

Dear Applicant,

We are very excited at the possibility of your participation in a mission trip with Vision Beyond Borders! The first step for you is to be in prayer concerning the possibility of your participation in a mission trip. We want you to be prepared and confident that you are meant to travel with our team.

Enclosed you will find four (4) forms that you will need to fill out or have filled out by the applicable person.

- You will need to complete the included Mission Trip Application Form. **Attach a \$250 application fee and a recent photo of yourself.** A head and shoulders photo, such as a passport photo, is best.
- Complete and sign the Medical Form.
- Also included are two Recommendation Forms. One Recommendation Form is for your pastor, the second is for a close spiritual friend. Please have the recommendation forms completed and returned to you in a sealed envelope.

Another enclosure is the Vision Beyond Borders' Statement of Faith. As a team member, you will represent Christ first and then Vision Beyond Borders. Therefore all people participating in a trip with Vision Beyond Borders must be in agreement with our Statement of Faith. Please indicate your agreement by signing the agreement section on the last page of the Application Form. Keep the Statement of Faith for a reference.

If you have a passport please make three (3) copies of the inside cover (the page with your photo and passport information). Keep one to take on the trip and include two (2) copies with the other forms you are sending us. This provides the information we need to book airline tickets and helps in case of theft or loss of your passport while out of country. If you do **NOT** have your passport, please begin the process of applying immediately as it can take eight to ten weeks to process your information. Pick up an application at the post office or go to the State Department website: <http://travel.state.gov>

Use the following checklist to make sure you have included all the proper information to Vision Beyond Borders:

- Application Form
- Medical Form
- Two copies of your passport
- A recent photo of yourself
- \$250 Application fee
- 2 Recommendation Forms in envelopes sealed by persons completing them

***Note- Vision Beyond Borders has enforced a new payment policy** which states that-

At least one (1) week prior to departure date, Vision Beyond Borders will expect to receive full payment for at least the full dollar amount of items marked "International Flights" on the invoice that will be sent to you. In addition, all other expenses must be paid for in full within sixty (60) days of end date of the trip.

Please contact us if you have any questions and we will be glad to answer them. We will review and consider your application prayerfully and notify you in a reasonable amount of time. Once you are accepted for the trip, we will send you another packet by mail with more information about preparing for the trip. Thank you!

May the Lord Bless you,

Patrick T. Klein
Executive Director

PERSONAL:

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

Marital Status: Single Married Separated Divorced Widowed

If married, name of spouse _____ husband wife

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

SPIRITUAL/CHURCH/MISSIONS:

When did you accept Jesus Christ as your personal Savior? (approximate date) _____/_____

Please briefly describe: (continue on extra paper if necessary)

1. How you became a Christian. _____

2. What is Salvation? _____

3. State any type of Christian service you have done. _____

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

Home Church/Denomination _____

Pastor's name _____ Phone (_____) _____

Address of church _____
Street City/State Zip

What steps are you taking to grow spiritually and to prepare yourself for the mission field?

Have you served on any previous mission trips? Yes No

If yes, Name of most recent group leader _____ Phone # _____

Email _____

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

Have you ever been involved in the occult? Yes No If yes, please explain _____

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

PERSONAL EVALUATION:

Please answer the following on a separate sheet of paper

4. How does your relationship with Jesus Christ impact your daily life? How does it affect others?
5. How do you relate to those of the same sex? Opposite sex?
6. How do you respond to new environments or being around new people?
7. We all need to grow in certain areas of our life. What are some areas in which you need to grow most? (2 weaknesses) In which areas do you show maturity? (two strengths)
8. What do you think your gifts are?
9. List one or two areas that people close to you would say are **not** a particular area of strength for you.
10. What are the most significant events that have occurred in your life in the past two years?
11. How do you handle disagreements with your friends and people in authority?
12. In no less than three sentences, what are your goals/expectations for this trip? How will it affect your service to Christ back home?

