

AHADI EMPOWERMENT ACADEMY MISSION TRIP

Please read this entire document before filling out the application.

Complete the application, medical release, and identification agreement, return them with \$ _____ deposit to the Team Leader.

Consider the Cost of Short-Term Missions

Fund-raising is an integral part of your short-term mission experience. Don't let money keep you from applying for a short-term trip. God could be waiting for an opportunity to show you how big He is!

Here are some inevitable costs that are your personal responsibility and separate from the cost of the mission trip.

DEPOSIT & BALANCE

The \$ _____ deposit that is submitted with your application is your responsibility.

PASSPORT & VISA

Required for all trips out of the continental U. S. Apply now for your passport & VISA To obtain a passport, you will need a certified birth certificate, two passport photos and a driver's license. In addition, you will need to pick up/download and fill out a passport application form and turn in or mail to appropriate governing body for processing with the U. S. Passport Agency. All of this can cost \$65 - \$100, depending on when you apply. You should allow six to eight weeks for your passport to arrive. Further passport services and information is available:
http://travel.state.gov/passport_services.html

VISA applications can be found on <http://immigration.ecitizen.go.ke> current VISA costs are \$52

IMMUNIZATIONS/PREVENTATIVE MEDICATIONS

The Ahadi Academy supports the immunizations & preventative medications that are recommended by the Center for Disease Control. Please consult your physician to determine which vaccinations are recommended. Many of the immunizations can be done at the local Community Health Department.

Vaccinations are not included in the price of the trip.

Choose a provider at least 4–6 weeks before your trip to allow time for shots to take effect

STATEMENT OF FAITH

Statements of faith are important. They provide an objective system to help us understand where churches stand. This is a shortened version of our Statement of Faith, for the application process. Our entire system of belief is based on the Bible. We believe that scripture in its entirety originated with God and was intended for use by man in all matters of faith and conduct. Therefore simply put, we believe everything the Bible teaches. The Bible teaches that God is the Sovereign Creator and the Lord of all that exists. The Bible teaches that sin separates us from God. The Bible teaches that Jesus Christ is God's eternally existing son. The Bible teaches that the Holy Spirit is God who comes to live within every believer at conversion. The Bible teaches that Human Beings, though created in the very image of God, have chosen to disobey God by sinning. The Bible teaches that Salvation is purely the act of God.

POLICIES & PROCEDURES

If you are interested in participating in a short-term mission trip with Ahadi Academy please read the following:

You must submit this **completed application AND a \$_____ deposit before your application** will be processed and reviewed. In the event your application is not accepted, your \$_____ will be returned to you.

☒ Participants must adhere to rules outlined in the Team Covenant and Statement of Faith. Please read it before applying.

☒ No one will be considered or accepted as a team member until a completed application and deposit are received.

Your application will be reviewed and a personal interview may be required. You will be notified by the Ahadi Academy Team Coordinator as to the status of acceptance.

☒ **Short-term mission trips can be rewarding and life-changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.**

☒ You will be notified of **acceptance. Once accepted, team members are expected to attend ALL team meetings, if applicable**

All trip costs are the team member's responsibility and due as agreed upon by your Team Leader. Your Team Leader will provide ideas that suggest ways to raise financial support; however, if full support is not raised, the balance is your responsibility.

☒ If you are unable to participate in your trip, the Team Leader must be notified, and Ahadi Academy Mission Team Coordinator must receive cancellation notice as soon as possible. You may be responsible for all trip costs. Monies put towards mission trips are contributions, and the **Internal Revenue Service prohibits the refund of contributions**, however you can transfer the contributions to someone else's trip expense.

Some trips may be prohibitive for certain physical conditions. Please make your team leader aware of these conditions.

Team members will be given information regarding passports and vaccination recommendations from the team leaders. **Passport and vaccination costs are not included in the trip costs and are the responsibility of the team member.** Team members assume the responsibility and liability for their personal health decisions.

AHADI TEAM COVENANT

I will.....

1. Remember that I am representing Jesus Christ. I will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer, "Where you lead me I will follow; what they feed me I will swallow."
3. Respect the Ahadi Academy view of Christianity recognizing that Christianity has many faces throughout the world and that the purpose of this trip is to experience faith lived out in a new setting.
4. Develop and maintain a servant attitude toward all nationals as well as my teammates.
5. Respect my team leader(s) and his or her decisions.
6. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the blessings of conquering such circumstances are invaluable. Instead of whining and complaining, I'll be creative and supportive. I will be FLEXIBLE!
7. Attend all team meetings before the trip as well as any follow-up meetings.
8. Observe and practice the Statement of Faith included in this packet.
9. Refrain from the teaching or practice of any belief that would not be endorsed by Ahadi Academy.

