



PATH MINISTRIES INTERNATIONAL
LIRA, UGANDA Bend, OR

SHORT TERM MISSIONS TRIP PARTICIPANT APPLICATION

(ALL INFORMATION WILL BE HELD CONFIDENTIAL)

Today's date _____ Church / Organization _____

(Please print)

Name: (as on birth certificate/passport)

_____ MI
Last First
Parent name (if under 18)

_____ MI
Last First

Parent signature _____

Address: _____

City: _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Birth date: _____

E-mail address: _____

Marital status: _____ Spouse's name _____

Will spouse be traveling with you? _____ yes _____ no

(If yes, spouse must complete a separate application)

Emergency Contact Name: _____

Relationship to you: _____

Phone: _____

1. What other Short Term mission projects have you been involved with?

2. Why do you think the Lord would use you in ministry with this team? What would you specifically want to accomplish?

3. Do you speak other languages?

4. Ministry Experience:
 - a. Explain how you would best share your testimony with another person.

 - b. Do you feel comfortable praying in public? If no, please give an explanation.

5. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your team leader or a PATH Ministry representative instructs. How would you handle this?

6. You will need to raise support for this project. How will you accomplish raising your support for this trip?

7. How do you react when plans suddenly change or expectations are not met?

8. When you think about going on a short term mission trip like this one, what worries, fears or concerns do you have?

9. List and comment on your 3 greatest strengths and weaknesses.

10. Please list two references that have known you for at least five years:

1. Name _____
Address _____
Phone _____ Email _____
Relationship _____

2. Name _____
Address _____
Phone _____ Email _____
Relationship _____

13. Please list your pastor's reference information:

3. Name _____
Address _____
Phone _____ Email _____

LIABILITY RELEASE AGREEMENT **(Please fill in all RED areas)**

The undersigned wishes to participate in a short-term mission trip (Herein the "Activity") with PATH MINISTRIES INTERNATIONAL, (Here in "PMI") and _____ (Here in the "Church/Org.") both non-profit religious corporations who are providing assistance in arranging this trip.

PMI and Church/Org. and the undersigned agree that the Activity poses risks including the following specific risks: sickness, crime, political instability, governmental opposition to mission activities, as well as similar and dissimilar risks.

For and in consideration of assisting in the Activity and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue PMI and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by negligence of Releasor otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned also agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether injury or illness, whether required as a result of the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, or do not provide medical insurance for the undersigned. The undersigned further agrees that he/she bears the sole responsibility for any and all travel expenses which he/she incurs in the event his/her team leader or other project leadership finds it necessary to send the participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not cover room charge expenses for the undersigned.

Lastly, the undersigned agrees that he/she bears the sole responsibility for any and all room charge expenses which he/she incurs while participating in the activity, whether for sleep disorders or sleep disruptions not previously stated on the application materials and whether required during the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not cover room charge expenses for the undersigned.

(Signature required at end of form)

MEDICAL QUESTIONNAIRE

PLEASE READ CAREFULLY

Every effort will be made to make this trip as comfortable as possible. However, some portions of this trip may be extremely strenuous and stressful. Travelers are required to carry their own luggage. Rest rooms are not always readily accessible. The food is high in fat, carbohydrate and sodium content. Fruits and vegetables may not be available. The housing and meeting rooms may not have air conditioning and may not have adequate heating. There can be a considerable amount of walking between locations in addition to climbing many flights of stairs. The weather in much of Uganda can be VERY hot and humid and this might affect your overall strength and energy. The air quality is poor in many locations.

All of these factors may aggravate certain health conditions and medical facilities in most countries where we travel may provide inadequate care. We may request a medical release form from your doctor.

1. Do you have any physical conditions, which may limit your ability to perform any ministry projects for this team (back, knee, vision, hearing, etc.)
2. Do you have any existing medical condition(s) that may require extended medical treatment or surgery in the future?
3. Have you had any surgery or major health problems in the past 2 years? If so, explain.
4. Are you currently taking or do you take ANY medications? If so, please explain and note which are prescription and non-prescription.
5. Are you currently under a doctor's care or have you been in the past year? If so, please explain.

Please check the following and sign:

1. I will participate in each training meeting or make up the meeting I miss for possible unavoidable reasons.

Yes No

2. I believe that through prayer and wise counsel, God has directed me to be a participant of this Mission Trip. Therefore, I will be a person of faith as well as faithfulness, believing that as I am diligent to uphold the commitment I am making to this trip, God will be faithful in His to provide and prepare me for what He has for me.

Yes No

3. I will communicate openly with all the leaders and will adhere to the instructions to the best of my ability without reproach.

Yes No

4. I will (by faith!) meet all the financial obligations of this trip- regardless of support raising shortfalls.

Yes No

5. The information on this form and attached forms is correct to the best of my knowledge. I authorize any references to release all such information to assist in evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to PATH Ministries or the "Church/Org." and I waive any right that I may have to inspect references provided on my behalf. I hereby, give permission to contact my references.

Yes No

The undersigned warrants that he or she has fully read and understands all portions of this Agreement and Liability Release and voluntarily signs the same.

APPLICANT: _____
(Printed name)

(Signature)

WITNESS: _____
(Signature)

DATE: _____

PLEASE *COMPLETE* ALL OF THIS FORM AND RETURN IT TO YOUR TEAM LEADER

TEAM LEADER: Please keep a copy and email a copy of this to:

PATHUSA@bendbroadband.com

Or mail to: US Operations Manager
PATH Ministries
POB 7931
Bend, OR 97708

Questions? 541-318-3494