

CHRISTIAN LIFE CENTER

INTERNATIONAL MISSIONS APPLICATION

Christian Life Center, A Foursquare Church | 9085 California Avenue, Riverside, CA 92503
Office 951-689-6785 | Email info@rtinc.org | RestoringTouch website www.RTInc.org
Jack & Jane Lankhorst, Pastors

Please print clearly.

1. Name of the country to be visited _____

2. Dates _____

3. Applicant's name as it appears on your passport _____

_____ Age _____

4. Passport number & expiration date _____

Important: A photocopy of your passport must be attached to this application

5. Finances

Do you have your round trip fare to this country? ☐ Yes ☐ No

Do you have the personal funds required while in this country? ☐ Yes ☐ No

6. Missions training (What training or experience have you had on the mission field?) _____

7. Language(s) you speak _____

8. Why do you desire to go on this missions trip? _____

9. Other information

Are you born again? How long? _____

Describe your strengths _____

What church do you regularly attend? _____

Name of the Pastor & phone number _____

10. Driver's license number _____ State _____

11. Social Security Number _____ - _____ - _____

12. Date of birth - Month _____ Day _____ Year _____

13. Occupation _____

14. Home address

Street _____

City _____ State _____ Zip _____

15. Phone numbers

Home (_____) _____

Work (_____) _____

Cell (_____) _____

16. Personal reference (not a relative) _____

Relationship _____ Phone (_____) _____

Street _____

City _____ State _____ Zip _____

17. Marital status ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Widow/er

18. Spouse (If married)

Full name _____

Date of birth - Month _____ Day _____ Year _____

19. Medical

Have you ever had any major physical ailments? ☐ Yes ☐ No

Specify _____

Do you require medical or dental services? ☐ Yes ☐ No Medication? ☐ Yes ☐ No

Explain _____

List all current allergies, medical conditions and medications _____

Are all your immunizations current (Malaria, etc.)? ☐ Yes ☐ No

Specify _____

Doctor's name _____

Phone number (_____) _____

Important: A photocopy of your medical insurance card/information must be attached to this application

20. In case of an emergency, notify:

Name _____ Relation _____

Phone (_____) _____

Street _____

City _____ State _____ Zip _____

19. Christian conduct

As a member of the short-term missions team sponsored by Christian Life Center, I agree to:

- Honorably represent Christ's Kingdom and Christian Life Center.
- Abstain from all alcohol and any other conduct.
- Be accountable by team leader and fellow team members during the missions trip.
- Serve with a joyful heart and attitude wherever I'm needed.

20. I have read and understand this information.

Signature _____ Date _____

Signature of legal guardian if under 18 _____

22. Is the Parent Consent Form(page 5) completed if under 18? ☐ Yes ☐ No

Comments:

MEDICAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in various programs, events or activities outside the United States operated or sponsored by Christian Life Center, A Foursquare Church.

I understand and acknowledge that the Church will not allow me to participate in the activities without releasing and holding the Church harmless from any liability arising out of my participation in the activities. I have investigated the risks involved in my participation in the activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, and even death.

I release Christian Life Center, its leadership and membership and the International Church of the Foursquare Gospel from expenses of any kind growing out of or relating to the activities in which I participate. I understand that this is a full and complete release of all injuries, and damage, which I may sustain as a result of my participation in the activities of this missions trip.

In the event I suffer an injury or condition during my participation in the activities, including transportation to and from the activity, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable to make an informed decision regarding such treatment, I hereby appoint _____ as my agent to act for me and in my name to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Signed _____ Dated _____

Signature of legal guardian if under 18 _____

Print Name _____

PARENTAL CONSENT FOR (TRIP) _____

I (we) _____ are the legal
guardians of _____ and authorize
my/our minor child(ren) _____ to travel with
Christian Life Center's Missions Team to _____
on (dates) _____

In addition, I (we) authorize _____ to consent to any
necessary routine or emergency medical treatment during the aforementioned trip.

Signed (Parent) _____ Date _____

Signed (Parent) _____ Date _____

Address _____

Cell _____ Other phone _____

Please call 951-689-6785 or visit www.hopi.org or www.RTInc.org for more information.

Notes: