



BLESSED

INTERNATIONAL REVIVAL CENTER
MISSION APPLICATION

Dear Applicant,

Thank you for your interest in traveling with Blessed International Revival Center (BIRC). 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 BIRC receives all required, completed documents. The following is a checklist of required documents.

- BIRC Ministry Trip Application (4-9 pgs)
- Deposit Form (10pg)
- Liability Release (11-12pgs)
- Discipline Policy (13pgs)
- Pastoral Evaluation (14-18pgs)

*Returned in sealed envelope from the pastoral reference.

- Emergency Medical Release Form (19pg)
- Affidavit of Temporary Guardianship (20pg)

*Notarized & Copy of Birth certificate.

- 2 Color Copies of passport

Blessed International Revival Center (BIRC) asks 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 within the leadership of BIRC.

All documents can be turned into the pastor or team leader of the trip you are applying for.

If you experience any uncertainty during the application process, or if you have any questions, please call BIRC and ask for the team leader of the trip you are apply for at (657) 549-0249 or email info@blessedintl.com. We are excited about your desire to join us in bringing the kingdom of God to all nations. May the Lord bless you and continue to give you guidance as you seek His will!

NATURE OF BLESSED MISSION TRIP

Ministry Conditions

Some of the places and hotel conditions teams may encounter will seem less than rudimentary to what you are used to. The food and culture may be unfamiliar to you. However team members must be prepared to serve with a thankful heart and honor. Meetings or mission objectives are subject to change at any time during a trip. It is important for team members to be flexible and willing to adjust to the changes. The pace required on these trips can be rigorous, emotionally draining, and physically exhausting. Each team member must be able to function autonomously within the context of the team even under trying conditions.

Humility

Pastors, Blessed leadership, and mission team leaders aim to lead with integrity, honor, and through the guidance of the Holy Spirit for the purpose of being faithful to God's will. We also work side by side with local churches and ministry leadership in submission to their authority, experiences, and vision. It is important for candidates to be prepared to follow the leadership's directions and decisions.

Love

Unity in Love is not an option but it is critical for the mission work. Team members must be able to set aside their differences and preferences for the bigger picture of what the Lord wants to do in the lives of the team members and through the team in the mission field. It is important for candidates to be prepared in their capacity to love and serve one another.

Commitment

Team members will be expected to attend trainings, meetings, and fundraising events. There may be additional instructions given by the team leaders such as reading assignments, listening assignments, and engaging in other spiritual disciplines. Team members must understand that God's work will require commitment of your time and your heart. Be prepared to make whatever adjustments in your schedule and/or lifestyle to honor the commitment.

Serve

It is our desire to see God's gifts and purposes awakened. There will be a variety of opportunities to minister, share testimonies, teach and preach. The team leader will be facilitating and preaching along with ministry team members. The team leader will seek the Lord and determine who will share, preach or teach at any given meeting. Be prepared to minister.

MISSION FUNDS

What is covered?

The cost of the trip includes **round trip airfare, accommodations, two to three meals per day, internal transportation** (unless otherwise noted), and **ministry/project expenses**. It may also include a budget to cover **team supplies** and **emergency medical insurance**. Breakdown of what your fees are covering will be discussed during the specific trip's information meeting.

What is not covered?

You will be responsible for your **travel cost to and from the US airport, personal spending money, personal snacks, meals on travel days, gratuities where appropriate** (waiters, bus drivers, housekeeping, etc.), **passport and visa fees, country exit tax, immunizations, and personal supplies**.

When are the funds due?

Full trip payment must be received in our office by the "balance due date".

Can donations cover my personal expenses?

Yes, donations may cover personal expenses after the primary funds that cover your transportation, meals, accommodations, and ministry expenses goals are met.

Are donations tax deductible?

Tax-deductible donations can be applied towards your trip. Donations should be made payable to Blessed International Revival Center. Please have donors include your name and trip by attaching a note. Donation receipts that meet our minimum giving of \$250 will be mailed at the end of the year. As you raise support, please notify donors that all donations will go to BIRC and are non-refundable. Blessed International Revival Center will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to Blessed International Revival Center and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, or cancellation of the individual's trip.



I am applying for acceptance as a Blessed International Ministry Team Member for

Country: _____ Dates: _____

APPLICANT INFORMATION

NAME (Exactly As It Appears On Passport) _____

DATE OF BIRTH (MM/DD/YY) ____/____/____ GENDER ____ Male ____ Female

OCCUPATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT CONTACT

HOME (_____) _____ WORK (_____) _____

CELL(_____) _____ EMAIL _____

(Attach color copy of passport)

PASSPORT NUMBER _____ EXPIRATION DATE
____/____/____

COUNTRY OF ISSUE _____ DATE OF ISSUE ____/____/____

APPLICANT INFORMATION (CONT.)

ARE YOU BORN AGAIN? __Yes __No __Unsure

ARE YOU SPIRIT-FILLED? __Yes __No __Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH BIRC'S 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

IF MINOR, DO YOUR PARENT OR PARENTS SUPPORT YOUR PARTICIPATION? __Yes __No

HOW WOULD YOU DESCRIBE YOUR PERSONALITY?