Under 18

Name of your father or guardian (living Yes No) _____

Address _____

Street

City/State

Zip

Phone (_____) _____

Name of your mother or guardian (living Yes No) _____

Address _____

Street

City/State

Zip

Phone (_____) _____

EDUCATION & PREPARATION:

High School _____ Dates attended _____ Did you graduate? Yes No

College _____ Dates attended _____ Course of study/degree _____

Other _____ Dates attended _____ Course of study/degree _____

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: _____

What non-English languages have you studied and for how long? _____

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:

Have you used or are you currently using illegal drugs? Yes No If yes, date of last use: _____

If yes, please explain: _____

Do you currently smoke? Yes No Do you drink alcoholic beverages? Yes No Occasionally

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.

PHOTOGRAPH
Application is not complete without a photograph
(applicant may send in a digital copy)

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.

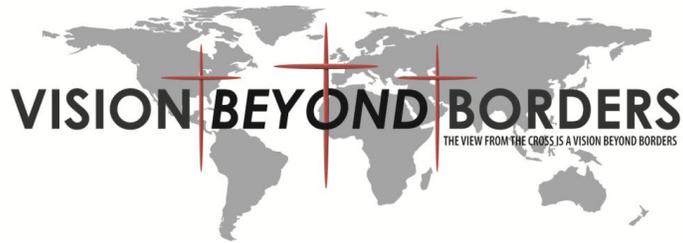
SPONSORSHIP: Each traveler accepted will be responsible to raise the needed support for the trip. Contributions toward mission trip **FLIGHTS** may be treated as tax-deductible gifts if made out to Vision Beyond Borders with the specification that it is to be used for VBB. All food and lodging funds 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

Comments:



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



RECOMMENDATION FORM

This section must be completed by applicant.

To the Applicant. One recommendation form should be completed by your pastor and one by a former teacher or close spiritual friend. **The form should then be given back to you in a sealed envelope.** If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completes this form, an explanation should be provided.

Date _____ Location of trip applying for _____ Date of trip _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

TO THE PERSON FILLING OUT THIS FORM. The above named is applying for a mission trip with Vision Beyond Borders. Serious consideration will be given to your comments. When finished, please return to the applicant in a sealed envelope. Thank you for your assistance.

1. How long have you known the applicant? _____

In what capacity? (pastor, mentor, friend) _____

2. How well do you know him/her? Please check one:

Very well

Fairly well, numerous personal contacts

Casually, few personal contacts

By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes No

4. To what extent is the applicant engaged in the activities of your church?
- Enthusiastic, deeply involved
 - Cooperative, usually willing to help
 - Seldom participates, although attends regularly
 - Attends irregularly, shows little interest
5. In what form of Christian service has the applicant participated regularly?

6. We all need to grow in certain areas of our life. What are some areas in which the applicant needs to grow most? (weaknesses) In which areas do you think the applicant shows maturity? (strengths)

7. To your knowledge, does the applicant?

Smoke? Yes No

Drink? Yes No

Use illegal drugs? Yes No

Comments: _____

8. Please describe some factors, which might affect the applicant. _____

9. The applicant's influence on his/her peers is Positive Neutral Negative

10. Briefly describe the family situation of the applicant. Is the family in agreement with the mission trip? Yes No

11. Are you in agreement with the applicant entering the mission field? Yes No

12. Please evaluate the applicant in regard to the following categories:

	Not Known	Poor	Below Avg	Avg	Above Avg
Reliability. dependable, responsible	<input type="checkbox"/>				
Maturity. personal development ability to cope with life situations	<input type="checkbox"/>				
Emotional stability. reaction to stress poise, mood stability	<input type="checkbox"/>				
Motivation. genuineness and depth of commitment	<input type="checkbox"/>				
Judgment. ability to analyze a problem	<input type="checkbox"/>				
Oral Expression. clarity, coherence	<input type="checkbox"/>				
Interpersonal relations. rapport cooperation, attitudes toward supervision	<input type="checkbox"/>				
Empathy. sensitivity to the needs of others	<input type="checkbox"/>				
Work habits. stamina, conscientiousness perseverance, resourcefulness, initiative	<input type="checkbox"/>				
Leadership. creative thought, curiosity self-confidence	<input type="checkbox"/>				
Personal appearance. cleanliness	<input type="checkbox"/>				
Integrity. honesty, moral character	<input type="checkbox"/>				

