



Go Ministries, Inc.

Mission Trip Application Packet

Application Instructions:

All participants must realize they are not only committing to the dates of the trip, but they are also required to participate in mandatory spiritual preparation sessions, skill training meetings, and other activities deemed necessary by the team leaders or directors. Therefore, please complete the following indicating that with the Lord's help, you have counted the cost and are willing to sacrifice your time and energy in preparation for the trip. Every form contained within the application packet must be received by the GMI office **BEFORE** the application is accepted and approved.

Return the Following to GMI:

- ☐ GMI Mission Trip Application
- ☐ \$150.00 non-refundable deposit
- ☐ Scanned copy of passport photo & signature pages (needed for visa application) emailed to goministriesinc@gmail.com
- ☐ Passport photo scanned and emailed to goministriesinc@gmail.com or attach original photo (needed for visa application - photo requirements can be found at <https://travel.state.gov/content/passports/en/passports/photos.html>)
- ☐ Confidential Screening Form
- ☐ Statement of Health & Medical Release Form (if needed)
- ☐ Mission Trip Consent & Release Form
- ☐ Character Reference Form (please provide your character reference with a stamped return envelope addressed to GMI)
- ☐ Trip payments (including airfare costs), any donations received directly, and misc. fees for optional purchases: tours/safari, etc.

Fill out and return with a legible copy of the photo page of your passport, along with a passport photo for your visa application. Anyone under the age of 18 at the time of travel must submit a Minor Travel Permission Form.

Submit packet to: Go Ministries, Inc., 221 Switch Road, Calhoun, Georgia 30701

YOUR NAME:	DATE:
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FOR OFFICE USE ONLY:		
Deposit Received:	Check #:	
1 st Payment Received:	2 nd Payment Received:	
3 rd Payment Received:	Final Payment Received:	
Visa Received:	Character References Received:	

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Participant Information *(Legal Name as it appears on passport)*

Last Name: _____ First Name: _____ Middle: _____
Date of application: _____ I prefer to be called: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Cell (____) _____ E-mail: _____
Parent/Spouse's Name: _____ Cell (____) _____ E-mail: _____
Passport # _____ Country of Citizenship: _____ Previous citizenships: _____
Place & Date of Issue: _____ Expiration Date: _____
Date of Birth: _____ Age: _____ Place of Birth: _____ Gender: _____

IMPORTANT: *Your passport MUST be valid for at least 6 months AFTER the end of the trip. If you do NOT have a passport, you need to apply for one as soon as possible.*

Church Experience

Church Name: _____ Are you a member? ☐ Yes ☐ No Attend regularly? ☐ Yes ☐ No
Address: _____ City: _____ State: _____ Zip Code: _____
Pastor's Name: _____ Phone Number: _____
I regularly participate in: ☐ Sunday School ☐ Small Groups ☐ Other - _____
In what ways are you currently serving in the church, other ministries, or community? _____

I practice the spiritual discipline of personal prayer and Bible study. ☐ Regularly ☐ Occasionally ☐ Seldom ☐ Never

What spiritual truth has the Lord impressed or stressed upon you most recently? _____

If you were to die today, do you know for certain you would go to heaven? ☐ Yes ☐ No ☐ Hope so

If God were to ask you why He should let you into His heaven, what would you say? _____

Briefly share your personal testimony (use a separate piece of paper if necessary). _____

Mission/Field Experience

Are you an ordained pastor or lay preacher? ☐ Yes ☐ No

I would you be willing and able to: ☐ share a devotion ☐ teach ☐ preach ☐ speak (share testimony/Gospel, etc.)

