

APPLICATION

JULY 22 - JULY 29
2017



MISSION

NICARAGUA



LIVING HOPE
CHRISTIAN CHURCH
240-20 Braddock Ave.
Bellerose, NY 11426
(718) 347-2554 Livinghope.cc



Hello Future Teammate,

So, you are considering joining me on this trip? Fantastic! I have had the privilege of serving the Lord on this trip and it was amazing and life changing. You will embark on a trip to Villa Esperanza (Hope Village) to serve in assisting the directors there in serving young women who have been rescued from all kinds of challenges. We might be serving in their school to help rebuild classrooms, and all the while communicating the gospel in deed and word.

The best part about this trip is YOU! You will be able to see how the Kingdom of God is greater than your neighborhood, your city and even your country. You will finally be the blessing of God and in turn you will be blessed as well.



When Isaiah saw the Lord, the Lord asked "Whom shall I send? And who will go for us?" Isaiah responded, "Here I am. Send Me!"

Is it you? Will you answer the call with me, so that we could say together here WE are Lord, Send US!

I hope you will prayerfully consider being a part of this team.

God bless you.

Nehru Grant

Team Leader
Lead Pastor
Living Hope Christian Church

Dear Prospective Trip Participant,

In Acts, Jesus tells us to be His witnesses throughout the entire world – as followers of Christ, we are called to spread the gospel message to those who cross our paths, whether in our community, or beyond our country's borders. I am so thankful and so excited that you are considering joining us on our missions trip to Nicaragua to reach out and serve the community of Managua.

I hope and pray that this trip shows you just how huge of an impact you are capable of having in the life of someone else, and that God shows you just how important you are to His Kingdom and His plans. As you begin considering whether or not this trip is for you, I ask that you begin by taking the following steps:

- **Pray** – Ask God whether or not He wants you to serve Him on this missions trip this summer, or if there are other opportunities awaiting you.
- **Discuss** – Share your desire to go on this trip with others, seek their counsel, and ask them to pray for you.
- **Read** – Go to <http://www.forwardedge.org/opportunities/managua.shtml> and read the information on the trip. Then, read **all** of the information in this packet carefully so you understand what the trip entails.

If after these first three steps you believe that God is, in fact, calling you to Managua with us, then take the next steps in this journey:

- **Pray** – KEEP PRAYING. Prayer is the single most important component to this trip! Throughout all stages, keep praying!
- **Apply** – If you feel that God is leading you to go on this trip, fill out the forms at the end of this packet, and get them to the team leader(s) ASAP, along with a non-refundable \$300 deposit.
- **Get Your Shots & Passport** – This is essential to any international trip. Do not procrastinate! If you already have a passport, be sure it does not expire within 6 months of the **end** of the trip!
- **Fundraise** – Write support letters and send them to friends and family, get involved in the group fundraising activities, get creative! Finances are the key component to any trip, so get started early!
- **Journal** – As soon as you're accepted onto the team, begin keeping a journal and document your adventure, from the fundraising to the Bible studies, to the trip itself! One day, you'll be able to look back on it, and see how much you grew through this experience!
- **Tell** – Share with others (your friends, coworkers, family members...) what God did through you before the trip, and through the trip! Spread the news wherever you go!

I hope and pray that God uses you to do mighty things for His Kingdom through this trip, and that the trip draws you closer to Him and sets your heart on fire for Him.

Sincerely,

Heather Nitschke

Missions Trip Coordinator

Living Hope Christian Church

***But you will receive power when the Holy Spirit comes on you;
and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to
the ends of the earth.***

- Acts 1:8

Mission Trip Requirements

1. All participants must be committed, growing disciples of Jesus Christ.
2. All participants must be at least 16 years old if attending the trip without a parent; participants between the ages of 13-15 **must** be accompanied by a parent or guardian.
3. All participants must actively attend a local church.
4. All participants must attend all meetings, Bible studies, and activities designed for the team. *The dates of these meetings, studies, and activities will be distributed after being approved and accepted onto the team.*
5. All participants must commit to praying daily for the trip in these areas: the team, travel, provisions, the country, the local churches, the people the team will be ministering to, etc...
6. All participants must have a personal prayer team of at least 7 individuals who will pray for them and the rest of the team during the training, the travel, and the actual trip.
7. All participants must meet the financial deadlines listed for the trip. *The dates of the financial deadlines will be made available once the participant has been approved and accepted onto the team.*
8. All participants must secure proper documentation for the trip. Documentation includes: passport, visa, consent letters, liability forms, etc...**PLEASE NOTE:** if you already have a passport, be sure to check that the expiration date is *not* within six months of the return. **Our trip is July 22nd to July 29th, so all passports must be valid through at least January 29th 2016).**
9. All participants must submit to and abide by the rules and guidelines established by the team leader(s).

