself a team player? Yes No Maybe

REFERENCES

Please submit one who will serve as a reference should the need arise

Name:

Phone #:	Length of Acquaintance:
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Address:

City:	State:	Zip Code:
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Email:

VACCINES

Please fill out to the best of your knowledge. More information about required vaccines will be given in your training.

Tetanus Vaccine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____
Hepatitis A Vaccine: (#1 of 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____
Hepatitis A Vaccine: (#2 of 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____
Hepatitis B Vaccine: (#1 of 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____
Hepatitis B Vaccine: (#2 of 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____
Hepatitis B Vaccine: (#3 of 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date_____

VERIFICATION and RELEASE

Please read carefully the following statements. If you are in agreement, sign, date and return your application with completed registration, designated deposit and photocopy of the 1st two pages of your passport.

I declare by my signature below that, to the best of my knowledge, all of the information in this application is true and complete. I hereby release all persons from all liability in responding truthfully to these inquiries.

I have checked the dates of the mission training meetings and I understand that I am expected to attend all the meetings. If I can't attend a meeting due to unforeseen circumstances, I will work with the Team Leaders and be sure to follow up on the material I have missed. I do understand that if I miss two or more meetings, I may have to reconsider my call to go on the Mission trip; at that time, I will meet with the team leaders to discuss my status.

I also understand that it is my responsibility to make sure I have my tetanus vaccine and Hepatitis A & B Vaccines up to date before I leave for Nicaragua. I understand that Malaria & Typhoid preventions may be recommended for this trip. I will discuss these diseases with my Doctor to find out if it is necessary for me to take preventions.

I am aware that I am financially responsible for funding this trip according to the Team Leader's payment plan. Once selected for the trip if I choose to back out of the trip, I will still be responsible to pay the airline flight ticket and other trip expenses.

I understand that, should I not be selected for this trip, my deposit of \$100 will be refunded in full.

Date: _____ Applicant's Signature _____

WHAT WE BELIEVE

Matthew 28:19-20 "Therefore, go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age."

- **We believe** the Bible to be the inspired, the only infallible, authoritative Word of God.
- **We believe** that there is one God, and that He is eternally existent in three persons: Father, Son, and Holy Spirit.
- **We believe** that Jesus Christ is fully God and fully human, that He was born of a virgin, lived a sinless life, provided for the atonement of our sins by His vicarious death on the Cross, was bodily resurrected by the power of the Holy Spirit, ascended back to the right hand of God the Father, and ever lives to make intercession for us. After Jesus ascended to Heaven, He poured out His Holy Spirit on the believers in Jerusalem, enabling them to fulfill His command to preach the Gospel to the entire world, an obligation shared by all believers today.
- **We believe** that, for the salvation of the lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation. When a person repents of sin and accepts Jesus Christ as personal Savior and Lord, trusting Him to save; that person is immediately born again and sealed by the Holy Spirit, all his/her sins are forgiven, and that person becomes a child of God, destined to spend eternity with the Lord.
- **We believe** in the personal, visible return of Christ to earth and the establishment of His Kingdom; in the resurrection of the body, the final judgment and eternal blessing of the righteous and endless suffering of the wicked.

- **We believe** in the spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church.

STATEMENT OF PRACTICE

- The commitment of Fields of Abundance Mission is “to serve and not be served.” Those serving on teams with FOAM agree to follow the guidelines.
- As a Team Member we expect each member to set aside personal preferences, habits, and schedule in the interest of others to fulfill the ministry of the project to which they are assigned and to seek to win people of faith in Jesus Christ.
- We at FOAM understand there are variations in practice and understanding of Scripture in some areas of doctrine, Christian living, and witness. In serving with FOAM, one will abide by the standards of the projects to which he/she is assigned in all areas, including dress, alcohol, drug, and tobacco and to be sensitive to cultural, regional, and church expectations and standards.
- In cooperation with the project setting, we expect each team member to seek to provide excellence in service and to present Jesus Christ as Lord.

Without mental reservation, I hereby subscribe to the above statements and pledge myself to help fulfill the commission of Matthew 25:36-40 in our generation, and the Great Commission of Matthew 28:19-20, depending upon the Holy Spirit to guide and empower me.

Date: _____ Applicant's Signature _____