Signed: _____ Date: _____

APPLICATION

The information on this form will be kept confidential and is for use by the Ahadi Academy Ministry only.

Personal Data (Please print or type)

Legal name: _____
(Last) (First) (Middle)
(As it appears on your passport)

Address: _____
(Street) (City) (State) (ZIP)

Email Address: _____

Home Phone: () _____ Work Phone: () _____

Place of Birth: _____ Date of Birth: _____

Age: _____

_____ Male _____ Female

Marital status: __ S __ M __ D __ W

Occupation:

Please describe your Work experience, education, skill set and any pertinent information regarding work experience related to missions.

Do you have a criminal record? _____ Yes _____ No (If yes, please explain)

CHURCH/MINISTRY INVOLVEMENT

Are you a regular church attender? _____ Yes _____ No _____ How long?

Have you served in a ministry? _____ Yes _____ No

Describe Ministry:

SKILLS & TALENTS

Please write the appropriate CODE next to your skills/talents.

CODES:

AVG= Average:

GOOD = Better than average

PROF = Professional

I. CONSTRUCTION

- _____ A. Carpentry
- _____ B. Painting
- _____ C. Masonry/Carpentry
- _____ D. Roofing
- _____ E. Electrical
- _____ F. Plumbing
- _____ G. Other _____

V. MEDICAL

- _____ A. Nursing
- _____ B. Physician
- _____ C. Dental
- _____ D. E.M.T.
- _____ E. C.P.R.
- _____ F. Therapy
- _____ G. Counseling

II. BUSINESS

- _____ A. Computers
- _____ B. Accounting
- _____ C. Education/teacher
- _____ D. Other _____

VI. MUSIC

- _____ A. Instrument (type) _____
- _____ B. Vocal
- _____ C. Other

III. SPORTS

- _____ A. Basketball
- _____ B. Baseball
- _____ C. Soccer
- _____ D. Softball
- _____ E. Volleyball

VII. OTHER

PERFORMANCE

- _____ A. Juggling
- _____ B. Clowning
- _____ C. Puppetry
- _____ D. Drama
- _____ E. Other

What position do you play? _____

Coaching experience?

IV. MINISTRY EXPERIENCE

_____ A. Teaching Ages: _____

_____ B. V.B.S.

_____ C. Crafts

PERSONALITY PROFILE

1. Have you completed the SPIRITUAL GIFTS? Yes _____ No _____ If so, what are your top three spiritual gifts?

2. Describe how OTHERS view your personality:

3. Describe your personal STRENGTHS:

4. Describe your personal WEAKNESSES:

5. Are you comfortable sharing your faith with others? _____ Yes _____ No

6. Describe yourself:

_____ introvert

_____ extrovert

_____ Intuitive

_____ fact oriented

_____ feeling

_____ thinking

_____ Perceptive

_____ decisive

MISSION EXPERIENCE

Outline the mission trips you have taken, if applicable. Include how long you were on each trip, where you went, and what impact each trip had on your life.

Trip Name/Year/Impact

Trip Name/Year/Impact

My Personal Relationship with Jesus Christ & Mission Goals

1. When did you become a Christian?

2. Describe your personal relationship with Jesus Christ.

3. Why would you like to participate in this trip?

4. What would make this mission trip a success for you?

I understand and agree to the following policies:

1.) I have included my \$_____ deposit that is due with this application and I understand that the deposit and all contributions are not refundable.
2.) If I cancel, I may be responsible for full payment of the trip.
3.) I have read and signed the Team Covenant and Statement of Faith. I will adhere to both if accepted to the Short-Term Mission Team.
4.) I commit to attending and participating in the meetings pertinent for the trip that I've applied for.

Signature

Date

SHORT-TERM MISSIONS MEDICAL INFORMATION & RELEASE

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home #: () _____ Work #: () _____

Medical Insurance Provider: _____

ID # _____ Group # _____

Will your medical insurance cover you out of the country? _____

Travel Insurance Coverage _____ YES _____ NO
(Strongly advised)

Name of Primary Physician: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Emergency Contact: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____

Please check if you suffer from any of the following medical conditions

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Migraines
<input type="checkbox"/> Seizures	<input type="checkbox"/> Insect Allergies	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Depression	<input type="checkbox"/> Asthma

Physical limitations: _____

List Current Medications: _____

List Medical & Food Allergies: _____

In a life or limb threatening emergency, I give my permission authorizing a licensed physician to hospitalize, anesthetize & perform necessary surgery. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ Date: _____