**Hands of Hope**

**Crossroads Church**

**&**

**High Point Church**

**Dominican Republic Mission Trip**

**2020 Trip dates: July 7 – 14, 2020**

**Applications Due: *March 1*,2020**

**Trip Cost: $1,800 includes: all travel, ground transportation, room & board**

***\*$200 deposit due by March 1, 2020***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | |
| **Information, as appears (or will) on your Passport** | | | | | | | | | | | | | | |
| First Name: | | | | Middle Name: | | | | | | | Last Name: | | | |
| Address: | | | | | | | | | | | | | | |
| City: | | | WI | | | | | | Zip: | | | Phone: | | |
| Primary Cell #: | | | | | | | | | Work #: | | | | | |
| Primary Email: | | | | | | | | | | | | | | |
| Age: | Date of Birth: | | | | | ☐ Male ☐ Female | | | | | | | | |
| Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed | | | | | | | | | | | | | | |
| Spouse’s Name: | | | | | | | | | | | | | | |
| Spouse’s Occupation: | | | | | | | | | | | | | | |
| **Personal Reference**  **Needs to be a Pastor, bible study leader, mentor, small group leader or ministry leader you**  **serve with.** | | | | | | | | | | | | | | |
| Name: | | Cell: | | | | | | | | Email: | | | | |
| How do they know you? | | | | | | | | | | How long have they known you? | | | | |
| **Education** | | | | | | | | | | | | | | |
| Are you presently attending school? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If “yes”, ☐ High School ☐ College | | | | | | | Name of school: | | | | | | | |
| Degree/Major: | | | | | | | Year of graduation: | | | | | | | |
| **Experience** | | | | | | | | | | | | | | |
| Employer: | | | | | | | Occupation: | | | | | | | |
| Location: | | | | | | | How long: | | | | | | | |
| **Additional skills and hobbies:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Do you speak any foreign languages fluently? Which language?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Travel Information** | | | | | | | | | | | | | | |
| Have you traveled internationally? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Where/when: | | | | | | | | | | | | | | |
| Do you have a current USA passport? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Expiration Date of passport? | | | | | | | | | | | | | | |
| ***Child Sponsorship*** | | | | | | | | | | | | | | |
| Do you sponsor a child through **Hands of Hope**? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If yes, please complete: | | | | | | | | | | | | | | |
| Name | | | | | | | Community | | | | | | | |
| Name | | | | | | | Community | | | | | | | |
| Name | | | | | | | Community | | | | | | | |
| Name | | | | | | | Community | | | | | | | |
| Name | | | | | | | Community | | | | | | | |
| **Team Information** | | | | | | | | | | | | | | |
| How did you first hear about **Hands of Hope’s** short-term team ministry? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Brief Essay Questions** | | | | | | | | | | | | | | |
| Have you ever been on a mission trip before? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If so, where did you serve, how long was your trip and what did you do? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| *What were your two most positive experiences?* | | | | | | | | | | | | | | |
| *1.* | | | | | | | | | | | | | | |
| *2.* | | | | | | | | | | | | | | |
| *What were your two most negative experiences? How would you handle something similar*  *on this trip?* | | | | | | | | | | | | | | |
| *1.* | | | | | | | | | | | | | | |
| *2.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Why do you want to serve on this short-term mission team? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| What do you see as your strongest character quality and why? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| What do you see as your weakest character quality and why? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| What are the most significant events that have occurred in your life in the last 2 years? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| If you are in a dating/engaged relationship is that person applying to serve on this mission  team? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| **Living Out Your Christian Faith** | | | | | | | | | | | | | | |
| In what area is God currently working in your life? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you attend church weekly? ☐ Yes ☐ No  If not weekly, how many times in a month do you attend either High Point or Crossroads Church? | | | | | | | | | | | | | | |
| In what capacity and in what ministries do you regularly serve? (Greeting, Ushering, Youth, Children’s, Worship Arts, Women’s Ministry, Men’s Ministry) Who oversees you in that role? Please give name and best contact #. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please describe your personal relationship with Jesus Christ and when you came to a  saving faith in Him. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Who is the Holy Spirit to you and how is He at work in your life today? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you know your Spiritual Gifts? If so, what are they? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| During our time in the Dominican Republic, you might participate in personal evangelism.  How comfortable are you in sharing your faith with others?  Have you ever shared your testimony in front of a group? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | |
| **Health Insurance Company:** | | | | | | | | | | | | | | |
| Policy Number: | | | | | | | | Group Number | | | | | | |
| Policy under the name of: | | | | | | | | | | | | | | |
| Will your insurance cover you internationally? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If no, have you purchased travel Insurance? | | | | | | | | | | | | | | |
| Date of last tetanus Shot: | | | | | Date of MMR shot: | | | | | | | | Blood type: | |
| Have you ever suffered from a serious illness, had surgery or been hospitalized? | | | | | | | | | | | | | | |
| ☐ Yes ☐ No If yes, please explain. | | | | | | | | | | | | | | |
| **Emergency Contact Information** | | | | | | | | | | | | | | |
| Name of Contact: | | | | | | | | Relationship to you: | | | | | | |
| Phone Number: | | | | | | | | Email: | | | | | | |
| **Medication** | | | | | | | | | | | | | | |
| Are you using any medications? ☐ Yes ☐No If yes, please complete the following | | | | | | | | | | | | | | |
| Name: | | Dose: | | | | | | Name: | | | | | | Dose: |
