





Trip Application

Application Process

The following lists the step-by-step process for completing the Ministry Trip Team Member Application as well as some important trip details. Please keep this list handy for your reference.

1. Print and complete the following:

- Read and keep the following pages:
 - Application Process
 - Applicant Letter
 - Terms and Conditions
 - Questions and Answers
- Complete Ministry Team Member Application*
- Submit a \$25 non-refundable application fee via PushPay*
- Complete Liability Release Agreement*
- Complete Discipline Policy Agreement*
- Complete Media Release Agreement*
- Complete Emergency Medical Release Form* and have form notarized
- Complete Affidavit of Temporary Guardianship* and have form notarized (Only if applicant is under 18 years of age)
- Distribute the following reference forms:
 - Pastoral Reference Form*
 - Personal Reference Form*
 (If applicant holds the title of Senior or Associate Pastor, no reference is necessary.)
- Make a color copy of your passport* verifying that it is valid for at least 6 months from the date of departure.
- Pay a \$250 non-refundable deposit

PLEASE NOTE: Your application for HIM Ministry Team participation cannot be processed unless the application fee is included with your application and Harvest International Ministry (HIM) receives all required, completed documents.

2. If you are unable to submit the asterisked (*) applicable forms online, please mail a copy of application to:
Harvest International Ministry (HIM), 1539 East Howard Street, Pasadena, CA 91104
3. Please allow for approximately 10 business days for your application to be processed.
4. Receive confirmation email that your application is being processed, which will also list any application materials that may be missing.
5. Receive letter of acceptance or denial by email. Once accepted you will receive an email with further instructions.
6. Pay \$250 non-refundable deposit via PushPay.
7. Pay total cost for the ministry trip by the final application deadline.
8. Refer to acceptance email and follow the steps detailed in it involving the Flight, Visa Application and Trip Information. Do not apply for a visa prior to receiving this packet.
9. Receive email with final instructions about attending the scheduled ministry trip.

For updates and additional information, visit: www.harvestim.org



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Dear Applicant,

Greetings from the harvest field!

One of my greatest privileges is to witness the hand of God in many places around the world. The body of Christ is so glorious and powerful. I love being connected to others in the body. To this end, Harvest International Ministry has been an incredible blessing for me. My wife Ann and I served in a traditional denomination for over 10 years.

One of my greatest passions is to take people to the nations. I have discovered that the greatest spiritual training ground is underdeveloped nations where the Spirit is releasing signs and wonders on a regular basis. I have taken many mission teams to other nations, and I will continue to organize these vital trips. You and your ministry team members can join us and be part of the HIM ministry worldwide. I can also provide contacts and suggestions for any trips you would like to organize yourself.

With this application packet, you are on your way to making this international ministry opportunity a reality. In this application process, Harvest International Ministry (HIM) asks for a fairly in-depth amount of information. It is imperative that Harvest International Ministry (HIM) has 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 Harvest International Ministry (HIM).

If you experience any uncertainty during the application process, or if you have any questions, please call Harvest International Ministry (HIM) at **(626) 696-8703** or **email us at keguchi@harvestim.org**. We would be happy to help you through this process. You can also visit our homepage at www.harvestim.org for any additional information.

We look forward to assisting you with this exciting process. May the Lord bless you and continue to give you guidance as you seek His will!

With Blessings,

Dr. Mark Tubbs



Trip Application

Terms and Conditions

APPLICATION FEE AND DEPOSIT FEE

A \$25 non-refundable application fee (**not part of the trip cost**) must be paid in order for the Application to be reviewed. A mandatory non-refundable deposit of \$250 reserves your spot on the ministry trip pending review and approval of your application. Space is limited on most trips. Acceptance is based on a first received basis. Your application will not be processed until the application fee is received in full. Harvest International Ministry (HIM) reserves the right to deny any application.

COST OF TRIP INFORMATION

The cost of the trip includes round trip airfare from one of twelve major airports in the US (Atlanta, Boston, Chicago, Dallas, LAX, Miami, JFK, Raleigh, San Francisco, Seattle, St. Louis, Washington Dulles) Also included in the trip cost is your hotel room (based on double occupancy), three meals per day, all internal transportation (unless otherwise noted) and emergency medical insurance.

