

# Life Connections International

## Mission Trip Application Form 2010

Send completed form to:  
23852 Pacific Coast Highway #474  
Malibu, CA 90265

Or email as an attachment (only) to:  
info@bringlife.org

The information you provide will be kept confidential.

Project/Country Name Applying For: \_\_\_\_\_

### Personal Questions

\_\_\_\_\_  
First Name Last Name Nickname

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone 1 Phone 2 Email

\_\_\_\_\_  
Date of Birth Age During Project Occupation

Are you a student?  Yes  No If yes, major? \_\_\_\_\_

\_\_\_\_\_  
Permanent Address (Students only) City State Zip

\_\_\_\_\_  
Permanent Telephone (Students only)

\_\_\_\_\_  
Emergency Contact Name Emergency Contact Phone Number

\_\_\_\_\_  
Street Address City State Zip

Marital Status:  Single  Married

Do you hold a U.S. Passport?  Yes  No Passport Number \_\_\_\_\_

If no, what is your country of citizenship? \_\_\_\_\_

Languages (besides English) \_\_\_\_\_

Do you play a musical instrument?  Yes  No Which one? \_\_\_\_\_

Do you have any special dietary requirements? \_\_\_\_\_

### Personal Questions (continued)

T-Shirt Size      Small      Medium      Large      Extra Large

What skills do you have that you feel would be beneficial to this project?

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What are your spiritual giftings (if known)?

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### Medical Questions

1. List any major medical procedures or illnesses you've had in the last 3 years.

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2. What is your present level of physical activity? Light    Moderate    Heavy

3. Do you have any physical disabilities? Yes      No

If yes, please explain: \_\_\_\_\_

4. List any medications you take regularly, prescription or non-prescription.

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5. List any allergies you have, food or environmental.

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6. Are you willing and able to get the necessary immunizations for your trip?

Yes    No    If no, please explain: \_\_\_\_\_

7. Have you undergone any psychiatric treatment? Yes      No

If yes, please explain: \_\_\_\_\_

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## General Questions

1. Do you belong to a church? Yes No If yes, please provide the following:

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Church Name

Head Pastor

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Street Address

City

State

Zip

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Church Phone Number

2. How long have you been attending? \_\_\_\_\_
3. Do you have support from church leadership to go on this trip? Yes No
4. If you are not a professing Christian, are you sympathetic to our aims as stated in our brochure and website? Yes No Please explain:

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5. During the project, are you willing to attend all of the meetings knowing they will have explicitly Christian content and goals? Yes No

6. If you are a professing Christian, please tell us how you came to follow Christ.

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7. Briefly explain why you would like to go on this particular project.

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8. Have you spoken with your family about your decision to go on this trip?

Yes No How do they feel? \_\_\_\_\_

## Preparation Questions

1. Will you read and study the necessary materials? Yes No
2. Will you give priority to attending the Orientation Weekend in the Los Angeles area at a time to be announced? Yes No
3. Will you accept the project leader's authority and project regulations if you are accepted for this project? Yes No

## References

Please list two names and contact information of people other than your church leadership who will be willing to answer questions, should we have any.

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Reference #1	Name	Phone
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Street Address	City	State	Zip
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Reference #2	Name	Phone
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Street Address	City	State	Zip
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## **Deposit and Cost of Trip**

It is the policy of Life Connections International (LCi) that the entire cost of the trip in which you are applying to participate must be paid to Life Connections International by the date of departure. **A \$200 non-refundable deposit is due with this application.** (Exception: If an applicant is not accepted to go on a trip, the \$200 deposit will be refunded.) LCi will communicate your acceptance to participate in a trip through email, phone or mail. If for any reason a team member needs to cancel or postpone their trip with LCi, it must be done in a timely and clear manner. All monies submitted to LCi are considered a charitable donation and cannot be refunded. In the event of a cancellation, it is LCi's policy to allow team members to use money they have raised toward another trip within 24 months (minus the \$200 deposit). It will remain in that team member's "account" with LCi until the 24 month time period passes or it is used by the team member for another trip.

## **Your Commitment**

If I am accepted to be a part of this project, I undertake to not be involved in any way with drug abuse. I commit to refrain from alcoholic drink, smoking and sexual relations deemed inappropriate. I will dress appropriately, keeping in regard local customs and Christian standards. I will avoid inappropriate language and gestures. I willingly place myself under the authority of the leaders of this project.

**\*\*Before signing this form, please make sure you are at peace with complying with these conditions. The nature of our projects demands that we take these issues seriously.**

I have read the above paragraph regarding LCi's deposit and fundraising policies and my commitment and agree to these terms as stated. I also state that all information provided in this application is truthful and accurate, to the best of my knowledge.

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Signed

Date

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Printed Name