Foreign language(s) I speak: _____ Proficiency: ☐ Fluent ☐ Good ☐ Fair

Please share any special skills or abilities you would like to use during the campaign: (e.g. teaching, evangelism, singing, drama, guitar, medical, etc.) _____

Have you ever been on an international mission trip? ☐ Yes ☐ No If so, where? _____

In what type of ministry did you participate? _____

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Why do you want to go on this mission trip? _____

What do you hope to see God accomplish in your life through this trip? _____

Do your friends and family endorse you going on a mission trip? If no, please explain briefly. _____

Is there anything else we should know about you (special needs, phobias, allergies, etc)? _____

Character Reference

The following pages are to give to your Character References (2). Your reference should be someone that knows you well and can answer questions about your spiritual maturity – a pastor, small group leader, spiritual mentor, Bible Study leader, accountability partner, not a family member. Please fill in your name at the top of the form.

Reference's Name: _____ Phone: _____

Reference's Name: _____ Phone: _____

*****Please provide your reference with a stamped return envelope addressed to:**

Go Ministries, Inc., 221 Switch Road, Calhoun, Georgia 30701***



**"Go Into
All the World
Sharing God's
Love and
the Gospel of
Jesus Christ"**

Mission Trip Character Reference Form

The following individual is applying to go on an international mission trip with GMI. Thank you for agreeing to serve as a reference, your insight is very important to us. You should have received a stamped envelope to return this recommendation directly to our office. Please answer the following questions to the best of your ability and be as candid as possible in your responses. Please rest assured your responses will remain in the strictest confidence. Thank you for your time and may God bless you abundantly!

Trip Applicant's Name: _____

If additional space is needed to respond, please use the back of form.

1. How long have you known this person? _____
2. How well do you know this person? ☐ very well ☐ fairly well ☐ casually ☐ barely
3. Does this person show evidence of a growing personal relationship with Christ? ☐ yes ☐ no In what ways?
If not, please explain. _____

4. On a scale of 1-5 (5 = Excellent and 1 = Poor) How would you rate this person on the following:

	5	4	3	2	1		5	4	3	2	1
Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Servant's heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

5. Are you aware of any addictions or bondages, such as tobacco, alcohol, drugs, pornography, food, etc. that the applicant may have in their life? ☐ yes ☐ no If so, please explain. _____

6. What strengths have you observed in the applicant that will allow him/her to contribute positively to this trip?
Any weaknesses or concerns? _____

7. Based on my knowledge of the Applicant and the information I have given, this Applicant is:

☐ Recommended ☐ Recommended with reservation (as noted) ☐ Not recommended at this time

Reference's Signature _____ Date _____

Relationship to Applicant _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Go Ministries Inc.

221 Switch Road | Calhoun, GA 30701 | (770) 548-1369 | Fax (706) 383-8307

goministriesinc@gmail.com | www.goministriesinc.com  



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Trip Applicant's Name: _____

If additional space is needed to respond, please use the back of form.

1. How long have you know this person? _____
2. How well do you know this person? ☐ very well ☐ fairly well ☐ casually ☐ barely
3. Does this person show evidence of a growing personal relationship with Christ? In what ways? If not, please explain. _____

4. On a scale of 1-5 (5 = Excellent and 1 = Poor) How would you rate this person on the following: _____

	5	4	3	2	1		5	4	3	2	1
Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Servant's heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. Are you aware of any addictions or bondages, such as tobacco, alcohol, drugs, pornography, food, etc. that the applicant may have in their life? If so, please explain. _____

6. What strengths have you observed in the applicant that will allow him/her to contribute positively to this trip? Any weaknesses or concerns? _____

7. Based on my knowledge of the Applicant and the information I have given, this Applicant is:
☐ Recommended ☐ Recommended with reservation (as noted) ☐ Not recommended at this time

Reference's Signature _____ Date _____

Relationship to Applicant _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

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Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Confidential Health History

(This information is for the purpose of evaluation the applicant's health so that Go Ministries, Inc. is prepared to assist you and medical personnel in the event of an emergency. This information will be held in the strictest confidence. Please submit this form with your packet. Thank you for your cooperation!)