Financial Requirements

1. Each individual participant is required to raise the amount of money pre-established for the trip: **\$1,700**. The cost includes *transportation, accommodations, meal expenses, and supply expenses for the mission's organization* for the entirety of the trip.
2. Financial contributions to the trip are tax-deductible and non-refundable.
3. A **\$325** deposit is due upon acceptance onto the missions' team, and is non-refundable.
4. Excess funds or contributions raised by a participant will go towards **team expenses**. Due to IRS regulations, we are unable to hold these funds for a person's future missions trips, nor are these funds allowed to be re-designated by you for other purposes within the church.
5. Any unpaid balance of trip expenses is the responsibility of the participant and is expected to be paid **before** the departure of the team. If a participant decides to cancel his or her participation in the trip, that individual will be responsible for any prepaid expenses which cannot be refunded.
6. **PLEASE NOTE:** To secure a position on the team, a non-refundable deposit of \$325 is due **no later** than **February 19th 2017** for each individual going on the trip.

Personal Fundraising

Individuals who feel called by God to participate in a short-term missions trip are responsible for raising the funds necessary to cover the expenses for their trip. You and others may make periodic contributions at any time for the trip. Any financial contributions you make will be tracked by the Mission's Coordinator.

*All checks must be made out to **Living Hope Christian Church**, with a note in the memo line that makes it clear that the money is designated for the missions' trip to Nicaragua. **Do not put the person's name on the check! Instead, please put the person's name on the envelope.** Checks with individual's names on them may not be accepted as tax-deductible.*

The Support Raising Guidelines are listed below:

1. **Support Letter.** Team members are strongly encouraged to write support letters as their primary means of fundraising. The letter should be sent out to friends and family as soon as you are accepted for the trip. *We strongly suggest that you send out support letters only to friends and family members outside the church.* We do not want individual members of the church to become overwhelmed by support letters, or have any issues of "favoritism" arise. Letters to people within the church should be reserved only for people you already have a close, interpersonal relationship with.
2. **Personal Fundraisers.** Think of creative ways you can request the financial support of people by personally serving them. For instance, you can bake cookies, cut grass, rake leaves, shovel snow, babysit, pet-sit, house-sit...**All checks should be made out to Living Hope Christian Church with *Nicaragua Missions* written in the memo-line.** Please remember to instruct the person writing the check *not* to put your name on the check, but rather, on the envelope that contains the check.
3. **Group Fundraisers.** Team fundraising projects will take place in the months leading up to the trip. These group fundraisers will be a way to raise money for the team as a whole, and any extra expenses that might arise for that team. Dates and types of group fundraisers will be available after January 29th 2017.

Sample Support Letter

Dear _____,

I am excited to announce that God has opened a door for me to travel to Managua, Nicaragua in Central America to serve with a group of amazing men and women! I will be traveling with a team from my church from **July 22nd to July 29th**. While there, our group will be traveling to local churches, assisting local schools, and spending time with young girls rescued from human trafficking in a community known as *Villa Esperanza*. We will be performing skits, completing service projects, sharing our testimonies, and sharing the gospel with the men and women we are serving.

Our team is going to be very busy over the course of the next several months as we begin preparing for our trip. We'll be attending weekly Bible studies, rehearsing our skits and dramas, preparing our testimonies, learning the language, and most importantly through all of this, growing as a team. We need people who will pray for us, as well as our team, as we begin preparations, as well as people who can help us shoulder some of the financial expenses of the trip.

Please prayerfully consider becoming a part of my support team. I am putting together a prayer team, and would love if you would prayerfully consider being one of my prayer partners, and financial supporters. Please e-mail me at _____ or call me at 555-555-5555. I am planning to keep my prayer team regularly updated with prayer request, praise reports, and updates through a monthly e-mail.

If you are willing and able to support me financially, know that *all* contributions are tax deductible. Checks should be made out to **Living Hope Christian Church, with Nicaragua Missions** written in the memo line. *The envelope (not the check) should be clearly designated with my name and the name of my trip (Nicaragua).* If the check is designated to **my** name, it may not be acceptable as tax-deductible.

Because we need to meet our deadlines for airfare deposits and other arrangements, I need to have adequate financial support as quickly as possible.

