



Mission Trip
Application



Mission Trip Application

Do you want to go on a mission trip that will impact an entire nation for Jesus?

More than three thousand years ago, a prophet asked an intriguing question, “Can a nation be saved in a day?” (Isaiah 66:8). We believe the answer is “Yes!” In July of 2017, a team of evangelists, a multitude of missionaries, and hundreds of local churches will join together to make this prophecy a reality in the nation of Belize. Will you help us bring hope to those who need it the most?

Our Goal is Bring the Hope of Jesus Christ to Every Person in Belize!

* Every District: Festival Events will take place in each district in Belize. Corozal, Orange Walk, Belize, Cayo, Stann Creek, and Toledo will each host an evangelist and his team.

* Every Age: 50% of the population in Belize is under age of 17, 65% is under age of 25, 75% is under the age of 35. We want to bring hope to every age group, starting with the children and the youth of Belize.

* Every Language: 53% of Belize speaks Spanish, 30% of Belize speaks English, 17% of Belize speaks Creole. No matter what language you speak, you are welcome!

* Every Need: Medical teams will help the sick. Food will be given to the hungry. Training will be provided for the churches. Business Seminars will help the economic sector.

On Saturday - July 22, 2017 thousands of people from across the nation of Belize will gather together in Belize City for a historic day of music concerts, X-tream sports, fun, games, and a message about the hope that can only be found in Jesus Christ.

Will You Join the Festival Team? We Need Your Help!



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Join the Team

Dates of the Trip: July 16-24, 2017

Cost: If you would like to go on this trip, the cost is \$2,300 which includes your airline ticket, food, lodging, transportation, bottled water and meals.

First Step: Please fill out the application and send it in along with a \$150 non-refundable deposit due with your application.

Payment Due Dates:

The first installment of \$550.00 is due on/before Nov. 30, 2015

The second installment of \$400 is due on/before Dec. 31, 2015

The third installment of \$600 is due on/before March 31, 2016

Final Installment of \$600 is due on/before June 12, 2016

For more information, visit: www.BelizeFestival.com



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(Please print or type)

Date: _____

(Please write your name as it is found on your passport)

First name: _____

Middle name: _____

Last name: _____

Nickname (name you are known by) _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Facebook Page: _____

Mission Trip you are applying for: _____ Dates: _____

What are the top three cities you could fly out of?

Personal Info

Gender (circle one): Male Female

Age: _____ Date of Birth: _____

Marital Status: _____

Name of your spouse: _____

Do you have kids? _____

Height: _____ Weight: _____

T-Shirt Size: _____

Emergency Contact (Someone who is not traveling with you):

Name: _____ Phone Number: _____



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Citizenship and Passport Info

Are you a citizen of the United States? _____ Yes _____ No

Do you have a passport? _____

Passport number: _____

Expiration date of your passport: _____ / _____ / _____

If you do not have a US passport, please indicate the country of your passport: _____

Do you have a green card? _____

Do you require a special visa to live in the USA? _____

If so, what kind of visa? _____

Ministry Interests:

What type of ministry are you interested in participating in? (Please check all that apply.)

Drama: _____

Puppets: _____

Music: _____

Street Evangelism: _____

Prayer walking: _____

Preaching: _____

Youth ministry: _____

Kids ministry: _____

Ministry of helps: _____

Prayer ministry: _____

Clowning: _____

Friendship evangelism: _____

Business Seminar: _____

Leadership Training: _____

Previous Missions Experience

Have you ever been on a mission trip before?

Who did you go with? _____

Where did you go? _____ Year: _____

Do you speak a foreign language? If yes, indicate which:

_____ Beginner _____ Speak and read some _____ Fluent, can translate

Have you ever led praise and worship? _____

Which instruments do you play? _____

Other ministry talents: _____



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All forms can be completed, scanned and emailed to our Missions Director:

Amy Wilderom:
amyarney@hotmail.com
918-850-6104

Or Mailed to:

King Ministries International
PO Box 701113
Tulsa, OK 74170

Please include:

- * A \$150 non-refundable deposit with your application. (Please be aware that we cannot process your application without the deposit.)
- * A recent photo of yourself.
- * The Medical Release forms.