Name _____ Birth Date _____

In an emergency, contact _____ Phone (_____) _____

Relationship _____ 2nd Phone (_____) _____

Name of Primary Physician _____ Phone (_____) _____

PERSONAL HISTORY: Please answer all questions. Explain any "YES" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

	No	Yes		No	Yes
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis/autoimmune	<input type="checkbox"/>	<input type="checkbox"/>
Lung or breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Joint replacement	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Irritable Bowel	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headache	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	STD/HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Chronic Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Severe Cramps	<input type="checkbox"/>	<input type="checkbox"/>
Drug Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Flow	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	_____	

ARE YOU TAKING ANY OF THE FOLLOWING?

	No	Yes
Anticoagulants (blood thinners)	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure medication	<input type="checkbox"/>	<input type="checkbox"/>
Cortisone (steroids)	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsants (seizure medication)	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/other drugs to control diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid hormone	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerin	<input type="checkbox"/>	<input type="checkbox"/>
Digitalis or other heart medication	<input type="checkbox"/>	<input type="checkbox"/>
Hormone supplements	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives or antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>
Any other regular medication	<input type="checkbox"/>	<input type="checkbox"/>

IN THE PAST 2 YEARS HAVE YOU?

	No	Yes
Been admitted to a hospital	<input type="checkbox"/>	<input type="checkbox"/>
Been in an accident	<input type="checkbox"/>	<input type="checkbox"/>
Been under medical care	<input type="checkbox"/>	<input type="checkbox"/>
Been under psychiatric care	<input type="checkbox"/>	<input type="checkbox"/>
Seen a counselor regularly	<input type="checkbox"/>	<input type="checkbox"/>

List any other disease, condition or problem we should know about: _____

Explain any YES answers _____

List any known allergies (Drug, Foods, Contact with substances, Animals, Insect Bites/Stings) and necessary treatment: _____

Has your reaction ever required emergency room care: Yes ☐ No ☐ Do you travel with an EpiPen: Yes ☐ No ☐

Are you currently under a doctor's care? _____ If yes, explain _____

Do you have any medical restrictions or handicaps for which we need to make provisions? _____ If yes, explain _____

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Do you have a history of counseling or psychiatric treatment? _____ If yes, explain _____

Would you rate your current health condition as: ☐ Excellent ☐ Good ☐ Fair ☐ Poor (explain) _____

Blood Type: _____ Do you wear glasses or contacts? _____ ☐ glasses ☐ contacts

List all prescription and non-prescription medications you are taking: _____

Have you ever had any of the following **COMMUNICABLE DISEASES**?

Chickenpox <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Measles <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Rubella <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Meningitis <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____	Diphtheria <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Pertussis <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Scarlet Fever <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____	Tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Other <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Specify _____
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Have you had any of the following **VACCINES**? (attach copy of shot record if available)

Diphtheria <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Hepatitis A <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Measles <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Hepatitis B <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Monkeypox <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Influenza (Flu) <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Yellow Fever <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____	Lyme Disease <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Measles <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Meningococcal <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Pneumococcal <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Smallpox <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Tetanus <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____	Tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Typhoid Fever <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Poliomyelitis (Polio) <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Rubella (German Measles) <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Pertussis (Whooping Cough) <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ Varicella (Chickenpox) <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____
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Any other special medical information we should know: _____

Sign and return this form with the rest of your application package!

Signature _____ Date _____

If you are under a doctor's care for a serious condition, please talk to your doctor about your participation in a foreign mission trip and have him/her sign the following medical release statement and return to GMI.



