



2021

Application for Adventure

Short-Term Mission Trip Application



Joy To The Nations
International

trips@JoyToTheNations.org



Dear Mission Adventures Applicant,

We are so excited about your interest in a Joy To The Nations, Mission Adventure. First, let us tell you a little bit about us. Joy To The Nations International, Inc. is a missionary agency, headquartered in Florida and has been in existence since 2012. Mission Adventures is the short-term trip ministry of Joy To The Nations. Mission Adventures exists to give individuals interested in missions an opportunity to see missionary life first hand.

A Mission Adventure is a short-term trip designed specifically for gaining a missions and ministry experience! These trips are for those individuals ready to experience a TRUE taste of what mission's life overseas is really like.

We tailor your adventure's focus on using the gifts, talents, and abilities of individuals on the team to meet the needs of the locals. All trips include training in how to deploy an outreach. The team will have an opportunity to oversee various ministry facets during the outreaches. They will have a decision on what specific ministry to do, as well as gather and prepare all the gear, food and supplies needed for the outreach. These trips include ministry opportunities into various parts of Honduras and various types of ministry.

Enclosed in this packet are: cover letter, Adventure Application, Pastor's Recommendation Form, Release of Liability and a Release of Liability for Background Check form. After we have received your application, all forms, and a copy of your passport photo page in addition to a **\$100 Non-Refundable Registration Fee***, pending your acceptance, you will receive an acceptance packet including:

- Packing List
- Support Raising Information
- Country/Region Facts
- Lists of necessary shots or medications
- Important due dates
- Trip Agenda
- Passport Information (If you don't have one or yours expires within 6 months of your trip dates you'll need to apply at least 6 months prior to your trip.)

NOTE: Please do not send out support raising requests until we have sent you an acceptance packet inviting you to be an official part of the team. Your Team Leader will be sent an invoice and deadlines for all trip funds. Please be sure to check with your Team Leader for payment amounts and deadlines. If you are working directly with JTTN, your trip coordinator will send you invoices and deadlines directly.

We look forward to seeing you on one of our Honduran Mission Adventures!

Until All Know Him,

Joy To The Nations

*The \$100 Non-Refundable Registration Fee covers the cost of your Background Check and an administrative fee. Should you find you are unable to be a part of the trip you have applied for, your Registration Fee may be applied to another trip within 365 days of the date your application was submitted.



SHORT-TERM TRIP APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Email Address: _____

Date of Birth _____ Social Security number _____ Age: _____ How long a Christian? _____

Pastor's Name: _____ Missions Director: _____

Church: _____ Phone # _____

Marital Status: Single _____ Married _____ # of Kids: _____ Ages: _____

Short-Term Trip Team Number (Ask your Team Leader or JTTN Trip coordinator): _____

Do you have previous missions experience? Yes _____ No _____

Which Countries/with whom: _____

List any foreign languages you speak fluently: _____

Passport #: _____ In which city was it issued? _____

Passport Expiration Date: _____

Please check mark the line that applies:

____ ATTACHED IS A COPY OF MY PASSPORT PHOTO PAGE WITH THIS APPLICATION

OR

____ I HAVE JUST APPLIED AND WILL SEND A COPY AS SOON AS I RECEIVE IT

Health

Do you have any physical conditions which may limit your ability to perform ministry? Yes _____ No _____

If yes, please explain: _____

Are you presently under medication prescribed by a physician? Yes _____ No _____

If yes, please explain: _____

Please list your: Height _____ Weight _____ Drug/Food Allergies _____

Do you drink alcohol, how frequently? _____ Do you smoke? _____

Name of Emergency Contact Person: _____

Address: _____

Phone: _____

Relationship to you: _____

Name of the nearest Airport to you? _____

Your signature below tells us that you commit to the following requirements for and while on all Short-Term Trips with JTTN:

1. Pay the fee and have completed the initial background check with JTTN.
2. Act in a Godly manner toward all team members, missionaries, and nationals during the trip.
3. Submission to all spiritual leadership in position to challenge your life to a greater level.
4. Remain culturally sensitive while in the country.
5. No illegal drugs, alcohol, or tobacco products used by you or in your possession.
6. No profanity in any language.
7. No pornography.
8. No weapons or anything that could be considered a weapon.
9. No romantic involvement or physical affection with the opposite sex (unless married, limit PDA).
10. Commit to maintaining a positive attitude no matter what the circumstance and be flexible.
11. Choose to challenge yourself.

Signature of Applicant: _____ Date: _____

PLEASE SCAN OR PHOTOGRAPH ALL PAPERWORK AND E-MAIL TO:

trips@joytothenations.org



PASTOR'S RECOMMENDATION

Applicant's Name: _____

Mailing Address: _____

Your Name: _____ Church: _____

Your Title: _____ Address: _____

Telephone: _____ Email: _____

The applicant above is requesting a reference on his/her behalf. Please supply the information on this form to better equip us to consider the applicant for acceptance on a Mission Adventure (short-term trip).

I have known the applicant for ___ years. I know the applicant _____ very well _____ well _____ casually.

1. Please comment on the applicant's personal growth, gifts and involvement in Christian service.
2. Please comment on the applicant's personal traits such as dependability, balance, self-image and purpose.
3. Please comment on the applicant's social relations, such as concern, tact, ability to work under authority.
4. Please comment on the applicant in the areas of teachability, ability to follow instructions, and initiative.
5. What do you consider to be the applicant's strong points?

I _____ strongly recommend _____ recommend _____ do not recommend this applicant.

Additional Comments:

Signature: _____ Date: _____

Please scan or photograph and email to: info@joytothenations.org

Tel: (904) 322-7860



RELEASE OF LIABILITY

In signing this form, I _____, agree not to hold Joy To The Nations International, Inc., its officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their missions trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Joy To The Nations International, Inc., its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I have carefully read the foregoing and I understand that my signature below releases and holds Joy To The Nations International, Inc., its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signed _____ and date this ____ day of _____, 20__.

STATE OF: _____ COUNTY OF: _____

On this _____ day of _____, 20__, before me personally appeared

_____ to be known to be the person (s) who

executed the above release, and acknowledged that he/she/they voluntarily executed the same.

NOTARY PUBLIC _____ (signature of notary)

Date of expiration of Notary Commission

Notary Seal



RELEASE OF LIABILITY FOR BACKGROUND CHECK

Applicant: In signing this form, I _____ (missionary full name printed) agree to allow Joy To The Nations International, Inc. employees to release my name, birth date and Social Security number to *Clear Investigative Advantage* to complete the required background check for clearance for my upcoming missions trip.

I have carefully read the foregoing and I understand that my signature below releases Joy To The Nations International, Inc. employees to complete the background check as a requirement for short-term trip clearance. I also agree to pay the fee requested by the agency.

Signed _____, and dated this ____ day of _____, 20__.

STATE OF: _____ COUNTY OF: _____

Notary: On this _____ day of _____, 20__, before me personally appeared,

_____, to be known to be the person (s) who

executed the above release, and acknowledged that he/she/they voluntarily executed the same.

NOTARY PUBLIC _____ (signature of notary)

Date of expiration of Notary Commission

Notary Seal