



Heart 2 Heart Hand N Hand Intl.



Missions Trip Application

h2hintl.org

YOUR NAME:

TRIP NAME:

TRIP DATES:

Please fill out this packet completely. Attach a copy of the photo/information page of your passport and the non-refundable deposit made out to Heart 2 Heart Hand N Hand International (H2Hintl) Return it to PO BOX 514 Grants Pass, OR 97526. **Passport copy MUST be a clear color copy.**



Heart 2 Heart Hand N Hand
International

MISSIONS APPLICATION

OFFICE USE ONLY: RECORD
DATES BELOW

Deposit Received: _____
References Checked: _____
Interview Conducted _____
Application Copy Sent to GC _____

:: SHORT-TERM MISSIONS TRIP POLICY

The Missions Department of H2Hintl is excited to offer short-term mission experiences for the church. Please understand it is no one's "RIGHT" to participate in one of our outreaches. It is however, a "PRIVILEGE" to be chosen to participate. It is the responsibility of the Missions Pastor and the pastoral staff to ultimately decide to accept an applicant for a short-term mission team. Sending people into another nation and culture to preach the gospel of Christ is not to be taken lightly. It is our responsibility to provide the best possible experience for each team and our goal is to put together a group of people who will be a team. **Thank you for prayerfully considering one of our H2Hintl Short-Term volunteer outreaches.**

:: BASIC INFORMATION

Last Name:		First Name:		Middle Initial:	Date of Birth:
Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email:	
Nationality:	Work Phone:		Passport #: (attach copy of passport to application)		
Country of Issue:	Expiration Date:	If applying for passport, check here: <input type="checkbox"/>		Does your passport expire within 6 months of trip? <input type="checkbox"/>	
Have you had a background check within the last calendar year?:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Emergency Contact:	Relationship:
Cell Phone:		Home Phone:		Email:	
If married, spouse's name:			Names and ages of children:		

:: EMPLOYMENT

Employer Name:		Employer Phone:		Years of Service: yrs ____ mos ____	Title:
Address:			City:	State:	Zip:

:: CHURCH AND MISSIONS EXPERIENCE

Are you a member of a Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where?		Yrs ____ mos ____
Have you taken a missions trip before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and where?			
Are you currently engaged in any behaviors contrary to Biblical teaching? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain.		

:: BACKGROUND INFORMATION

Please list any church and ministry related responsibilities you have held in the last 3 years. Please give dates, what done, and where.

Why do you want to go on this Mission Outreach trip?

What do you hope to see God accomplish in your life through this trip?

Briefly share your testimony. (You may use the other side if necessary).

What spiritual truth has the Lord impressed or stressed upon you most recently?

Please explain your attendance to church services, church activities, etc: R-Regular = more than 80% SP-Sporadic = 20-80% S-Seldom = less than 20%

Do you have any foreign language skills? Yes No (If yes, what language(s)):

How fluent are you?

Do you have any musical skills? Yes No (If yes, please explain)

Do you understand the preparation training for this outreach is a commitment of meeting faithfully with the team before the trip? Yes No

Are you willing to commit to this? Yes No

Do you understand if the total amount required for this trip is not in by the deadline date, you will not be allowed to go? Yes No

Do you understand that once a plane ticket is purchased in your name, you are totally responsible for the payment, regardless of any reason that would cause you to cancel your plans to go on this outreach? Yes No

If attending school, please tell where, what level, and your major course of study:

Are you presently receiving any ongoing counseling? Yes No If so, through what ministry or with whom are you counseling? Confidentiality will not be broken.

::LIMITATIONS

The purpose of H2Hintl missions is the ministry of the Gospel of Jesus Christ and His Church. Any available sightseeing and shopping will be permitted only if it coincides with the team's main purposes, but could be canceled if not deemed convenient for travel or time, or if it hinders the ministry. Trip prices are based on projected costs and could be subject to change. Dates, travel arrangements, and schedules may be subject to change. Trip deposits are non-refundable. If an individual is unable to participate in the H2H Missions trip they have applied for, the funds he/she raised will be donated towards the trip offerings or may be held over for the same individual for one calendar year for another H2Hintl Missions trip.