You will be responsible for your travel cost to and from the hub city airport, personal spending money, the cost of snacks, meals on travel days, gratuities where appropriate (waiters, bus drivers, housekeeping, etc.), passport and visa fees, country exit tax, and immunizations where required. Harvest International Ministry (HIM) works diligently to obtain the best possible prices. There are many variable costs beyond our control; we are forced to set a final cost adjustment date for each trip at which point, if your trip is not paid in full, there may be a "trip cost increase" of up to 15%.

IMPORTANT PAYMENT INFORMATION

- * Please make all payments by credit card to HIM's PushPay account. Application fee, deposits and/or full payment must be made by PushPay.
- * All payments must be made in U.S. dollars.
- * The full trip payment and completed application must be received in our office by the "balance due date."
- * If you do not have access to PushPay you may write checks to Harvest International Ministry.

CANCELLATION & REFUND POLICY

If you are not selected for a team, your application fee of \$25 will not be refunded. After your application has been processed and accepted, there will be a deposit fee of \$250 that will go towards the total cost of the trip and to secure your spot on the trip. You will not be refunded monies that Harvest International Ministry (HIM) has paid out on your behalf to secure hotel, bus, and food service reservations.



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DONATION POLICY

As you raise support, please notify donors that all donations will go to Harvest International Ministry (HIM) and are non-refundable. Harvest International Ministry (HIM) will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to Harvest International Ministry (HIM) and applied at our discretion, would include, but not limited to: donations received after the trip commencement date, donations received exceeding the trip balance, or cancellation of the individual's trip. A one-time transfer of funds may apply for individuals transferring to another trip within one year of the original trip.



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Ministry Trip Awareness

MINISTRY TEAMS

Everyone on the trip functions as one team. On a few occasions, we may divide into smaller groups to minister to several churches/locations at the same time. In addition, each person will be a part of a smaller team of about 6-8 people, including a team leader, to have meals, pray and share testimonies together. These smaller teams are formed randomly by Harvest International Ministry (HIM) to encourage interaction with new acquaintances.

MINISTRY CONDITIONS

Some of the places and hotel conditions teams may encounter may seem primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and physically exhausting. Each team member must be able to stand for long periods of time, continuing to function autonomously, even under trying conditions. We ask that you be prepared “to run and not grow weary, to walk and not faint.” On the other hand, the rewards of being instrumental in God pouring out His Spirit on His people are immeasurable!

MINISTRY MEETINGS

The key word is flexibility. Ministry meetings are often held in local churches, but sometimes are held in open-air arenas or large tents. Harvest International Ministry (HIM) work side by side with local church and ministry leaderships in submission to their authority. Meetings or mission objectives are subject to change at any time during a trip.



Trip Application

Questions and Answers

Q. Can I travel from another country and join with a HIM team?

A. Anyone can travel to and participate in the meetings in any part of the world. If you would like to be on the Harvest International Ministry (HIM) Ministry team, we ask that you fill out an application. You make and pay for your own flight reservations to the host city. We will then give you a discount on your trip, which varies for each trip.

Q. Can a person travel on their own without using Harvest International Ministry (HIM)'s Travel Agent?

A. Yes, you can make your own travel arrangements in the following cases:

1. You are traveling to the host country from outside of the US or Canada
2. You have an Airline "Buddy Pass" with another team member and the airline will only allow you to use it if you make the reservation with them directly.
3. You are using Frequent Flyer Miles
4. You are authorized to use an Airline Employee Discount

If you qualify for one of the above, you must also understand that you will be responsible to get all the way to the host city (sometimes you may have to pay a connection fee in the host country) and be at the airport or hotel in the city where we are ministering at the time the rest of the team is arriving. If you are not at the airport during the time the other team members arrive, you will be responsible to connect with the rest of the team and pay all costs associated with making this connection. If there are any internal flights, you will also be responsible to make these arrangements. Please contact the office for the "Travel on Your Own" discount for your trip.

