

## LifeWay Mission Trip Application

Location and date of the trip for which you are applying: \_\_\_\_\_

Full Name as it appears on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Departure City and Airport (if not Nashville): \_\_\_\_\_

.....  
*If LifeWay Employee, MSN:* \_\_\_\_\_ *Manager's Name:* \_\_\_\_\_

*If part-time Employee, how many hours do you work?* \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

.....  
If you are not a LifeWay employee, how did you hear about the trip?

\_\_\_\_\_  
Give a brief description of the work you do at LifeWay or your employment: \_\_\_\_\_

### RESPONSIBILITY

For international trips, a part of the cost you are paying covers the purchase of medical and medical evacuation insurance available through Adams & Associates. While LifeWay is not responsible for benefits paid under the insurance plan, you are designating LifeWay to file claims and communicate with the insurance company if needed. Occasionally a participant may decide to arrive early or stay longer at the international destination for a few days of personal/vacation time. These additional days are not part of the mission trip and the Adams & Associates insurance will not cover claims or respond to situations which arise during these additional days.

LifeWay Christian Resources is acting only in the capacity of agent and facilitator in matters of transportation and mission operations. LifeWay assumes no responsibility for injury, damaged or lost of property, or other losses/expenses caused by delays, sickness, quarantine, airlines, other transportation companies, or from other individuals, companies, or circumstances not controlled by LifeWay. LifeWay reserves the right to make alterations in the itinerary. LifeWay also reserves the right to accept, decline, or retain any person as a member of the mission trip at any time.

Please sign below to indicate you have read and understand this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## HEALTH QUESTIONS

**Note:** The mission trip will require that all participants be physically and emotionally able to endure very difficult, strenuous and demanding conditions. A participant may be required to furnish a statement from his/her physician that they are able to withstand these kinds of third world conditions.

Do you have any chronic or current health problems that might be affected by the environment and living conditions in a third world country?  Yes  No

If yes, please give a brief description:

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Have you ever had any serious injury or illness?  Yes  No  
 If yes, please explain on a separate sheet.

Are you currently receiving medical treatment or evaluation on a regular basis?  Yes  No  
 If yes, please explain on a separate sheet.

Are you currently taking medication(s)?  Yes  No  
 If yes, please list with reason for usage on a separate sheet.

Do you use alcohol?  Yes  No Tobacco?  Yes  No

Have you ever had, or have you now, any of the following?  Yes  No  
 If yes, please explain on a separate sheet.

- |                          |                          |                                      |                          |                          |                              |
|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|------------------------------|
| <i>Yes</i>               | <i>No</i>                |                                      | <i>Yes</i>               | <i>No</i>                |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | (1) Frequent and/or severe headaches | <input type="checkbox"/> | <input type="checkbox"/> | (2) Dizziness or fainting    |
| <input type="checkbox"/> | <input type="checkbox"/> | (3) Convulsions                      | <input type="checkbox"/> | <input type="checkbox"/> | (4) Nervous Breakdown        |
| <input type="checkbox"/> | <input type="checkbox"/> | (5) Mental Problems                  | <input type="checkbox"/> | <input type="checkbox"/> | (6) Visual Problems          |
| <input type="checkbox"/> | <input type="checkbox"/> | (7) Asthma                           | <input type="checkbox"/> | <input type="checkbox"/> | (8) Allergies                |
| <input type="checkbox"/> | <input type="checkbox"/> | (9) Epilepsy                         | <input type="checkbox"/> | <input type="checkbox"/> | (10) Hearing Difficulties    |
| <input type="checkbox"/> | <input type="checkbox"/> | (11) Heart Problems                  | <input type="checkbox"/> | <input type="checkbox"/> | (12) High/low Blood Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | (13) Breathing Problems              | <input type="checkbox"/> | <input type="checkbox"/> | (14) Digestion Problems      |
| <input type="checkbox"/> | <input type="checkbox"/> | (15) Back or Neck Problems           | <input type="checkbox"/> | <input type="checkbox"/> | (16) Joint Problems          |
| <input type="checkbox"/> | <input type="checkbox"/> | (17) Foot Problems                   |                          |                          |                              |

**Blood Type:** \_\_\_\_\_ (must have before your application is submitted)

Your date of birth (for insurance purposes) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact names, e-mail addresses, and telephone number(s) (Please submit at least one). Periodic e-mails will be sent to these family members to update them while you are away on your trip.

Name & Relationship	E-mail Address	Home Phone	Cell Phone

Beneficiary name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TESTIMONY

In which of these areas do you feel God has gifted you? (Please check)



- |   |   |                                       |                                   |
|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Public speaking              | <input type="checkbox"/> Personal evangelism/witnessing | <input type="checkbox"/> Preaching    | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Music Performance/leadership | <input type="checkbox"/> Youth leadership               | <input type="checkbox"/> News writing |                                   |
| <input type="checkbox"/> Photography                  | <input type="checkbox"/> Other Skills _____             |                                       |                                   |

Church to which you belong: \_\_\_\_\_

Address of Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Pastor: \_\_\_\_\_

Church ministry in which you are involved: (Example: Sunday School teacher, work with GA's/RA's, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**MISSION TRIP EXPERIENCE**

- Have you ever completed Cross Cultural Training offered by LifeWay, a local church, association or entity such as a seminary or a mission agency?  Yes  No
- Have you ever gone on a LifeWay mission trip?  Yes  No
- Have you ever gone on a mission trip other than through LifeWay?  Yes  No

If you have gone on a mission trip, briefly describe your involvement and where you served:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Testimonies** are very important, because they are gifts that God uses to reach others with His grace and love. Please tell how Christ came into your heart as Lord and Savior. Also, please share your reasons for wanting to participate in this mission project:

Please use reverse side or additional page if more space is needed.

Flexibility is a primary pre-requisite for such a project as this. Do you feel you have this attribute?  Yes  No

**Risk**

I understand that any mission trip includes an inherent level of explicit and implicit risk. Travel accidents, sickness, and injuries are among these risks. Further, I have reviewed the information about the mission trip country found on the Consular Sheets produced by the U.S. State Department at the following Web site ([http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1765.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html)). I knowingly accept the risks of participating in this mission trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Statement of Belief

- I affirm that there is only one true and living God revealed to us as the Holy Trinity – Father, Son, and the Holy Spirit. I affirm that salvation is offered freely by God to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for the believer.
- I affirm that Jesus Christ is our only way to heaven, and that there is no other power under Heaven or earth by which we can be redeemed.
- I believe that Jesus Christ is fully God and fully man.
- I affirm that the Holy Bible is the divinely inspired word of God.
- I believe in the virgin birth of Jesus Christ.
- I believe that my atonement for sin was paid in full through Jesus Christ’s death on a cross, and I believe that Jesus was resurrected from the dead.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**A recommendation from your Pastor is required:**

I whole-heartedly recommend \_\_\_\_\_ as sound in his/her faith and spiritually  
equipped to serve on this volunteer project. Volunteer’s name

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Date

Please print pastor’s name. \_\_\_\_\_

.....  
Thank you for completing this application. You will be contacted as soon as your application has been approved by our Review Committee.

If you have questions please call 615.277.8163 or e-mail [ernest.mcaninch@lifeway.com](mailto:ernest.mcaninch@lifeway.com).

Please send this application to:  
Ernest G. McAninch  
LifeWay Christian Resources  
One LifeWay Plaza  
Nashville, TN 37234-0149

v **This application must be submitted with a \$50 non-refundable deposit.**