

Be **A** HERO

Missions Trip to Brazil

APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS

Name: (Mr, Mrs, Miss) _____
(as it appears on your passport)

Home phone: _____ Work/Cell phone: _____

Email address: _____ Fax: _____

Passport Number: _____

Address: (Please print as this should appear on a mailing label for your country)

Birth date: _____ (MM/DD/YY) Gender: Male Female

Marital Status: Single Married Separated Divorced

CHURCH BACKGROUND

Current church _____

Denomination _____

Senior Pastor's name (if you are not the Sr. pastor) _____

Is the Senior Pastor/Minister of your local church body in agreement with your plans?

Yes No

How long have you served at this church? _____ Year(s) _____ Month(s)

What position do you serve in church? (Please be detailed)

Have you been on a missions trip before? (Please specify) _____

PERSONAL HEALTH HISTORY

Note: All information provided will be kept in strictest confidence; however anything pertinent will be shared with the Team Leaders who will have responsibility for you during your trip.

Any current illness or mental/emotional conditions? Specify:

Are you presently under the care of a doctor for any condition? Specify:

Are you taking medication at this time? Specify: _____

Are you allergic to any medications? Specify: _____

Do you have any physical impairments, handicaps or health conditions which require special ~~Attention~~ consideration? Specify:

How would you describe your temperament? _____

Do you have any food allergies that we should know of? _____

How would you rate your health? Excellent Good Fair Poor

If you chose "Fair" or "Poor" to describe your health, please explain why:

INFORMATION

How did you hear about this Mission Trip? Friend Conference
 Advertisement Web page
 Other _____

REFERENCES

If you are not the Senior Pastor or Minister of your local church body you will need to get the attached Pastoral Reference completed by your pastor. We want to invite his/her counsel and input with regards to your application.

Please note: *Your application will not be processed until we have received this reference form (if needed). Please ensure that your reference completes and sends it into our office as soon as possible.*

LIFE HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET. PLEASE USE A CLEAR PRINTING STYLE OR TYPE USING YOUR COMPUTER. ANSWER AS COMPLETELY AS POSSIBLE.

- a. Take a paragraph to describe the current state of your relationship with the Lord.
- b. Take a paragraph to describe your ministry / giftings.
- c. Take one paragraph each to describe your relationship with your mother and with your father.
- d. Describe your relationship with the rest of your family.
- e. What are your reasons for wanting to attend this trip? (Please include spiritual and ministry goals.)
- f. Are you currently facing any personal or ministry-related crises? (Please describe)
- g. What are the main challenges/crises that you have encountered in your life? (Please describe)
- h. Have you received ministry/healing related to the above questions? (Please describe)
- i. If you are married, does your spouse support your participation?
- j. Do you speak any languages other than English? (Please specify)

EMERGENCY CONTACT

Name: _____

Address: _____

Contact Phone number: _____ Relationship to you: _____

Signature of Parent if under 18: _____

MEDIA RELEASE

During the missions trip photographs and video footage may be taken, and subsequently used in advertising, promotional materials, web page and publications. In signing below you fully authorize Be A HERO to use video or photographs taken of you.

I authorize Be A HERO to use any photographs or video footage in any publicity material.

Signed: _____

Signature of Parent if under 18: _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that the fees must be made in Canadian or US dollars, in full, by 27 June 2007.

Signature _____ Date _____ (MM/DD/YY)

Special note regarding personal expenses: All personal expenses are your responsibility, i.e. personal transportation, supplies, phone calls, medical fees, spending money and laundry expenses.

HEALTH INFORMATION

MEDICAL COVERAGE IS ESSENTIAL.

After your acceptance, we will require proof of adequate medical insurance. Note to Canadians: your basic Canadian Medical Service Plan is not adequate for travel outside of Canada – you will need to purchase a short-term travel insurance policy.

Medical Insurance Provider: _____ Policy #: _____

FEES

I enclose \$150 (US) non-refundable deposit, and agree to pay the balance (\$1,350 US) by 27 June 2007.

Signed: _____

Signature of Parent if under 18: _____

PLEASE RETURN COMPLETED APPLICATION TO

#6 – 1155 KLO Rd.
Kelowna, BC V1Y 4X6

OR FAX/EMAIL

Fax: (250) 717-1013

Email: schools@beahero.org

Be A HERO

Missions Trip To Brazil

LETTER TO SENIOR PASTOR

Dear Pastor,

Be A HERO is hosting a missions trip to Brazil. You have been given this form by one who wishes to attend.

The purpose of this mission trip is for each individual to help change and be changed. God is moving powerfully at this hour in Brazil, and now is the time for this generation to experience how He is moving in the midst of the broken. It is a place where youth can learn to minister to the poor, sick, dying and to other youth and to experience how God can move in a supernatural way through normal people. This trip is a time to go deeper with the Father, and learn to minister like Jesus.

With this in mind we would be grateful if you could complete the attached reference form so we can assess if this trip is right for the applicant.

All information on this form is confidential.

We are looking forward to hearing from you.

In the Father's Love,

Wesley and Stacey Campbell,
Founders, Be A HERO

Be **A** HERO

Missions Trip To Brazil

SENIOR PASTOR'S Reference Form (Confidential)

(To be completed by applicant)

Name of Applicant _____
Home Church _____
Denomination _____
Address _____
Home phone: _____ Work phone: _____
Email address: _____ Fax: _____
Senior Pastor's Name _____

(To be completed by Pastor)

1) How long have you known the applicant? ____ Month(s) ____ Year(s)

2) How well do you know the applicant?

Very well Well Casually By Sight Only

Comments: _____

3) What role(s) does the applicant fulfill in the church?

4) How long has the applicant been serving in this/these roles?

5) What is the level of responsibility involved in this/these role(s)?

6) Overall, what do you consider to be the applicant's strong points?

7) Are you aware of any significant character issues or weak points? (please describe)

8) Do you have any reservations about the applicant attending this trip at this time?

To the best of my knowledge the above information is correct.

Signature _____ Date _____(MM/DD/YY)

Thank you for your time and help with this application.

If you have any questions or concerns you would like to discuss, please call Karen (Trip Coordinator) at (250) 717-1013 or email her at schools@beahero.org

Please return form to:

**Be A HERO
#6 – 1155 KLO Rd.
Kelowna, BC
V1Y 4X6**

Fax: (250) 717-1013