

NEPAL MISSIONS

Dear Applicant,

We are excited about the possibility of your participation on a mission trip with us! The first thing we ask you to do is prayerfully consider your participation on this trip. We want you to be prepared and confident that you are meant to go on this trip. We will be heading to Nepal tentatively on **Monday May 7th and returning on Saturday May 20th**. There will be **two options** for you as you consider this trip.

1st Option: Children's Homes and Women's Shelters

The first set of teams will be focused on serving a couple of local churches in Kathmandu as well as working in the Children's Homes and Women's Shelters. Many of us have sponsored children in Nepal. We will be hanging out with and loving on these kids and may also have the opportunity to meet and hang out with some of the women rescued out of the Red Light District.

2nd Option: Mountain Team

The other set of teams will be headed into the Himalayas handing out tracts (a great tool for evangelism in Nepal, as opposed to here in the States) and stopping in villages to share the Gospel with many natives who have never heard the good news about Jesus. We will be partnering with The Jesus Film and using mini projectors and screens as well as using hand-wind mp3 players with the Gospel translated into their native dialects. We will also have translators helping us share our stories of what God has done in each of our lives.

If you have a passport please make three (3) copies of the inside cover (the page with your photo and passport information). Keep one to take on the trip and include two (2) copies with the other forms you are giving to us. This provides the information we need to book airline tickets and helps in case of theft or loss of your passport while out of country.

If you do **NOT** have your passport, please begin the process of applying immediately as it can take eight to ten weeks to process your information. Pick up an application at the post office or go to the State Department website: <http://travel.state.gov>

Use the following checklist to make sure you have included all the proper information:

- Application Form
- Liability Release Form
- Medical Form
- Two copies of your passport
- Recent passport photos of yourself
- \$100 Deposit

Please contact us if you have any questions and we will be glad to answer them. We will review and consider your application prayerfully and notify you in a reasonable amount of time. Once you are accepted for the trip, we will send you information about meeting times that will be crucial to preparing for the trip. Thank you!

MISSIONS APPLICATION

Please return this form to: Venture Church · PO Box 6607 · Bozeman, MT 59771 · (406) 284-2113

Date _____
Location of trip you are applying for _____
Date of trip _____
• Mr. • Miss • Mrs. Sex: • Male • Female

You will need to complete and provide the following:
Signed and Dated Application
\$100 Non-Refundable Trip Deposit
(payable to Venture Church)
Passport Photo of yourself
(face forward against white background)
Liability Release Form
Medical Form
2 photo-quality copies of passport

Name as on passport _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

PERSONAL:

Marital Status: • Single • Married • Separated • Divorced • Widowed

Birth date _____ / _____ / _____ Age _____

Birthplace: City _____ State / Province or country _____

Are you a citizen of the U.S.? • Yes • No If no, country of citizenship: _____

Are you a resident alien? • Yes • No If yes, please include a copy of U.S. government authorization.

SPIRITUAL/CHURCH/MISSIONS:

Have you accepted Jesus Christ as your personal Savior? _____

Please briefly describe: (continue on extra paper if necessary)

1. Your personal relationship with Jesus. _____

2. How does your relationship with Jesus Christ impact your daily life? How does it affect others?

3. The kind of service opportunities you have participated in, or are currently involved in. _____

Do you attend church regularly? •Yes •No Are you a member? •Yes •No

Home Church name/Denomination _____

Pastor's name _____ Phone (____) _____

What steps are you taking to grow spiritually and to prepare yourself for missions? _____

Have you served on previous mission trips? •Yes •No If yes, where? _____

What was the reason for the trip? _____

PERSONAL EVALUATION:

1. How do you relate to those of the same sex? Opposite sex? _____

2. How do you respond to new environments or being around new people? _____

3. We all need to grow in certain areas of our life. What are the areas in which you need to grow most? (2 weaknesses)
In which areas do you show maturity? (2 strengths) _____

4. What do you think your spiritual gifts are? _____

5. What are the most significant events that have occurred in your life over the past two years? _____

6. How do you handle disagreements with your friends and people in authority? _____

7. In no less than three sentences, what are your goals/expectations for this trip? How will it affect your service to Christ at home? _____

FAMILY:

If married, name of spouse _____ • husband • wife

Phone (_____) _____ Email _____

Does spouse agree with you going on this mission trip? • Yes • No

Under 18

Name of your **father** or **guardian** (living •Yes •No) _____

Address _____ Phone (_____) _____
Street City/State Zip

Name of your **mother** or **guardian** (living •Yes •No) _____

Address _____ Phone (_____) _____
Street City/State Zip

EDUCATION & PREPARATION:

High School _____ Dates attended _____ Did you graduate? •Yes •No

College _____ Dates attended _____ Course of study/degree _____

Other _____ Dates attended _____ Course of study/degree _____

Are you currently attending school? •Yes •No Where? _____

When do you expect to graduate? _____ With what degree? _____

TRAINING:

What other educational advantages have you had (such as special training, music lessons, travel, etc.)?

What non-English languages have you studied and for how long? _____

In which non-English languages are you able to converse? _____

EMPLOYMENT EXPERIENCE:

What is your current occupation? _____

Present employer (may be contacted) _____

Phone (_____) _____ Email _____

Starting Date _____

HISTORY:

Have you used or are you currently using illegal drugs? •Yes •No If yes, date of last use: _____

If yes, please explain: _____

Do you currently smoke? •Yes •No If so, are you willing to abstain while on this trip? _____

Do you drink alcoholic beverages? •Yes •No •Occasionally

If so, are you willing to abstain while on this trip? _____

Have you ever been arrested? •Yes •No If yes, when? _____

If yes, please briefly explain_____

Were you convicted? •Yes •No

Do you understand that the primary purpose of this trip is to serve and as we are doing so, to present a Christian witness in conduct and character, serving as goodwill ambassadors to assist the Body of Christ in the country we visit?