Tax Deductible Receipts are available for you and your donors. In order for individuals to receive tax credit for their donations, contributions must be made out to King Ministries International and not to you as an individual.

Collect the checks from your supporters and send the checks to us with your name on a note, not on the checks. King Ministries International will record how much you have raised and we will send your supporters a tax-receipt at the end of the year.

Monies for the trip will be non-refundable, this is due to scheduling and pre-payments the ministry must make to secure your trip - Thank You for your Understanding.



Medical Release Form

KING MINISTRIES STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY, AND AUTHORIZATION TO PARTICIPATE IN MISSIONS TRIP

The agreement must be signed and returned to King Ministries International. If the participant is not 18 years of age or older, the Agreement also must be signed by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participants' inability to participate in the Mission Trip.

I, _____, have agreed to be a Participant in the Mission Trip sponsored in whole or in part by King Ministries International. In consideration of being allowed to participate in this mission trip, I hereby state and agree as follows:

1. Standards of Conduct

A. I agree to abide by KMI's conduct regulations and the directions of the Group Sponsor and his or her designees. I understand that the group sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the Mission Trip at any time for failure to comply with such standards. KMI reserves the right to decline to retain me on the Mission Trip at any time should my actions or general behavior impede the Mission Trip, or the rights and welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of KMI, I understand that I may be required to leave the mission trip at the sole discretion of KMI's agents and representatives. I understand that if my participation in the mission trip is terminated by the group sponsor, I will be sent home with no refund of fees. If I am sent home before completion of the mission trip, I understand that I will be responsible for any and all costs and expenses associated with my return home.

B. I acknowledge and understand that, while I am a participant, I am responsible for my own behavior and any legal or financial consequences just as I would be at home.

2. Institutional Arrangements I understand that KMI does not represent or act as an agent for, and can not control the acts of omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the mission trip. I understand that KMI is not responsible for matters that are beyond its control. I hereby release KMI from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. Program Changes I understand that KMI reserves the right to make cancellations, substitutions, or changes to the mission trip in its sole discretion, with or without notice, and that KMI shall not be liable for any loss to the Participants by reason of any such cancellation or change. KMI is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or KMI makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. KMI reserves the right to substitute hotels or accommodations or housing or a similar category at any time. If I become detached from the mission group, fail to meet a departure vehicle, airplane, boat, or train, I will at my own expense seek out, contact, and reach the mission group at its next available destination.

4. Independent Activity I understand that, if I choose to travel independently before, after or during my free time in the mission trip, such travel will be unsupervised by KMI's agents or employees. I agree that KMI and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

5. Health and Safety

A. I hereby represent and warrant that I am and will be covered throughout the mission trip by a policy of com-



Medical Release Form

prehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience, while in the program, and; and I release and absolve KMI of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during, and after the duration of the mission trip. I understand that this Travel Insurance policy is required and that I will purchase it as a part of the mission trip cost.

B. I understand that KMI will assist in providing information regarding health insurance for participants, and that KMI requires mission trip participants purchase the Travel Insurance for minimum insurance coverage. I also understand, however, that I am responsible for ensuring that I am adequately covered by health and accident insurance including periods before, during, and after the duration of the mission trip. Evidence of emergency contact information and any information I want KMI to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment, and emergency medical evacuation is attached to this agreement.

C. I agree that KMI, through its agent and employees, may take whatever action is deemed necessary with respect to my health and safety, I authorize KMI and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

D. I agree to report to the group sponsor, as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while traveling.

E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the mission trip. I recognize that KMI is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, before, after, or during the mission trip, KMI is not responsible for the cost or quality of such treatment or care.

6. Assumption of Risk and Release of Claims

A. I hereby acknowledge my awareness that my participation in the mission trip may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness, and criminal acts as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLY AND PRUDENTLY WITH RESPECT TO MATERS OF PERSONAL HEATH AND SAFETY.

I understand and acknowledge that KMI assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of KMI, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodation, restaurant, transportation, or other services or any substitution of hotels or of common carrier or other circumstances beyond KMI's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights,