Q. Can I leave for the trip early or stay later than the rest of the team?

A. Yes. Just let the travel agents know when you would like to arrive and leave. You will be responsible for your own transportation to or from the hotel and your accommodations during this time. We cannot guarantee you will receive the same room rate as you would with Harvest International Ministry (HIM)!

Q: Can we sign up as a group for the trip?

A. Yes, Harvest International Ministry (HIM) welcomes groups on international trips, whether organized by a church, some other ministry, or simply a group of friends. Give your group a name and put this group name on each application and correspondence you submit to our office. We ask that all payments to our office be done individually. If the church or ministry is making a payment toward one or more individuals, be sure that it is clear exactly how much each person's account should be credited.

Q: What will you do?

A. These trips are designed for hands on, and you do the "stuff." You are literally the speakers, prayer team and ministers. We do some training, but the teacher is the Holy Spirit. You will be released to heal the sick, cast out demons, preach, and move in the power of what the Spirit shows us.

Q: Do I need to get my own travel insurance?

A. No, we will sign you up for travel insurance for the entire trip.

Q: Would I be able to bring my children?

A. Yes, you will be able to bring your children but you will be responsible to monitor your children at all times, however each trip varies.



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Country of mission trip applying for: _____

Instructions: **Fill out this application and send it to Eboghdady@harvestim.org along with a copy of your passport photo.** Once you sign up there will be a non-refundable application fee of \$25, which you can pay via PushPay. After you are accepted, there will be a \$250 non-refundable deposit that will secure your spot. You are not officially on the trip until a deposit is made. The trips do fill up and usually are limited due to vehicles and housing arrangements. All documents will be secure and kept confidential.

APPLICATION

Email application and passport ID to: Eboghdady@harvestim.org

Print application, fill it out, scan and email it along with a scan or photo of your passport (**open to photo page**)

If you don't have this ability, complete the packet and mail to Elizabeth Boghdady at:

HIM
ATTN: Elizabeth Boghdady
1539 E. Howard St.
Pasadena, CA 91104

HIM MISSION TRIP CONTACT

Elizabeth Boghdady or Kelly Eguchi

Phone: (626)696-8703
Email: Eboghdady@harvestim.org
Keguchi@harvestim.org

MAILING OF CHECKS

HIM Missions
ATTN: Elizabeth Boghdady
1539 E. Howard St.
Pasadena, CA 91104



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PERSONAL INFORMATION:

NAME _____ DATE OF BIRTH ____/____/____
(EXACTLY AS IT APPEARS ON YOUR PASSPORT) MM/DD/YY

NICKNAME (OR NAME YOU GO BY) _____ AGE _____ Gender Male Female

OCCUPATION _____

MARITAL STATUS Married Single

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

HOME (____) _____ WORK (____) _____

FAX (____) _____ CELL (____) _____

EMAIL _____

MISSION TRIP INFORMATION:

I AM APPLYING FOR THE HIM TRIP TO _____
DESTINATION (CITY, COUNTRY)

ON THE DATES OF _____

PASSPORT NUMBER _____ EXPIRATION DATE ____/____/____
MM/DD/YY

COUNTRY OF ISSUE _____

PREFERRED AIRPORT OF DEPARTURE CITY _____ ALTERNATE AIRPORT _____

REFERENCE INFORMATION:

PASTOR'S OR MINISTRY LEADERS NAME _____ PHONE _____

OTHER REFERENCE _____ PHONE _____

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMAIL ADDRESS _____ PHONE NUMBER (____) _____

For updates and additional information, visit: www.harvestim.org



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MISSION TRIP BACKGROUND INFORMATION:

HAVE YOU PERVIOUSLY TRAVELED WITH HIM ON A MISSION TRIP? Yes No IF YES, GIVE LOCATION AND DATES

ARE YOU WILLING TO MINISTER ACCORDING TO HIM’S VALUES AND GUIDELINES Yes No

HOW WOULD YOU DESCRIBE YOUR PERSONALITY AND TEMPERMENT? _____

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? Yes No IF YES, WHAT LANGUAGE _____ WOULD YOU BE WILLING TO BE A TRANSLATOR IF APPLICABLE? Yes No

WHAT DO YOU DESIRE TO SEE GOD DO FOR YOU AND THROUGH YOU ON THIS MISSION TRIP?