Yes _____ No _____

I, _____ am willing to submit myself to the oversight and leadership of the Venture team leader, and work within the framework of this team, maintaining a spirit of Christian unity and teamwork at ALL times.

Signature

Date

Venture Church requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These will be explained in our team meetings prior to departure. Our trips do involve physical aspects that may be difficult for some. Walking moderate distance, heat tolerance & baggage handling are all capabilities expected of each team member. A more detailed description of this trip will be given to you once accepted.

AGREEMENT: I certify that the information provided herein is true to the best of my knowledge, and I understand that providing untrue information may be grounds for refusal. If accepted, I will cheerfully dedicate myself to serve as a member of the missions team of Venture Church, and give my fullest cooperation with its policies and practices. I will submit myself to the authority of the Team Leaders.

**PHOTOGRAP
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Application is
not complete
without a
photograph**

Applicant's Signature

Date

**(applicant
may send in a
digital copy)**

ACCEPTANCE: Once we have received and reviewed your application, we will contact you regarding your acceptance to the team. Venture has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal.

SPONSORSHIP: Each traveler accepted will be responsible to raise the needed support for the trip. Contributions toward this mission trip may be treated as tax-deductible gifts if made out to Venture Church with the specification that it is to be used for your expenses on this trip. All travel food, snack, and souvenir funds will need to be raised independently. Contributions received greater than your trip expenses will be given to other travelers based on need. Contributions cannot be refunded.

FOR VENTURE USE ONLY

Date received: _____

Decision regarding applicant: Accepted Denied

Comments:

VENTURE CHURCH MEDICAL FORM

Instructions: Please completely fill out the form. If you need more space, use a separate sheet of paper. Every person is required to provide the following information to participate on a mission trip with Venture Church.

Date: _____ Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian: *(If under 18 years of age)*

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

In case of emergency, please notify (other than parent):

Name: _____ Relationship to you: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

HEALTH:

Condition of health: moderately healthy active excellent Height _____ Weight _____

1. Traveling in another country may have variable health resources and require greater physical stamina. Considering this, do you have any health needs, conditions or physical limitations? Yes No

If yes, please explain: _____

2. Do you have issues with any of the following? Please check all that apply.

Altitude/respiratory motion sickness high blood pressure balance

3. Have you had a blood transfusion or engaged in intravenous drug use? Yes No

4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes,

extreme temperatures, etc.? Yes No If yes, please explain: _____

5. Have you ever sought counseling (marital, depression or other)? Yes No

If yes, please describe: _____

6. Have you ever received treatment for drug or alcohol dependency? Yes No

7. Are you under a doctor's care at the present time? Yes No

If yes, briefly describe: _____

8. Has your education/employment been disrupted for any period of time because of a physical problem or nervous disorder? Yes No

9. Are you allergic to any foods, antibiotics or other medications? Yes No

If yes, to what? _____

10. Are you taking prescription medications? Yes No If yes, what? _____

11. Please list all past medical conditions: _____

Health records will be held in strict confidence as with all other materials submitted on this application to Venture Church. The applicant is to sign below that he/she has read this statement and thereby authorizes Venture Church leaders to

TRIP PARTICIPANT ONLY

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Participant's signature

Date

RECOMMENDATION FORM

Please send the completed form to Venture Church, PO Box 6607, Bozeman, MT 59771

This section must be completed by applicant:

To the Applicant: One recommendation form should be completed by your pastor and one by a former teacher or close spiritual friend. **The form should then be given back to you in a sealed and signed envelope.** If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completes this form, an explanation should be provided.

Date _____ Location of trip applying for _____

Date of trip _____

Name _____

Address _____ City _____ State _____

Zip _____

Venture Church. Serious consideration will be given to your comments. When finished, please return to the applicant in a sealed envelope. Thank you for your assistance.

How long have you known the applicant? _____

In what capacity? (pastor, mentor, friend) _____

How well do you know him/her? Please check one:

- Very well
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
- No

To what extent is the applicant engaged in the activities of the local church?

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

In what form of Christian service has the applicant participated regularly?

We all need to grow in certain areas of our life. What are some areas in which the applicant needs to grow most? (weaknesses) In which areas do you think the applicant shows maturity? (strengths)

To your knowledge, does the applicant?

- Smoke? Yes No
- Drink Alcohol? Yes No

Use illegal drugs? Yes No

Comments: _____

Please describe some factors, which might affect the applicant. _____

The applicant's influence on his/her peers is: Positive Neutral Negative

To your awareness, is the family in agreement with this mission trip? Yes No

Are you in agreement with the applicant going on this mission trip? Yes No

Please evaluate the applicant in regard to the following categories:

	Above Average	Average	Not Known	Poor	Below Average
Reliability: dependable, responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity: personal development, ability to cope with life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability: reaction to stress poise, mood stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation: genuineness and depth of commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment: ability to analyze a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression: clarity, coherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relations: rapport cooperation, attitudes toward supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy: sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal appearance:
cleanliness

Above Average

Average

Not Known

Poor

Below Average

Integrity:
honesty, moral character

Work habits:
stamina,
conscientiousness
perseverance,
resourcefulness,
initiative

Leadership:
creative thought,
curiosity
self-confidence

Please add any further comments you may have which would help in our evaluation.

Please check one:

- I highly recommend I recommend With reservation I cannot

Please print your information below:

Name: _____ Phone: _____

Email: _____ Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Would you be willing to receive email updates and partner with us in prayer? _____