



MISSION TRIP APPLICATION
Returning Traveler

Please send this form to: **Vision Beyond Borders • PO Box 2635 • Casper, WY 82602 • (307) 333-6545**
After receiving your completed application, we will schedule a follow-up phone call prior to your acceptance on a mission trip.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A DEPOSIT

Date _____

Location of mission trip applying for _____

Date of trip _____

Mr. Miss Mrs. Sex: Male Female

Name as on passport _____
Last First Middle

If you do not have a passport now, you must apply for it and send us the information later. Visa may be necessary for some countries.

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Fax _____ Email _____

PERSONAL:

Marital Status: Single Married Separated Divorced Widowed

Birth date _____/_____/_____ Age _____

Birthplace: City _____ State / Province or country _____

Are you a citizen of the U.S.? Yes No If no, country of citizenship: _____

Are you a resident alien? Yes No If yes, please include a copy of U.S. government authorization

You will need to complete and provide the following:
 Signed and Dated Application
 \$100 Non-Refundable Application Fee (payable to Vision Beyond Borders)
 Medical Form
 Photo-quality copies of passport (if new or renewed)

SPIRITUAL/CHURCH/MISSIONS:

Do you attend church regularly? Yes No Are you a member? Yes No

Have you changed churches in the last two years? Yes No

If yes, why? _____

Home Church/Denomination _____

Pastor's name _____ Phone (____) _____

Address of church _____
Street City/State Zip

Have you served on any mission trips in last two years besides VBB? Yes No

If yes, briefly describe location, date and organization leading trip. _____

What trip did you travel with VBB on? _____

Have you read our Statement of Faith? Yes No

Do you have any questions about our Statement of Faith? Yes No

PERSONAL EVALUATION:

1. What are the most significant events that have occurred in your life in the past two years?

2. In no less than three sentences, what are your goals/expectations for this trip? How will it affect your service to Christ back home? _____

FAMILY:

If married, name of spouse _____ husband wife

Does spouse agree with you going on a mission trip? Yes No

EDUCATION & PREPARATION:

Are you currently attending school? Yes No Where? _____

When do you expect to graduate? _____ With what degree? _____

TRAINING:

What other educational advantages have you had (such as special training, music lessons, travel, etc.)?

Please list any mission courses you have taken: _____

Please list mission-related books and periodicals you have read: _____

In which non-English languages are you able to converse? _____

EMPLOYMENT EXPERIENCE:

What is your current occupation? _____

Present employer (may be contacted) _____

Phone (_____) _____ Email _____

Starting Date _____

HISTORY:

Would you or anyone close to you say you have a weakness with drugs? Alcohol? Tobacco? Yes No

If yes, please briefly explain

Have you ever been arrested? Yes No If yes, when? _____ If yes, please briefly explain

Were you convicted? Yes No

QUESTIONS:

Do you understand that the primary purpose of this trip with VBB is to transport Bibles, Christian literature, and bring aid and as we are doing so, to present a Christian witness in conduct and character, serving as goodwill ambassadors to assist the Body of Christ in the country we visit?

Yes _____ No _____

Do you understand that we are going in a non-political capacity which will require that we avoid politically sensitive subjects (i.e. international controversies, justifying our military involvement in specific countries or criticizing any governmental systems), even though we may have deep personal convictions about these issues, so as not to jeopardize the long-term goals of this mission?

Yes _____ No _____

I, _____ am willing to submit myself to the oversight and leadership of the VBB team leader, and work within the framework of this team, maintaining a spirit of Christian unity and teamwork at ALL times.

Signature

Date

Vision Beyond Borders requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These are explained in the Team Manual, which will be provided to accepted team members. Our trips do involve physical aspects that may be difficult for some. Walking moderate distance, heat tolerance & baggage handling are all capabilities expected of each team member. A more detailed description of each trip is on our Trips web page.

AGREEMENT: I hereby certify that I have read and accept the Statement of faith of Vision Beyond Borders. I certify that the information provided herein is true to the best of my knowledge, and I understand that providing untrue information may be grounds for refusal. If accepted, I will cheerfully dedicate myself to serve as a member of the missionary team of Vision Beyond Borders, and give my fullest cooperation with its policies and practices. I will submit myself to the authority of the Board of Directors, supervising Missionary, and Team Leader.