CHECK ONE:

SHIRT SIZE (Unisex): Youth : XS S M L XL 2XL 3XL

Adult: XS S M L XL 2XL 3XL

SHIRT STYLE: SLEEVELESS TANK (If culturally appropriate) T-SHIRT

MINISTRY BACKGROUND INFORMATION:

DO YOU ATTEND CHURCH REGULARLY Yes No

HAVE YOU BEEN BAPTIZED? Yes No

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

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? _____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? Yes No IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN PLACED ON PROBATION OR HAVE ASKED TO BE RELEASED FROM MINISTRY? Yes No IF YES PLEASE EXPLAIN _____



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CHURCH AND MINISTRY INFORMATION:

NAME OF CHURCH AND/OR MINISTRY _____

DENOMINATION AND/OR APOSTOLIC AFFILIATION, IF ANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

MEDICAL AND INSURANCE INFORMATION:

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF YES, PLEASE

DESCRIBE _____

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? Yes No IF YES, PLEASE

DESCRIBE _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE CURRENTLY TAKING

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

DO YOU HAVE PRIMARY MEDICAL INSURANCE Yes No IF YES, WHAT IS THE NAME OF YOUR INSURANCE CARRIER?

I, _____, hereby confirm that I've prayed and sought counsel about going on this mission's outreach. By signing this waiver, I promise to uphold Godly values while on this trip and to submit to leadership and those responsible for my safety. I also acknowledge that I am in good physical and emotional health, and will not hold Harvest International Ministry, HRock Church, or their employees or agents liable for any harm, sickness or injury to me that may result from this trip. I will check with my doctor and make sure that all my vaccinations are up to date. I will obtain a valid passport and necessary visas when required. I also understand that the price may change due to airfare increases and departure city. I know that the application is not complete until this waiver is signed and an application fee is received.

Signed _____

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Liability Release

WARNING: This is a complete release of any potential claims.

In consideration of my being accepted by Harvest International Ministry (HIM) for participation as a Ministry Team Member for the following ministry trip:

Destination (City, Country)

Dates of Trip (Month/Days/Year)

I, _____, hereby declare the following:

- 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 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.
- I acknowledge that Harvest International Ministry (HIM) 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 Harvest International Ministry (HIM) does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that Harvest International Ministry (HIM) has advised me that Harvest International Ministry (HIM) does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Harvest International Ministry (HIM) has recommended that I carry or obtain primary medical insurance to cover possible additional 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

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including costs of evacuation and medical care I might receive.

In consideration of my being permitted to participate as a Harvest International Ministry (HIM) Ministry Team Member on the previously indicated 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 previously indicated.

INITIAL: _____

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Harvest International Ministry (HIM), 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: _____

I agree not to make a claim, file suit or demand anything from any injury, death or loss that arises from my participation in this activity.

INITIAL: _____

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: _____

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: _____

I authorize Harvest International Ministry (HIM) to arrange for transportation, food, and lodging for me on this trip.

INITIAL: _____

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: _____

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:

Name of Minor: _____ Signature of Minor: _____



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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.

Signature: _____ Date: ____/____/____

Name(Print): _____

Full Address: _____

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Discipline Policy

In consideration of my being accepted by Harvest International Ministry (HIM) for participation as a Ministry Team Member for the following ministry trip:

Destination (City, Country)

Dates of Trip (Month/Days/Year)

I, _____, hereby agree to follow the discipline procedures listed on this form if directly involved in conflict. As a Ministry Team Member, I also agree to follow the directions and decisions made by Harvest International Ministry (HIM) leadership regarding other Ministry Team Members.

“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 Harvest International Ministry (HIM) to follow the biblical patterns of discipline within the confines of all international ministry trips. Harvest International Ministry (HIM) 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 Harvest International Ministry (HIM) 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 Harvest International Ministry (HIM) is greatly appreciated.

The following are procedures that will be followed by Harvest International Ministry (HIM) 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 Harvest International Ministry (HIM). By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Harvest International Ministry (HIM) leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.

1. If you have a problem 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.

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(Discipline Policy Continued)

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 to 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 HIM representative will be informed. A senior HIM 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.
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.

Applicant's Signature

____/____/____
Date

Media Release

In consideration of my being accepted by Harvest International Ministry (HIM) for participation as a Ministry Team Member for the following ministry trip:

Destination (City, Country)

____/____/____
Dates of Trip (Month/Days/Year)

I, _____, hereby agree to the media release policy stated below and will abide by the terms as stated.

Harvest International Ministry (HIM) often takes photographs and video footage on ministry trips using them in Harvest International Ministry (HIM) advertising, promotional materials, web page, and publications. In signing below, you fully authorize Harvest International Ministry (HIM) to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use. Photographs are not to be used for any publication, website, advertisement or any other means without the permission of Harvest International Ministry (HIM). The exception to this is that the undersigned may use the photographs for showing to their personal church group and/or affiliation. Harvest International Ministry (HIM) reserves the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

Applicant's Signature

____/____/____
Date



Pastoral Reference

This form must be completed by a pastor or church leader and may not be completed by an immediate family member.

I, _____, wish to be considered as a Harvest International Ministry (HIM) Ministry Team Member for the following trip:

Destination (City, Country)

_____/_____/_____
Dates of Trip (Month/Days/Year)

I give my full consent that _____ complete this
Name of Reference
Pastoral Reference Evaluation and release it to Harvest International Ministry (HIM).

Applicant's Signature

_____/_____/_____
Date

Dear Pastor/Church Leader, the applicant above has applied to be on a Harvest International Ministry (HIM) Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Harvest International Ministry (HIM) greatly appreciates your supplying the information requested on this form. Please return this form directly to our office upon completion. Thank You!

How long have you been acquainted with 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:

<u>Physical Condition</u>	<u>Emotional Resilience</u>	<u>Achievement</u> (Ability to formulate, execute & carry plans to completion)
Frequently incapacitated	Getsangry;impulsive	Startsbutdoesn'tfinish
Somewhat below par	Withdrawn	Does only what is assigned
Fairly healthy	Gets discouraged easily	Meets average expectations
Good health	Meets constructively	Superior creative ability

<u>Social Interaction</u>	<u>Teamwork</u>	<u>Willingness to Serve</u>	<u>Leadership</u> (Ability to inspire others & maintain their confidence)
Avoided by others	Insists on having own way	Reluctant to serve	Makes an effort to lead
Tolerated by others	Usually cooperative	Motives confused	Tries but lacks ability
Liked by others	Workswell with others	Usually willing to serve	Has some leadership promise
Well-liked by others	Energized by teamwork	Eager to serve as needed	Unusual ability to lead



Pastoral Reference

This form must be completed by a pastor or church leader and may not be completed by an immediate family member.

<u>Responsiveness</u> (To the feelings and needs of others)	<u>Intelligence</u>	<u>Christian Experience</u>	<u>Prayer Ministry</u> (Praying for inner & physical healing)
Slow to sense how others feel	Learns and thinks slowly	Relatively superficial	Has not been trained and is very new at this
Reasonably responsive	Average mental ability	Over-emotional	Has some training and experience
Understanding & thoughtful	Alert; has a good mind	Genuine but mild	Has had much experience and expertise
Extremely responsive	Brilliant, exceptional	Rich and growing	

EVALUATION OF APPLICANT’S SKILLS, TRAINING, PROFESSION OR TRADE

(Answer only if you have firsthand information)

What other skills or in what other areas is he/she well qualified?

- Incompetent Adequate
- Doubtful Superior in Competence

Please circle any words or descriptions which pertain to the applicant:

- Impatient Easily offended
- Easily discouraged
- Intolerant
- Erratic in attitudes
- Argumentative
- Critical of others
- Frequently worried
- Lacking in humor
- Anxious
- Nervous or tense
- Given to moods
- Unable to cope with stress

Check here if the applicant seems relatively free from all such tendencies.

Please comment briefly on the family and social background of the applicant.