HOW DO YOU HANDLE CONFLICT?

HOW DO YOU HANDLE STRESS?

WHEN DO YOU FEEL MOST LOVED?

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS?

ARE YOU FLUENT IN ENGLISH? Yes No

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

IF SO, NAME LANGUAGE(S) _____

CHURCH/MINISTRY INFORMATION (Last two churches)

CHURCH NAME _____ NAME OF PASTOR _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

CHURCH NAME _____ NAME OF PASTOR _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

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

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF PROPHETIC, DELIVERANCE, AND/OR HEALING? Yes No

IF SO, PLEASE DESCRIBE

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? ___ Yes ___ No

IF SO, PLEASE DESCRIBE

HAVE YOU ATTENDED ANY MISSION TRIPS IN THE PAST? ___ Yes ___ No

IF SO, PLEASE LIST THE COUNTRY, MINISTRY or NAME OF AGENCY

DO YOU HAVE ANY OTHER SKILLS, TRAININGS, OR EXPERIENCES THAT WOULD BE HELPFUL FOR THIS MISSION TRIP AND OTHER WORK FOR GOD'S KINGDOM?

(ie. Admin, Construction, First Aid, etc.)

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS _____

MEDICAL/INSURANCE 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 PHYSICAL CONDITIONS OR MAJOR SURGERIES YOU HAVE/HAD (ie. Diabetes, Chronic Fatigue, STD, Heart Bypass Surgeries, etc.)

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING

PLEASE LIST ANY AND ALL 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 YES, PLEASE ATTACH COPY OF INSURANCE CARD

Insurance Co: _____ Policy No: _____

I, _____, declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I authorize Blessed International Revival Center to verify and confirm all information provided above.

SIGNATURE: _____

DATE: ____/____/____

DEPOSITS, PAYMENTS, REFUNDS & CANCELLATIONS

I, _____ wish to be considered as a Blessed International Revival Center International Ministry Team Member for: (Destination, Country and Dates) _____

I understand the cost of the total cost of the trip is currently \$ _____ *

I also understand a deposit of \$ _____ is required by _____ (Date)
The remaining balance of \$ _____ will be due on _____ (Date)

* Actual final price may vary slightly and is subject to change.

TAX DEDUCTIBLE DONATIONS: *Tax- deductible donations made through Blessed can be applied towards your trip. Donations given by checks should be made to Blessed International Revival Center. Donors need to write on the memo your name and trip. Donors giving through the website or Sunday offering must indicate your name and trip on the space provided. Donors that meet our minimum \$250 annual giving will be mailed a receipt at the end of the year. As you raise support please notify your donors that donations are non-refundable.*

CANCELLATION & REFUND POLICY: *If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to 8 weeks prior to the trip. If for any reason, a team member cancels after 8 weeks prior to the departure date; the full deposit will be forfeited. If for some reason you cancel your trip within 4 weeks of your departure date or after we have paid for your air flights, you will not be refunded for your ticket price. However, it is often the case that the ticket can be reused in the future with a change fee (varies between \$75-\$200+). In addition, you will not be refunded funds that BIRC has paid out on your behalf to secure accommodations, transportation and other expenses. Donations that are given through Blessed International Revival Center on your behalf after the cancellation will not be processed or returned to the donor.*

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

~OR~

PLEASE CHARGE MY CREDIT CARD

Name _____ Credit Card# _____

CVC# _____ (3 digits on back) Exp.Date ____ / ____

Billing Address _____

Amount to be Charged \$ _____

Signed: X _____ Date ____ / ____ / ____

I understand and agree to the above cancellation and refund policy. If paying the deposit by credit/debit card, I authorize the above amount to be charged to my credit/debit card.

LIABILITY RELEASE NOTIFICATION: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, _____, IN CONSIDERATION OF MY BEING ACCEPTED BY BLESSED INTERNATIONAL REVIVAL CENTER FOR PARTICIPATION AS A

MINISTRY TEAM MEMBER FOR: _____(Date/Location of Trip)

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, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly and/or hostile 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 or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel and activity. I acknowledge that Blessed International Revival Center does not accept any responsibility for injury, illness or loss 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 Blessed International Revival Center does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that Blessed International Revival Center has advised me that Blessed International Revival Center does not accept any responsibility for any injury, loss or damage not covered by the above- mentioned insurance. I further acknowledge that Blessed International Revival Center has recommended that I carry or obtain primary medical insurance to cover possible medical needs, especially related to previously existing medical conditions. I hereby assume all risk of personal injury, sickness, or death, and damage to or loss 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 I might receive.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A BLESSED INTERNATIONAL REVIVAL CENTER 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: _____ Initial (Legal Guardian): _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY BLESSED INTERNATIONAL REVIVAL CENTER, ITS 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: _____ Initial (Legal Guardian): _____

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: _____ Initial (Legal Guardian): _____

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: _____ Initial (Legal Guardian): _____

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: _____ Initial (Legal Guardian): _____

I AUTHORIZE BLESSED INTERNATIONAL REVIVAL CENTER TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP. Initial: _____ Initial (Legal Guardian): _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF 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: _____ Initial (Legal Guardian): _____

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: _____ Initial (Legal Guardian): _____

NAME OF ADULT PARTICIPANT/ LEGAL GUARDIAN
_____ DATE ____/____/____

SIGNATURE OF ADULT PARTICIPANT/ LEGAL GUARDIAN

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.

