



**Application for Lincoln Heights Christian Church Global Compassion Trip**

- Complete this application to the best of your ability and return it ASAP, but no later than \_\_\_\_\_
- Agree to submit to a background check.
- Interview with a Missions Team Leader or Pastor. (Interviews will take place between \_\_\_\_\_ & \_\_\_\_\_)
- (You will be contacted to set up an appointment within 48hrs of when your application is received.)
- Receive acceptance to a team (after applying & interviewing you will be notified)
- Raise full cost by deadline set (fundraise and/or pay your own way). Preferable raise ½ your trip cost.
- Pay \$100 deposit non-refundable deposit upon acceptance.
- Be able to communicate via email.
- Attend and actively participate in all Lincoln Heights Mission team training days/events (dates will be given to you upon your acceptance to the team); 3-4 large group trainings (half days), 1 all day (8hr) training, Purchase and study any required reading books for discussion.
- Complete all documentation on time.
- Obtain a passport (cost is your responsibility) & apply for visa online (if required instructions will be given).
- Obtain required health clearance and/or shots (cost is your responsibility and can run upward of \$300, depending on country and requirements).

*Please print clearly when answering the following questions.*

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

If you are married and your spouse is also applying, we need a separate completed application from each of you. You cannot apply together on one application.

Preferred contact phone number (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Is this a cell number? \_\_\_\_ Can you receive texts \_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I have a valid passport, and it does not expire within six months of my mission trip **YES NO**

I have included a color copy of my passport with this application **YES NO**

Passport Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

State you were born in/or country if other than USA

All trips that include minors (under 18 years) require adults (18 years and older) to have a background check on file. If minors travel on my team I am willing to submit to a background check **YES** **NO**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Any and all aliases you may have \_\_\_\_\_

## Spiritual Information

Please describe how you came to know Jesus.

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Please describe your current relationship with Jesus, or in other words, your personal God Story.

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Please briefly describe your involvement at Lincoln Heights including any volunteer experience, attendance, ministry, community groups, service opportunity or ministries.

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What kind of spiritual accountability do you have in your life?

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Are you willing to allow others to speak God's truth into your life? **YES** **NO**

Briefly describe any previous cross-cultural experience you have had.

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Briefly describe why you would like to participate in a Lincoln Heights compassion trip. Please include if you have any fears, concerns, or reservations.

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## Personal History

Have you ever been dismissed from a trip, previous team, convicted of a felony, or had problems with drugs or alcohol? **YES** **NO** If yes Please explain.

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Please describe how you see yourself working on a team (including strengths and weaknesses).

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Please list any professional or special skills and/or training you have.

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Please describe any medical conditions that may limit or affect you in stress-related, physical, or cross-cultural settings (i.e. allergies, asthma, bad joints, depression, etc.).

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Please list any and all allergies:

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## Working With Minors

At Lincoln Heights, we seek to have an uncompromising devotion to God. Our desire is to provide the best environment possible for children, youth and others to grow spiritually. Because of this we believe we have the responsibility to ask the following questions. Any person who may pose a threat to children or youth will be prohibited from working with any minors. Please don't let this section deter you from completing this application. Contact us if you have any special questions or concerns. We look forward to serving with you.

Have you had any painful experiences in your life that have helped you or may hinder you from a productive ministry with children? **YES NO** If yes, please explain.

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Have you at anytime been arrested for any reason, been convicted of or pleaded no contest to, any crime? **YES NO** If yes please explain.

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Have you ever been engaged in, been accused of, arrested, or been convicted of any kind of child molestation, exploitation or abuse? **YES NO** If yes, please explain.

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Are you aware of any traits or tendencies you have that may pose a threat to children, youth or others? **YES** **NO** If yes, please explain.

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Are you aware of any reason why you should not work with children, youth or others? **YES** **NO** If yes, please explain.

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Describe to us your use of alcohol, tobacco and drugs.

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## References

Please complete all three references that are not relatives or employers. It is very important to fill out this section completely as we will be requesting letters of recommendation from each person you list. If you already have a letter of recommendation from one of those listed, please submit with the application.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I \_\_\_\_\_, have filled this application out and is  
(please print your name)

correct to the best of my knowledge. I authorize Lincoln Heights Christian Church or its representative to contact my references, or appropriate government agencies in order to verify my character and fitness for serving and/or working with children. I authorize any churches listed in this application to give Lincoln Heights Christian Church any information they may have regarding my character and fitness for serving and/or working with children. I release all such references from liability from damage that may result from furnishing such information to Lincoln Heights Christian Church.

Should my application be accepted, I agree to be bound by the policies of Lincoln Heights Christian Church, and to refrain from unscriptural conduct in performance of my services on behalf of the church.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_