

CHRISTIAN LIFE CENTER

## U.S. MISSIONS APPLICATION

Christian Life Center, A Foursquare Church | 9085 California Avenue, Riverside, CA 92503  
Office 951-689-6785 | Email [info@hopi.org](mailto:info@hopi.org) | Native Ministry [www.hopi.org](http://www.hopi.org)  
Jack & Jane Lankhorst, Pastors

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Please print clearly.

1. Destination \_\_\_\_\_

2. Dates \_\_\_\_\_

3. Applicant's name as it is on driver's license \_\_\_\_\_

4. Driver's license number \_\_\_\_\_ State \_\_\_\_\_

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

5. Finances

Do you have finances to cover this trip (Hotel, food, personal)? ☐ Yes ☐ No

6. What training or experience have you had on the mission field? \_\_\_\_\_

\_\_\_\_\_

7. What are you believing God to do for you and through you on this missions trip?

\_\_\_\_\_

8. Other information

Are you born again? How long? \_\_\_\_\_

Describe your strengths \_\_\_\_\_

\_\_\_\_\_

What church do you regularly attend? \_\_\_\_\_

What are the areas in which you serve there? \_\_\_\_\_

9. Date of birth - Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

10. Occupation \_\_\_\_\_

11. Home address

Street \_\_\_\_\_

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

12. Phone numbers

Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

13. Parental Consent on page 5 is required if applicant is under 18

14. Personal reference for applicant (not a relative) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_

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

15. In case of an emergency, notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_

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

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

17. Spouse (If married)

Full name \_\_\_\_\_

Date of birth - Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

18. Medical

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

Specify \_\_\_\_\_

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

Explain \_\_\_\_\_

List all current allergies, medical conditions and medications \_\_\_\_\_

Are all your immunizations current (Tetanus, 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

**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 \_\_\_\_\_

## 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](http://www.hopi.org) or [www.RTInc.org](http://www.RTInc.org) for more information.

Notes: