

Life Connection Ministries
Missionary Application- Team member
South Africa: Summer 2018

Please Print:

Passport Number: _____ Expiration Date: ____ / ____ / ____

Legal Full Name _____ Same as passport? (Y/N) _____

Address _____

City _____ State _____ Zip _____

Contact: Cell _____ Email _____

Date of Birth _____ Marital Status: _____ Single _____ Married

Name of Spouse _____

IN CASE OF EMERGENCY PLEASE CONTACT: (someone not travelling with you)

Name _____ Relationship _____

Address _____
(Street) (City) (State)

Phone _____ Email _____

Spiritual Reference:

Current or Previous Church Contact information:

Church Name: _____

Address: _____

Pastor (Rev.) _____ Phone: _____

Spiritual Background:

Water Baptized as an adult? (Y/N) _____ Approx. date: _____

Date of spiritual birth: _____

What are your spiritual gifts? _____

Please indicate the ministries you are (and have been) involved with in your church? (Men, Kids, etc.)

HEALTH PROFILE:

Legal Name _____

Doctors Name _____ Phone No. _____

Insurance Provider: _____ Group No. _____

Policy # _____ Insured Name _____

Date of Last:

Physical Exam _____ Tetanus Booster _____

List Allergies:

Medications _____ Food _____

Other _____

Do you have any of the following? Please check: (X)

Diabetes Yes ___ No ___

Hypoglycemia Yes ___ No ___

Asthma Yes ___ No ___

High Blood Yes ___ No ___

Epilepsy Yes ___ No ___

Heart Disease Yes ___ No ___

Do you have any other chronic or ongoing health conditions? Yes ___ No ___

If yes please describe: _____

Are you currently taking any prescription medications? Yes ___ No ___

If yes please list all _____

Please bring a two weeks supply of these medications in the original container

Do you have any diet restrictions? Yes ___ No ___

If yes please describe _____

Immunizations: Copy of the Certificate of Vaccinations will be required by LCM. Please contact your Physician or the County Department of Health and Human Services (Travel Dept) for the recommended immunizations for this trip.

To the best of my knowledge, the above information has been answered completely and accurately. In the event that I should become ill or injured while on the mission field, I authorize Willie and Florine Russell of Life Connection Ministries, permission to seek and provide emergency medical treatment for me or my child.

Signature _____ Date _____

Parent / Guardian Signature _____

(Signature required if participant is a student and /or under the age of 18)

WAIVER AND RELEASE STATEMENT:

Legal Name _____

I _____ have made a prayerful decision to travel with Life Connection Ministries to South Africa. Travelling dates will be confirm depending on which group airfare is selected. Tentative dates: Include 7/6 work days; * (ministry Sun-Thurs.)

THESE DATES ARE TENTATIVE:

1. **Depart Wednesday. 5/23 – Return USA Sun. 6/3/18....12 days (-2 travel days)**

I understand that this is a mission trip focused on sharing the Gospel of Jesus Christ. I will be a team member, serving with a servant's heart, so that the Love of God may be exhibited through me to my team members and the people of South Africa. ____ *Initials*

I release Life Connection Ministries from any personal responsibility from accidents, sicknesses, or injuries during the course of, or as a result of the trip. I also release Life Connection Ministries from the responsibility for any lost or stolen possessions that might occur during the trip. I agree to abide by the authority, rules and decisions made by Life Connection Ministries during the course of this trip until I reach my final destination on June 4, 2018. ____ *Initials*

Important Dates: *(please copy this page for payment schedule)*

1. Completed LCM Application due: 11/10/2017 (tentative meeting date)
2. **Non-refundable deposit of \$350 due: 11/10/2017...(reserve group seats)**
____ *please provide copy of valid passport with application.*
3. Estimated cost of flight from Atlanta to Durban via Johannesburg ...+/- \$1,800..* 6/3 joburg
4. Additional cost: SA –City hotel stay /Mission-Team fees \$750

Payment schedule: Total Cost +/- \$2,550 (2,200 + 350 dep.)

- | | |
|----------------------|--|
| 1. Payment 1: | \$300 due 12/16/2017 |
| 2. Payment 2: | \$300 due 1/14/2018 |
| 2. Payment 3: | \$300 due 1/28/2018 |
| 3. Payment 4: | \$350 due 02/18/2018 |
| 4. Payment 5: | \$350 due 03/18/2018 purchase airfare |
| 5. Payment 6: | \$300 due 04/28/2018 |
| 6. Payment 7: | Final Payment \$300.00 due before 05/20/2018 |

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required if participant is a student and/or under the age of 21)

Our lockbox please mail to:

LCM 885 Woodstock Rd Ste 430-#155 Roswell, GA 30075 (678) 234-1798