| Name: | | Dose: | | | | | | Name: | | | | | | Dose: |
| Name: | | Dose: | | | | | | Name: | | | | | | Dose: |
| Do you have known **environmental allergies** about which we should know?  ☐ Yes ☐ No If yes, please explain. **Epi Pen?** ☐ Yes ☐ No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you have any **food allergies** or dietary restrictions? ☐ Yes ☐ No If yes, please explain.  **Epi Pen?** ☐ Yes ☐ No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Please check any that apply:** | | | | | | | | | | | | | | |
| ☐ Asthma ☐ Seizures ☐ Heart Problems ☐ Diabetes ☐ Fainting spells | | | | | | | | | | | | | | |
| ☐ Eating disorder ☐ Cancer \* ☐Sleep Disorder | | | | | | | | | | | | | | |
| *\*If YES to Cancer, do you have limitations to sun exposure?* *☐ Yes ☐ No* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Are you currently receiving medical treatment or under medical observation for anything? | | | | | | | | | | | | | | |
| ☐ Yes ☐ No If yes, please explain. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Have you been treated for, or are you currently being treated for emotional difficulties? | | | | | | | | | | | | | | |
| ☐ Yes ☐ No If yes, please explain. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you have any other limitations or significant health conditions which might affect your  Involvement with Hands of Hope or about which your physician would want us to know? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you have any limitations to strenuous physical work? ☐ Yes ☐ No If yes, please explain. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you have any chest, joint or back pain? ☐ Yes ☐ No If yes, please explain. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Have you ever suffered from Heat Stroke? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Do you have problems related to prolonged heat exposure? ☐ Yes ☐ No, | | | | | | | | | | | | | | |
| If yes, please explain. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Have you ever tested positive for an infectious disease? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If yes, which one and when. | | | | | | | | | | | | | | |
| **Participant’s Agreement** | | | | | | | | | | | | | | |
| **Please *initial* the blanks indicating you agree with the statements below:** | | | | | | | | | | | | | | |
| **\_\_\_\_\_I understand that submission of the application does not mean I have been selected for the team. If not selected, my deposit will be returned to me. The team will be selected by March 8, 2020.** | | | | | | | | | | | | | | |
| \_\_\_\_\_I will attend ALL team meetings scheduled by the team leaders. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I will not complain during the project and will do my best to have a servant’s attitude at all times. | | | | | | | | | | | | | | |
| \_\_\_\_\_I will obey the leadership on my project. | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I will not use bad language, alcohol, drugs or tobacco while on this trip in any context. | | | | | | | | | | | | | | |
| \_\_\_\_\_I will follow safety precautions during the trip. | | | | | | | | | | | | | | |
| \_\_\_\_\_I will remember that I have come here to serve and learn. I may run across procedures I feel are inefficient, or attitudes that I find closed-minded. I will be open to learning other people’s methods and ideas. | | | | | | | | | | | | | | |
| \_\_\_\_\_I will remember to be inclusive in my relationships. | | | | | | | | | | | | | | |
| \_\_\_\_\_I will respect the work of **HOH** in the Dominican Republic through its employees,  ministry partners, local agencies, and others with whom we will be working. | | | | | | | | | | | | | | |
| \_\_\_\_\_I realize that our team will be in the Dominican Republic for a short time, but  **HOH** will remain in the communities and complete the work that has been started by our team. | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I will respect the leadership of **HOH**, their knowledge, insights and instructions. | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I will NEVER wander away from the group. | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I will not touch, pet or hold any animal regardless of how cute it is. | | | | | | | | | | | | | | |
| **\_\_\_\_\_**I understand that the use of alcohol, drugs or tobacco and/or failure to honor Christ in my behavior with my teammates and the Dominicans are grounds for my immediate removal from this team. I understand that I will be flown back to the US at my own expense on the first available flight. | | | | | | | | | | | | | | |
| **Child Protection** | | | | | | | | | | | | | | |
| Is there any reason you should not work with or be around children? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Have you ever been, or are you currently, the subject of child abuse, child neglect, or a domestic abuse allegation or investigation? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Have you ever been the subject of, or found guilty of a criminal or civil offense?  ☐ Yes ☐No | | | | | | | | | | | | | | |
| Are there any judgments against you currently pending? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Have you ever been or are you currently involved in a program for any of the following?  Chemical addiction ☐ Yes ☐No | | | | | | | | | | | | | | |
| Anger Management ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Harassment ☐ Yes ☐ No | | | | | | | | | | | | | | |
| Pornography ☐ Yes ☐ No | | | | | | | | | | | | | | |
| *If you have answered yes to any of these questions, please speak with either* | | | | | | | | | | | | | | |
| *Mike Beresford @ High Point or Pastor Doug @ Crossroads* | | | | | | | | | | | | | | |

**Team Meetings**

**All team meetings prior to the trip are mandatory. Dates to be determined.**

**Each team member is responsible for raising funds equal to the price of his/her trip, funds to be paid in full by April 13, 2020. Failure to meet this deadline will result in the applicant not being able to participate in the mission trip. As per IRS statutes and rules, all funds already donated are non-refundable.**

**Participant Agreement**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature of Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

If you have questions please feel free to call or e-mail Vicki (608.469.0503; vickihellenbrand@gmail.com)