NAME OF PARTICIPATING MINOR _____ DATE ____/____/____

SIGNATURE OF MINOR _____

DISCIPLINE POLICY

“If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector.” –Matthew 18:15- 17. It is the intent of Blessed International Revival Center to follow the biblical patterns of discipline within the confines of all international ministry trips. Blessed International Revival Center ministry trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. 1 John 2:1- “My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous.” The goal of Blessed International Revival Center 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 alongside each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by Blessed International Fellowship is greatly appreciated. Below are procedures that will be followed by Blessed International Revival Center 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 Blessed International Revival Center. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Blessed International Revival Center leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution.

1. If you have a problem to the situation 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 your 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 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 Blessed International representative will be informed. A senior Blessed International 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 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 BLESSED INTERNATIONAL LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGN _____ DATE ____/____/____



PASTORAL REFERENCE EVALUATION

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

I, _____, WISH TO BE CONSIDERED AS A BLESSED INTERNATIONAL REVIVAL CENTER MINISTRY TEAM MEMBER FOR: _____ (Date/Location of Trip) I GIVE MY FULL CONSENT TO _____ FOR PASTORAL REFERENCE EVALUATION AND RELEASE IT TO BLESSED INTERNATIONAL REVIVAL CENTER.

SIGN _____ DATE ____/____/____

Dear Pastor/Church Leader,

The applicant above has applied to be on a Blessed International Revival Center Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Blessed International Revival Center greatly appreciates your supplying the information requested on this form. Please return this form to the mission team leader in a sealed envelope or by mailing it to

Thank You!

REFERENCE NAME _____ TITLE _____

How long have you been acquainted with the applicant? _____

Please comment briefly on the family and/or social background of 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 health

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 Usually willing to serve Eager to serve as needed

LEADERSHIP (Ability to inspire others & maintain their confidence)

Makes an effort to lead Tries but 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

Learns 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

PRAYER MINISTRY (Praying for inner and physical healing)

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

RESPONSIVENESS (To the feelings and needs of others)

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

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

Incompetent Doubtful Adequate Superior in Competence

What are some skills, strengths and gifts that the applicant has?

Listed below are some of the tendencies which if present, may reduce the effectiveness of the applicant. Please check 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 there are other tendencies that may reduce the effectiveness of the applicants not listed please write them down in the space below.

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

If there are any other physical, emotional, mental, or spiritual challenges the applicant may have please briefly write them down in the space below.

What potentials and/or areas of growth do you see in the applicant?

Please 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?

Y N

b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?

Y N

c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?

Y N

d) Has the applicant had psychiatric treatment?

Y N

e) Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity)

Y N

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

He/she is definitely unsuited At this time I feel he/she is not suited

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

He/she is an average prospect He/she is an above average prospect

He/she is an unusually exceptional prospect

SIGN _____ Date _____

EMAIL _____

PHONE (_____) _____

I am open to being contacted if you have further questions or need clarification on the missionary candidate.

Y N

EMERGENCY MEDICAL SERVICES AUTHORIZATIONS

Participant Full Name: _____ Birth Date: _____

Telephone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize any representative of Blessed International Revival Center (BIRC) 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 on an BIRC ministry trip from the dates of _____ to _____. I authorize any medical provider to disclosure 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 BIRC, 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 No: _____

Participant Name: _____ Sign _____ Date _____

Parent/Legal Guardian (Minor Only): _____ Sign _____ Date _____

Witness Name _____ Phone Number _____

Sign _____ Date _____

Witness Name _____ Phone Number _____

Sign _____ Date _____

PARENTAL/LEGAL GUARDIAN TRAVEL CONSENT FORM (Minors Only)

Name _____ Passport Number _____

Country of Issue _____ EXP Date _____

Birthdate _____ Birth Location _____

*Attach Color Copy of Passport and Birth certificate to this document

I, (legal guardian(s) name) _____

The Legal Guardian Of Said Minor Child, Do Hereby Authorize Blessed International Revival Center, Pastoral Staff, and Leadership Of Said Minor Child To Travel As A Guardian Of (child's name):

To The Following Countries Without Me (Include Layover Countries)

From: Day: _____ / Month: _____ / Year: _____

To: Day: _____ / Month: _____ / Year: _____

I/We [___] HAVE; [___] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [___] AUTHORIZE; [___] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information On The Application:

Name _____ Relationship to Minor _____

Address _____

City / State / Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Signature _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____

My Commission Expires: _____



Affix Notary Seal At The Right Side Of Page