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Mission Trip

STATEMENT OF HEALTH & MEDICAL RELEASE FORM

I _____ affirm that _____
(Physician’s Name) (Patient’s Name)

is a patient of this practice. _____ is
(Patient’s Name)

medically, physically and mentally able to travel and participate in activities
of the _____ Short Term Mission Trip

scheduled for _____.
(Dates of Mission Trip)

Physician’s Signature

Date

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Mission Trip Policy Agreement

Realizing the following elements are crucial to the effectiveness, quality and safety of our campaign together, as a member of the mission team, I agree to:

1. Attend all team preparation meetings as scheduled by my team leader.
2. Give my permission to Go Ministries Inc. to use any oral or written comments made by, and any photographs or videos taken of, the participant for promotional purposes.
3. I understand and authorize that my address and e-mail address can be added to GMI mailing and contact lists.
4. Be responsible for my own trip expenses, which include travel, room and board. I will adhere to payment schedule unless GMI grants an extension. I understand I am also responsible for all personal expenses, such as phone calls, excessive baggage charges, sightseeing excursions, souvenirs, etc.
5. I understand that certain expenses such as the cost of my airline tickets are not refundable. If I should cancel my participation in the trip after this purchase has been made, I will not be reimbursed and no moneys that have been receipted as tax exempt can be returned to me by the organization.
6. Give GMI authorization to purchase travel insurance on my behalf for this trip.
7. I understand that as a GMI participant that I am expected to travel internationally with the GMI Mission Team. By signing below I give my permission to GMI and their travel agent to make my domestic and international travel arrangements from my city of departure. I understand that I am responsible for payment of any travel arrangements made on my behalf by GMI and their travel agent.
8. Be responsible for my own belongings at all times and must account for checked baggage at all checkpoints and/or transfers. In addition, members may be required to check and transport team-related items. These items become the responsibility of members just as their own belongings.
9. Abstain from the consumption of alcoholic beverages or the use of tobacco or illegal drugs while on the trip.
10. Remember that I am a representative of GMI, my country, my church and the Lord Jesus Christ. I will avoid behavior that would draw attention to myself or reflect poorly on those I represent.
11. Remember that I am a guest working at the invitation of a local pastor or missionary. I will be polite and low-key, avoid loud conversations and arguments. I will never, NEVER laugh at the traditions of others or give the impression of making fun of them. If my hosts are offended by bare arms, shirtless backs, or exposed legs, I'll cover them. If they offer me goat stew, I'll try it! I'll remember the missionary's prayer: "Where you lead me I will follow, what you feed me I will swallow!"
12. Respect the host's view of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a new setting.
13. Remember that I have come to learn, not teach. I may run across procedures that I feel are inefficient, or attitudes that I find closed-minded. I'll resist the temptation to inform our hosts about, "how I do things". I'll be open to learning other people's methods and ideas.
14. Develop and maintain a servant's attitude toward all nationals and my teammates.
15. Refrain from gossip, bad attitudes and backbiting. I will at all times, remember to be encouraging and positive in my conversations with others, even those I may find challenging to myself.
16. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, instead of whining and complaining, I'll try to be creative, cheerful, teachable and supportive. The popular saying on most mission trips is "hurry up and wait", be flexible; we are on THEIR time.
17. Respect the work that is going on in the country with the particular church or person(s) we are working with. I realize that our team is here for just a short while, but the local church/missionary is here for the long term. I will respect their knowledge, insights and instructions.
18. Remember not to be exclusive in my relationships and to refrain from any activity that could be construed as romantic interest towards a fellow team member or a national. I realize certain activities that seem innocuous in our culture may seem inappropriate in others. Unmarried couples will refrain from all public displays of affection.
19. Respect my team leader(s) and his/her decisions out of obedience to Christ. Refrain from criticizing the requests of leaders. If you have a complaint, bring it to the team leader in confidence.
20. Refrain from negative political comments or hostile discussions concerning our host country's politics.
21. Follow the code of conduct described in this document and other requirements set forth by GMI leadership. GMI reserves the right at all times to discipline, deny participation, or terminate participation in any trip or event when this agreement is not honored.