13. Please add any further comments you may have which would help in our evaluation.

14. Please check one:

- I highly recommend
- I recommend
- I recommend with reservation
- I cannot recommend

Please print or type your information below:

Name _____ Phone _____

E-mail Address _____

Relationship to the applicant _____

Name of church and denomination _____

Church Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

We would love to have you partner with us in prayer.

Please check if you do not wish to receive future mailings.



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Empathy. sensitivity to the needs of others	<input type="checkbox"/>				
Work habits. stamina, conscientiousness perseverance, resourcefulness, initiative	<input type="checkbox"/>				
Leadership. creative thought, curiosity self-confidence	<input type="checkbox"/>				
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Church Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

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Please check if you do not wish to receive future mailings.



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)



Statement of Faith

1. **About the Bible** – We believe in the supernatural and complete inspiration of the Scriptures, that they are without error, and that their teaching and authority are absolute, supreme, and final. II Timothy 3:15; II Peter 1:20-21
2. **About God** – We believe that God is a Trinity: God the Father, God the Son, and God the Holy Spirit. Genesis 1:26; Matthew 28:19; II Corinthians 13:14; I Peter 1:2; Matthew 3:13-17
3. **The Uniqueness of Jesus** – We believe in the unique nature of Jesus: the deity of Jesus Christ, conceived of the Holy Spirit, born of the Virgin Mary, fully God and fully man, and the presence of the Holy Spirit. Genesis 1:1; Mark 10:18; Luke 1:31-34; John 1:1; Acts 1:8; 1 John 5:7; John 16: 7-15
4. **Jesus' Resurrection** – We believe in the resurrection of Jesus Christ – that His body was raised from the dead according to Scriptures, and that He ascended into Heaven and sits at the right hand of God as the believer's Advocate. He alone may bring believers to God. Luke 24:6-7; John 20:11-21:25; Acts 1:9; 1 John 2:1-2; 1 Peter 3:18; Hebrews 12:2
5. **Sin Nature** – We believe in the sinfulness of man – that all human beings are born with a sinful nature, and are totally depraved and need a Savior from sin. Isaiah 64:6; Romans 3:23; Romans 5:12
6. **Atonement** – - We believe in the Atonement – that Jesus Christ became the sinner's sacrifice before God, and died for the sins of the whole world. John 3:16; John 14:6; II Corinthians 5:21; 1 John 2:2; I John 4:10
7. **Salvation** – We believe in the necessity of the new birth. Salvation is by grace through faith and not of works; saving faith will maintain good works in the life of the believer. John 14:15; Acts 13:38-39; Ephesians 2:8-10; James 2:26
8. **Resurrection** – We believe in the literal resurrection of the body, both the just and the unjust. John 5:28-29; Acts 24:15
9. **Eternity** – We believe in the everlasting blessedness of the saved, and the everlasting punishment of the lost. John 10:28-29; Romans 8:38-39; I Thessalonians 4:16-17; Revelation 20:10-15
10. **Mission** – We believe in the evangelization of the world – the supreme mission of the Church in this age is to preach the Gospel to all people. Matthew 24:14; Matthew 28:19-20; Mark 16:15; II Peter 3:9
11. **Jesus Christ's Return** – We believe that Jesus Christ is coming for His Church, His holy Bride, that He will judge the world and set up His Kingdom. I Thessalonians 4:13-18; II Thessalonians 1:7-10; II Timothy 4:8; Revelation 11:15, 20:4-6