Please describe any physical limitations that the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is “YES” to any of the following questions:

1. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
2. As far as you know, has the applicant ever been arrested for an offense other than minor traffic violations?
3. To your knowledge, has the applicant ever been involved in drug abuse, homosexuality or the occult?
4. Has the applicant had psychiatric treatment?
5. Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity?)

Check here if the answer to each of the questions above is “NO.”



Pastoral Reference

This form must be completed by a pastor or church leader and may not be completed by an immediate family member.

What is your overall evaluation of the applicant's promise as a Global Ministry Team Member?

- 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.

Reference Name (include title): _____

Address: _____

Phone: (____) _____

Reference's Signature: _____

Date: __/__/__

PLEASE MAIL DIRECTLY TO:

Harvest International Ministry (HIM)
Attn: Missions Dept.
1539 E. Howard Street
Pasadena, CA 91104

Phone: (626) 720-8154
Fax: (626) 398-2489
Email:
keguchi@harvestim.org



Personal Reference

This form may not be completed by an immediate family member (spouse, parent, and sibling).

I, _____, wish to be considered as a Harvest International Ministry (HIM) Ministry Team Member for the following trip:

_____ Destination (City, Country) _____ Dates of Trip (Month/Days/Year)

I give my full consent that _____ completes this
Name of Reference

Confidential Personal Reference Evaluation and releases it to Harvest International Ministry (HIM).

_____ / / _____
Applicant's Signature Date

Dear Friend of Applicant,

The applicant above has applied to be on a Harvest International Ministry (HIM) Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Harvest International Ministry (HIM) greatly appreciates your supplying the information requested on this form. Please return this form directly to our office upon completion. Thank You!

How long have you been acquainted with 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:

<u>Physical Condition</u>		<u>Emotional Resilience</u>		<u>Achievement</u> (Ability to formulate, execute & carry plans to completion)	
<input type="checkbox"/>	Frequently incapacitated	<input type="checkbox"/>	Getsangry;impulsive	<input type="checkbox"/>	Startsbutdoesn'tfinish
<input type="checkbox"/>	Somewhat below par	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Does only what is assigned
<input type="checkbox"/>	Fairly healthy	<input type="checkbox"/>	Gets discouraged easily	<input type="checkbox"/>	Meets average expectations
<input type="checkbox"/>	Good health	<input type="checkbox"/>	Meets constructively	<input type="checkbox"/>	Superior creative ability

<u>Social Interaction</u>		<u>Teamwork</u>		<u>Willingness to Serve</u>		<u>Leadership</u> (Ability to inspire others & maintain their confidence)	
<input type="checkbox"/>	Avoided by others	<input type="checkbox"/>	Insists on having own way	<input type="checkbox"/>	Reluctant to serve	<input type="checkbox"/>	Makes an effort to lead
<input type="checkbox"/>	Tolerated by others	<input type="checkbox"/>	Usually cooperative	<input type="checkbox"/>	Motives confused	<input type="checkbox"/>	Tries but lacks ability
<input type="checkbox"/>	Liked by others	<input type="checkbox"/>	Workswellwith others	<input type="checkbox"/>	Usually willing to serve	<input type="checkbox"/>	Has some leadership promise
<input type="checkbox"/>	Well-liked by others	<input type="checkbox"/>	Energized by teamwork	<input type="checkbox"/>	Eager to serve as needed	<input type="checkbox"/>	Unusual ability to lead



Personal Reference

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This form may not be completed by an immediate family member (spouse, parent, and sibling).

Responsiveness (To the feelings and needs of others)		Intelligence		Christian Experience		Prayer Ministry (Praying for inner & physical healing)	
	Slow to sense how others feel		Learns and thinks slowly		Relatively superficial		Has not been trained and is very new at this
	Reasonably responsive		Average mental ability		Over-emotional		Has some training and experience
	Understanding & thoughtful		Alert; has a good mind		Genuine but mild		Has had much experience and expertise
	Extremely responsive		Brilliant, exceptional		Rich and growing		



Personal Reference

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EVALUATION OF APPLICANT'S SKILLS, TRAINING, PROFESSION OR TRADE

(Answer only if you have firsthand information)

What other skills or in what other areas is he/she well qualified?