Thank you for your prayer consideration in the matter!

Sincerely,

Luke Skywalker

Above All Else...

In all situations, we are representatives of Jesus Christ, and as followers of Jesus Christ, we are commanded to **GO!** We are commanded to **GO** into the world and preach the gospel. Our missions trip does not begin the moment we step foot off the plane in Nicaragua – it begins long, long before, in the months of preparation leading up to the trip. How we interact with our family, our coworkers, how we behave on social media...How we conduct ourselves is part of our testimony. We must strive to represent Christ in *all* circumstances at *all* times.

In the event that a team member or participant persistently exhibits behavior that is not Christ-like, creates disorder and disunity within the team, and/or grossly misrepresents Living Hope Christian Church, the leader(s) have the right to remove the individual from the team without refund.

Application



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Personal Information

Name: _____ Date of Birth: ____/____/____

Home Phone: _____ Cell Phone: _____

Address: _____ State: ____ Zip: _____

E-Mail: _____

T-Shirt Size (circle one): S M L XL XXL

Christian Walk

How and when did you receive Jesus Christ as your Savior?

Describe your growth in Jesus Christ throughout your walk with Him.

Have you ever been baptized? ☐ YES ☐ NO

Passport Information

*If you do not have a passport, apply for one **immediately**. The process can take several months. Passport applications are available at most post offices. Passports **must** be valid for at least six months after the end date of the trip.*

Your name **exactly** as it appears on your passport:

Passport #: _____

Issue Date: _____ Expiration Date: _____

Birthplace: _____

Agency Issuing Passport: _____

Missions Experience

Previous Missions Experience:

Why do you want to go on this trip?

Do you have any vocational skills (carpentry, baking, computer programming, etc.) that you think will be helpful on this trip? If so, what are they?

Are you a member/regular attendant of Living Hope Christian Church?

[☐] YES [☐] NO

If not, where do you regularly attend church? _____

What church activities are you regularly involved in?

Name two people in your church family that know you well, and would serve as character references on your behalf:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Information

Present Health Condition (circle one): Excellent Good Fair Poor

If you have any pre-existing health conditions, please list them below:

Are you on any medications? [☐] YES [☐] NO

Are you presently covered by health insurance? [☐] YES [☐] NO

Do you have any severe food allergies? If so, to what? (Please list them below).

Do you have any dietary restrictions **related to a pre-existing medical condition?** If so, please list them below.

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Agreement

I have read the Short-Term Missions Trip Information packet, including the policies and guidelines. I understand my responsibilities to the team through the preparations and fundraising for the trip, and am committed to the entire process leading up to the trip.

Signature: _____ Date: _____

Applicant or parent/guardian's signature (please circle)

Waiver & Indemnity Agreement & Authorization for Medical Treatment Form

Name of Participant: _____

For (Name of Event/Trip): _____

Date: _____ City: _____ State: _____

In consideration of your accepting me for participation in the above named program, activity, or sport, I hereby, for myself, my heirs, my executor and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization, its agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity, or spot, I will personally indemnify, defend, or hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

Authorization for Medical Treatment

This release and consent gives Living Hope Christian Church (LHCC) permission to take me or my child to the nearest medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact my emergency contact. However, in case of emergency, if my emergency contact cannot be reached, I hereby give LHCC permission to act on my behalf in seeking medical treatment by qualified personnel for myself or my child in the event that any such treatment is deemed necessary or advisable for my child's health, safety, and welfare. I release LHCC, its staff (paid or volunteer), and all medical providers from liability in acting on my behalf in this regard to rendering such medical treatment.

Note: I understand that my personal insurance is primary. I have read and understand this agreement.

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

Signature: _____ Date: _____
Applicant or parent/guardian's signature (please circle)

Current Medical Condition

List **any and all** medical conditions, allergies, or medical limitations that you or your child are experiencing or have experienced in the past:

Current Medications (Medications must be sent with participant in their original containers)

<u>Medication Name</u>	<u>For</u>	<u>Dosage</u>
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Health Insurance Co: _____ Group Number: _____ Phone #: _____

Insured under who's name: _____ S.S.# of insured: _____

Participant's Primary Care Physician: _____ Phone #: _____

In an emergency, you may call the person listed below in the event an emergency contact cannot be reached:

Name: _____ Phone #: _____

SIGNATURES

By signing, you agree that the above statements are true and that you agree to abide by all of the rules and guidelines set forth by LHCC.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Print Parent/Guardian Names: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____