In the event of political unrest or natural disaster, H2Hintl will decide if and where to redirect the team. H2Hintl is a highly disciplined ministry with expectations in many areas including conduct, attitudes, dress, and Christian lifestyle. These are explained in the packet of information given to accepted applicants.

Team leaders, staff, and participants adhere strictly to H2Hintl policies and are subject to dismissal for disobedience without refund or reimbursement. All donations received by Heart 2 Heart Hand N Hand International will be applied toward missions project expenses.

The H2Hintl experience includes intense physical activity including continuous walking and may include strenuous choreography. If you have concerns about your physical ability, please discuss this with your trip leader.

I commit to being at all of the scheduled missions meetings, fundraising efforts, etc (unless otherwise prearranged with the trip leader) and to do my best to be a connected, active part of my missions team by encouraging others, fundraising appropriately, and seeking God's heart and will in my life. I will support my leadership and submit to their authority at all times. The information I have given is accurate and true to the best of my knowledge. I understand that failure to abide by this agreement may result in being removed from the team and/or being sent home from the trip at my/my parent's expense. My enclosed signature (and the enclosed signature of my parent or legal guardian if under age 18) signifies my approval of all limitations listed above. I have read and completed the above qualifications and information and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications for short-term missions trip participation within H2Hintl is grounds for refusal of application or return to the United States, at participants' expense, while on a short-term missions trip. As much as it is within my power, I agree to be a positive and Christ centered example on this short-term mission trip.

Signature:	Date:
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Parent or legal guardian signature:	Date:
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CONFIDENTIAL HEALTH QUESTIONNAIRE

Name of Team Member :		Team Name :		Blood Type:	
Family Doctor's Name :			Doctor's Phone:		
Doctor's Address:					
Is a doctor currently treating you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any condition requiring special medical consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Psychological or emotional disorders, or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you sustained any injury that may limit physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you on a special diet that has been prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had major surgery in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes for any of the above, please explain. Attach a separate piece of paper if necessary.					
List all medications you use. Provide information on dosage, frequency, and reason for using all medication.					
List any known allergies: Medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); Foods (dairy, wheat, etc.); Contact with substances (plants, soaps, etc.); Animals; insect bites/stings.					
Has your reaction ever required emergency room care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list any current health problems.		Anemia <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Bleeding Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Malaria <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No	+HIV (Aids) Positive <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures/Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Peptic Ulcers <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Illness <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcoholism <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No	(Other):	
If yes for any of the above, please explain. Attach a separate piece of paper if necessary.					
List relevant previous surgeries (include procedure, year and reason).					
List serious accidents/injuries (include injury, year and treatment).					
List other serious illnesses/hospitalizations (include problem, year and treatment).					
Check immunizations you have previously received:		Diphtheria <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Pertussis <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Polio <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Influenza <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
		Smallpox <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Year Last Received:	
Signature:				Date:	

::REFERENCES

- **Please provide three references**, one of whom should be a pastor, staff person, or small group leader from your home church. Please do not list family members as references.
- **Return the following forms:** Application, Reference Form, Statement of Faith, Code of Best Practices, Liability Release Waiver, Health Questionnaire and a copy of the photo and signature pages of your passport along with a \$____ application fee to the Team Leader Gloria & Bob Cooper or H2Hintl Po BOX 514 Grants Pass, OR 97526
- **Be sure to make a copy of this application for your records.** If you are in the process of obtaining a passport, return all other documents and provide the passport copy at least 2 months before departure date.
- **Once your application is received, you will be contacted by the Team Leader for an interview.** The H2Hintl leaders will determine your acceptance.
- **If accepted to the team, please begin raising your support immediately.** The deadline for all funds to be in is generally 30 days prior to departure date.