- Incompetent Adequate
- Doubtful Superior in Competence

Please circle any words or descriptions which pertain to the applicant:

- | | | | |
|------------------------------|-------------------------------------|-----------------------------|----------------------------|
| Impatient Easily
offended | Argumentative
Critical of others | Anxious
Nervous or tense | Easily embarrassed |
| Easily discouraged | Frequently worried | Can't take a joke | Given to moods |
| Intolerant | Lacking in humor | | Unable to cope with stress |
| Erratic in attitudes | | | |

Check here if the applicant seems relatively free from all such tendencies.

Please comment briefly on the family and social background of the applicant.

Please describe any physical limitations that the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is "YES" to any of the following questions:

- Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
- As far as you know, has the applicant ever been arrested for an offense other than minor traffic violations?
- To your knowledge, has the applicant ever been involved in drug abuse, homosexuality or the occult?
- Has the applicant had psychiatric treatment?
- Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity?)

Check here if the answer to each of the questions above is "NO."

What is your overall evaluation of the applicant's promise as a HIM Team Member?

- | | |
|--|---|
| <input type="checkbox"/> He/she is definitely unsuited. | <input type="checkbox"/> He/she is an average prospect. |
| <input type="checkbox"/> At this time, I feel he/she is not suited. | <input type="checkbox"/> He/she is an above average prospect. |
| <input type="checkbox"/> He/she is a good prospect, but I do have reservations | <input type="checkbox"/> He/she is an unusually exceptional prospect. |

Reference Name: _____

Address: _____

Phone: () _____ Reference's Signature _____ Date ____/____/____



Personal Reference

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This form may not be completed by an immediate family member (spouse, parent, and sibling).

PLEASE MAIL DIRECTLY TO:

Harvest International Ministry (HIM)



Emergency Medical Services Authorization

Harvest International Ministry
1539 E. Howard Street
Pasadena, CA 91104

Phone: (626) 720-8154
Fax: (626) 398-2489
Email: keguchi@harvestim.org

Participant's Full Name: _____

Date of Birth: ____/____/____ Age at time of trip: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Relationship: _____

Emergency Contact's Telephone Number: (____) _____ Health Insurance? Yes No

Insurance Co: _____ Policy #: _____

I hereby authorize any representative of Apostolic Network of Harvest International Ministry (HIM), Inc., 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 Harvest International Ministry (HIM) Ministry Team Member on the following trip:

Destination (City, Country)

Dates of Trip (Month/Days/Year)

I authorize any medical provider to disclose my individually identify 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 specify herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to HIM, without restriction, all of my individually identify health information and medical records regarding any medical or mental health treatment received by me during the time period specify 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.

Participant Signature

Witness Signature (If Applicable)

Parent/Legal Guardian Signature (Minors Only)

Witness Signature (If Applicable)



Emergency Medical Services Authorization

Sworn and subscribed by the participant and witnesses this the _____ day of _____, 20____.

State of: _____

County of: _____

Notary Public



**Affidavit of Temporary Guardianship
& Consent to Travel**

This form must be completed by both parents or legal guardian of applicant.

I/We _____ and/or _____
(Father) (Mother)

of _____, do hereby grant TEMPORARY GUARDIANSHIP to
(Name of Minor)

_____, I further do hereby consent that my/our
(HIM Ministry Team Leader)

son/daughter travel to _____ with Harvest International Ministry (HIM) for the period of time
(Destination)

beginning at 12:00 AM on _____ and continuing through 11:59 PM _____.
(Departure Date) (Return Date)

Said named person shall have all the powers and authority over my/our son/daughter that I/we would have if I/we were present. Upon telephone notification to me/one of us, said person shall also have authority to send my/our child home for any reason.

Parent/Guardian's Signature Parent/Guardian's Signature

On this, the _____ day of _____, 20_____, before me, the undersigned officer, personally
appeared _____/_____ known to me (or
satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and
acknowledged that _____ executed the same for the purposes therein contained.

State of: _____

County of: _____

In witness where of I here do set my hand official seal

Notary Public