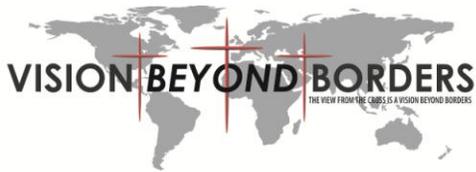
Applicant's Signature

Date

ACCEPTANCE: Once we have received and reviewed your application, we will contact you regarding your acceptance to the team. VBB has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal.

SPONSORSHIP: Each traveler accepted will be responsible to raise the needed support for the trip. Contributions toward mission trip **FLIGHTS** may be treated as tax-deductible gifts if made out to Vision Beyond Borders with the specification that it is to be used for VBB. All food and lodging funds will need to be raised independently. Contributions may be preferenced to a specific traveler, while VBB has complete discretion and control over the use of all donated funds. Contributions cannot be refunded.

FOR VBB USE ONLY Date received: _____ Decision regarding applicant: Accepted Denied



MEDICAL FORM

Instructions. Please completely fill out the form. If you need more space, use a separate sheet of paper. Every person is required to provide the following information to participate on a mission trip with Vision Beyond Borders

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, please notify (other than parent)

Name: _____ Phone to best reach at: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

HEALTH.

Condition of health: moderately healthy active healthy excellent Height _____ Weight _____

1. Traveling in another country may have variable health resources and require greater physical stamina. Considering this, do you have any health needs, conditions or physical limitations? Yes No

If yes, please explain: _____

2. Do you have issues with any of the following? Please check all that apply.

Altitude/respiratory motion sickness high blood pressure balance

3. Have you had a blood transfusion or engaged in intravenous drug use? Yes No

4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.? Yes No

If yes, please explain: _____

5. Have you ever sought counseling (marital, depression or other)? Yes No

If yes, please describe: _____

6. Have you ever received treatment for drug or alcohol dependency? Yes No

7. Are you under a doctor's care at the present time? Yes No

If yes, briefly describe: _____

8. Has your education/employment been disrupted for any period of time because of a physical problem or nervous disorder? Yes No

9. Are you allergic to any foods, antibiotics or other medications? Yes No

If yes, to what? _____

10. Are you taking prescription medications? Yes No If yes, what? _____

11. Please list all past medical conditions: _____

Health records will be held in strict confidence as with all other materials submitted on application to Vision Beyond Borders. The applicant is to sign below that he/she has read this statement and thereby authorizes Vision Beyond Borders administration to release necessary health information in emergency or life-threatening situations. (If applicant is under 18 years, he/she should have his/her parents or guardian co-sign.)

Applicant Date Parent/Guardian Date



3 STRIKES POLICY

Vision Beyond Borders has adopted a behavior policy for all travelers. Please remember that good communication is essential for preventing and solving problems. If you have any problems or concerns during the trip, do not hesitate to talk with your team lead. It is important to us that you have the best possible experience on the mission field! However, if you are causing a problem that could affect the experience of other travelers, your behavior will be challenged.

The procedure for behavior issues is as follows.

- 1st Strike – The Team Lead will pull you aside in private and bring the situation to your attention.
- 2nd Strike – If the behavior continues the Team Lead will confront you along with a witness and will report the behavior to the office. The Team Lead may also be required to call either your parents or your pastor explaining the situation.
- 3rd Strike – If the behavior is not corrected the Team Lead has the authority to now ask you to leave the team and return home at your own expense. At this point, your refusal to submit to the Team Lead and humble yourself as a servant of God, your behavior will be affecting the experience of the other travelers and will not be tolerated. Your Team Leader has complete authority to administer this type of action if they deem necessary and the Director and Board of Directors will be made aware of the situation and will back the Team Lead's decision.

Please indicate your willingness to comply with this agreement by completing, signing, and dating the following section. Failure to complete this form will result in exclusion from the trip being applied for and any further Vision Beyond Borders trips.

Trip Applying for and Team lead 'if known': _____

Signature: _____

Date: _____

(Name Printed)