Pastoral	Pastor/Staff/Leader's Name:		Church Name:		
Church Address:		City:		State:	Zip:
Email:		Phone:	Fax:		Length of acquaintance::
Character	Name:	Relationship:		Phone:	
Address:		City:		State:	Zip:
Email:		Phone:	Fax:		Length of acquaintance::
Character	Name:	Relationship:		Phone:	
Address:		City:		State:	Zip:
Email:		Phone:	Fax:		Length of acquaintance::

::STATEMENT OF FAITH

The Bible All Scripture, being truth, requires our unreserved submission in all areas of life to the authority of the infallible Word of God, as written in the sixty-six books of the Old and New Testaments, a unified witness to God's redemptive acts culminating in the incarnation of the Living Word, the Lord Jesus Christ. The Bible, uniquely and fully inspired by the Holy Spirit, is the supreme and final authority in all matters on which it speaks. On this foundation we affirm the following as essentials of our faith:

One God We believe in one God, the sovereign Creator and Sustainer of all things, infinitely perfect and eternally existing in three persons: Father, Son, and Holy Spirit.

Jesus Christ Jesus Christ, the living Word, became flesh through his miraculous conception by the Holy Spirit and his virgin birth. He who is true God became true man united in one Person forever. He died on the cross a sacrifice for our sins according to the Scriptures. On the third day he arose bodily from the dead, he ascended into heaven, where, at the right hand of the Majesty on High, he now is our High Priest and Mediator.

The Holy Spirit The Holy Spirit has come to glorify Christ and to apply the saving work of Christ to our hearts. He convicts of sin and draws us to the Savior. Indwelling our hearts, he gives new life to us, empowers and imparts gifts to us for service, and seals us for the day of redemption.

Salvation Being estranged from God, and condemned by our sinfulness, our salvation is wholly dependent upon the work of God's free grace; God credits his righteousness to those who put their faith in Christ alone for their salvation, and thereby justifies them in his sight. Only such as are born of the Holy Spirit and receive Jesus Christ become the children of God and heirs of eternal life.

The Church The true church is composed of all persons who through saving faith in Jesus Christ and the sanctifying work of the Holy Spirit are united together in the body of Christ.

The Return of Christ Jesus Christ will come again to the earth-personally, visibly, and bodily-to judge the living and the dead and to consummate history and the eternal plan of God.

The Great Commission The Lord Jesus Christ commissions all believers to proclaim the Gospel throughout the world and to make disciples of all nations. Obedience to the Great Commission requires total commitment to "Him who loved us and gave Himself for us."

Signature of Agreement:

Date:

::TRIP CONDUCT CONTRACT

1. On this trip, I understand that I am representing the United States, Heart 2 Heart Hand N Hand International, as well as the Kingdom of God. I know I will be watched very closely, therefore I will be conscious at all times of the witness that I am representing for the kingdom of God.
2. I will develop and maintain a servant's attitude toward all nationals, my fellow team members, and the missions team leaders over me.
3. I will respect, honor, and obey my team leaders and their decisions.
4. I will refrain from gossip, bad attitudes, and backbiting. I will, at all times, remember to be encouraging and positive in my conversations with others, even those I may find challenging to myself.
5. I will refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances. Instead of whining and complaining, I'll be teachable and supportive.
6. I will refrain from bringing or purchasing knives, guns, fireworks, alcohol, illegal drugs, tobacco, inappropriate books or magazines, secular music, video game systems, or expensive jewelry on this trip.
7. I will remember that I am a guest serving at the invitation of a local missionary. If my hosts are offended by bare arms, shirtless backs, or exposed legs, I'll cover them. If they offer me goat stew, I'll try it! I'll remember the missionary's prayer: "Where you lead me I will follow, what you feed me I will swallow!"
8. I will remember not to be exclusive in my relationships and to refrain from any activity that could be construed as romantic interest towards a fellow team member or a national. I realize that certain activities that seem innocuous in my own culture may seem inappropriate in other cultures.
9. I will attend all team preparation meetings.
10. I will fulfill all logistical and financial requirements for this trip.