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

Team Member Commitment

I understand that this faith endeavor will take a considerable amount of time and energy. I have prayerfully counted the cost, as much as I know my own heart, I am willing to make this sacrifice. I also understand that I will be required to submit to the team leadership as well as abide to all of the stipulations of the Mission Trip Policy Agreement. I am willing to do so out of reverence for Christ. I understand that this includes participation in required meetings and devoting myself to the preparation of this trip. I understand that refusing to submit to the authority of this team or honor my commitment could result in early termination of my participation and I will be sent home at my own expense.

Participant Signature _____ Date _____

Sign in the presence of Notary Public

Parental Consent

I/we hereby state that I/we, _____, am/are the lawful custodial parent(s) or legal guardian(s) of _____ (child's legal name), a minor child, born _____ (day) _____ (month) _____ (year), in _____ (city) _____ (county) _____ (state);

U.S. Passport Number: _____ Date and Place of Issuance of U.S. Passport: _____

I hereby grant permission for said child to travel to _____ (country) on _____ (dates of trip)

My child will be accompanied by (legal name): _____

U.S. or foreign passport number _____ Date and Place of issuance: _____

During that period, _____ (Child's Name) will be residing at _____

Street address: _____ City, State/Province, Country: _____

Telephone and fax numbers (work, cell phone and residence) _____

I have discussed this application with my son/daughter and reviewed his/her answers and I support their application. I accept the responsibility of prayerfully encouraging my child's participation in all required meetings and to meet his/her financial obligations of the trip. I also understand that if my child fails to raise the necessary funds or to attend the required meetings, my child will be unable to participate in the trip. If my child is sent home for any reason, I assume the financial burdens associated with a pre-mature return.

Parent/Guardian Signature _____ Date _____

Sign in the presence of Notary Public

Participant Liability Release and Medical Consent

In consideration of my participation on this mission trip, I represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment, foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Go Ministries, Inc. leaders or their agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. Whereas (I/my child), _____ wishes to participate in a short-term mission trip conducted by Go Ministries, Inc. (GMI), traveling to and staying in the country of _____; and whereas unforeseen circumstances and situations may occur resulting in my child or myself needing medical or dental care and treatment, and further recognizing that I, the undersigned parent or guardian, may not be available or able to give my personal consent at the time of required treatment or care for my child or myself as may be determined by medical professionals practicing in the above country, I do hereby give my permission, consent and authority to GMI personnel to act in my behalf with the same force and effect that it would have had if I had personally given the consent.
4. I understand that this short-term trip entails a risk of physical injury and may involve extreme climates, high altitudes, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world. I certify that I am in good health and physically able to perform this type of work.

Please Complete the Following Questions

(Use additional pages if necessary. Remember to type or print clearly in ink!)

5. I understand that I am engaging in this GMI Short-term trip at my own risk. I am aware of the hazards and risks to myself and property associated with this. I have read the U.S. State Department's Travel Advisory (if any) for this country found at www.travel.state.gov. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage, which I may sustain while involved in this project, and related medical costs and expenses.
6. In the event that GMI arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for accommodations at that time.
7. I hereby give my permission to use any oral or written comments made by, and any photographs or videos taken of, (myself/my child) for GMI promotional purposes in printed form, social media or on the GMI website.
8. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Go Ministries, Inc., together with their board members, trip leaders, agents, or volunteer, harmless from any and all causes of action arising from my participation in this mission trip for any reason including but not limited to any negligent act or acts of GMI., their board members, trip leaders, agents or volunteers which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

Participant's Signature

Sign in the presence of Notary Public

Parent/Guardian Signature

Sign in the presence of Notary Public

Parent/Guardian Signature

Sign in the presence of Notary Public

NOTARY PUBLIC

State of _____

County of _____

The following named person(s), _____, personally

Legibly print name of each person signing this document

appeared before me and is/are personally known by me or proved on the basis of satisfactory evidence of identification to be the person(s) whose name(s)

is/are signed on this document in my presence on this _____ day of _____, _____.

(month)

(year)

Given as witness by my hand and official seal:

Notary Public Signature (Seal)

My Commission expires _____