The rules of conduct for Heart 2 Heart Hand N Hand International are for the safety and well-being of each participant. They exist to keep a high standard of Christian integrity that is necessary to effectively minister across cultural boundaries. These rules of conduct will be enforced by the Missions Team Staff, including those in voluntary leadership positions. We expect all participants to comply with all disciplinary decisions made.

All participants are expected to strictly adhere to the stated rules and expectations. Blatant offenders will be sent home. The offender and/or his/her parents are responsible for all costs involved in sending the disobedient participant home, including air fare, transportation, hotel, food, and any other cost incurred.

I/We have read and agree to obey the rules of conduct listed above. I/We realize that the above rules of conduct are crucial for the effectiveness, quality, and safety of our trip. As a member of this team, I agree to abide by these rules of conduct at all times before, and during our trip.

Signature:	Date:
Parent or legal guardian signature:	Date:

::PARTICIPANT LIABILITY RELEASE FORM ATTENTION: SIGN IN THE PRESENCE OF A NOTARY.

Please read before signing, as this constitutes the agreement as a volunteer or participant and the understanding of your working relationship as a volunteer or participant in aH2Hintl Short-term trip.

WHEREAS _____ (my child/I) wish(es) to participate in a short-term mission trip conducted by Heart 2 Heart Hand N Hand International , (H2Hintl), traveling to and staying in the country of _____; and whereas unforeseen circumstances and situations may occur resulting in my child or myself needing medical or dental care and treatment, and further recognizing that I, the undersigned parent or guardian, may not be available or able to give my personal consent at the time of required treatment or care for my child or myself as may be determined by medical professionals practicing in the above country, I do hereby give my permission, consent and authority to Heart 2 Heart Hand N Hand International personnel to act in my behalf with the same force and effect that I would have had if I had personally given the consent.

I understand that this short-term trip entails a risk of physical injury and may involve extreme climates, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this H2Hintl Short-term trip at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that Heart 2 Heart Hand N Hand International arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Heart @ Heart Hand N Hand International, together with their pastors, board members, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith. I hereby give my permission to use photographs of (myself/my child) in H2Hintl ministry publications.

Complete if Applicable

I further certify that I have a personal health insurance policy in force with _____(company) Policy # _____ which covers (my child/me) with no territorial limitation, including foreign countries outside the United States of America, that will provide coverage for (my child / me) during the duration of the aforementioned short-term mission trip, including accidental death and dismemberment (AD&D) coverage.

Father's Signature:	Date:
Mother's signature:	Date:
Guardian's signature:	Date:
Applicant's signature:	Date:
Applicant's Social Security Number:	

NOTARY PUBLIC

State of:	Country of:
On (date)	came before me, the undersigned, a Notary Public in and for the above State and County,
(Name of Individual_ the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she/they executed the same as his/her/their free and voluntary act and deed, for the uses and purposes herein set forth. Given under my hand and seal of office the day and year above written.	
NOTARY PUBLIC:	My Commission expires: :

:: PERMISSION FOR A MINOR TO TRAVEL OUT OF THE COUNTRY

Please read before signing, as this constitutes the agreement as a volunteer or participant and the understanding of your working relationship as a volunteer or participant in a H2Hintl short-term trip.

I hereby grant PERMISSION to _____ (participant's name), age _____ years, who is my _____ (son, daughter, ward, etc), and who was born at _____ (city) _____ (county) _____ (state), to make a tourist visit to _____ (country).
 _____ will be accompanied by _____ (name of organization)
 _____ will travel alone.

Father's Signature:	Date:
Mother's signature:	Date:
Guardian's signature:	Date:
Applicant's signature:	Date:
Applicant's Social Security Number:	

I _____ (Mother, Father, Guardian) further certify that I have sole custody of said child named above.

NOTARY

State of:	Country of:
On (date)	came before me, the undersigned, a Notary Public in and for the above State and County,
(Name of Individual_ the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she/they executed the same as his/her/their free and voluntary act and deed, for the uses and purposes herein set forth. Given under my hand and seal of office the day and year above written.	
NOTARY PUBLIC:	My Commission expires: :