



MISSION MYNDED INTERNATIONAL OUTREACH

“Making Missions Personal”

Short-Term Mission Trip Application

9813 Brawley Lane
Charlotte, NC 28215
704-567-9700
missionmynded.org

Hello!

Thank you for taking the first step to serve on an International mission project with Mission MYnded International. Mission MYnded was founded in 2013 by Derrick Boskie. For the past few years, Mission MYnded and its team of global partners have demonstrated Christian compassion, by building homes for widows and schools for children, feeding the hungry, digging fresh water wells, and supporting missionaries in the field. This is all done with an evangelistic approach to fulfill the Great Commission given by Jesus in Mark 16:15.

Mission MYnded has two core objectives. The first objective is to meet the spiritual, physical, and educational needs of impoverished communities around the world. The second goal is to get churches that have no foreign mission focus involved with mission's ministry. You are a part of these objectives being fulfilled.

Take time to pray over this application before filling it out. There are three (3) crucial parts to the process:

1. **The written application.** Please type or neatly print all of the parts of this application.
2. **The personal testimony** Take time to tell us why you feel called to serve on a mission project, how God/your faith has played a part in your decision, and who God is to you. **Please attach your (1) page personal testimony with the portion of the application you return to Mission MYnded.**
3. **A color photocopy of your passport.**

God will certainly use this experience to impact the people you serve, your fellow teammates, and the rest of your life. Please let me know if there is EVER anything that I can do for you. It is an absolute passion of mine to see lives changed on these mission trips. God Bless you, as you seek HIS best for your life. Enjoy the journey! Welcome to the Team!

Tonisha Johnson
Director of Missions & Volunteers
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tjohnson@missionmynded.org

Mission MYnded International Foundation Volunteer Application

All applicants must mail the completed personal information pages, a color copy of your passport, the one page personal testimony, and a non-refundable \$150.00 application fee to Mission MYnded (this amount will be applied towards your total trip cost). Please mail to 9813 Brawley Lane, Charlotte, NC 28215. (No Cash - Please make checks payable to Mission MYnded International)

Trip/Country: _____ Dates of Trip: _____

PERSONAL INFORMATION (please type or print clearly)

Last Name _____ Middle Name _____

First Name _____ Preferred Name _____

Social Security # _____ - _____ - _____ Birth date _____ Age _____

Mailing Address _____ City _____

State _____ Zip _____ Home Phone (_____) _____ Cell Phone _____

Email Address: _____ T-Shirt size: S M L XL 2XL 3XL 4XL 5XL

Have you been convicted of, or plead guilty to any criminal offense (other than a juvenile offense now expunged from your record), or released from prison in the past ten years? Have you ever been convicted of, or plead guilty to a felony? Yes _____ No _____ If Yes, describe in full detail:

Passport/Travel Information

Your name *AS IT APPEARS ON YOUR PASSPORT* _____

Passport # _____

Expiration Date _____ - _____ - _____

Place of Issue _____
Country State City

Date of Issue _____ - _____ - _____

Travel: Departure cost is figured from Charlotte, NC. If you will depart from a different airport, list your city of departure. (Please note, additional airfare may be added to your trip if you are not flying in and out of Charlotte).

City

Airport

For Minors Only

If the volunteer is under the age of 18, parent or guardian please fill out the following:

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Contact Info:

Address _____

Cell Phone _____ Home Phone _____

Email _____

I give my permission for my dependent to participate in Mission MYnded International Foundation's mission trips and volunteer service activities.

Parent/Legal Guardian Signature: _____

EXPERIENCE

Please place a check mark beside the areas where you have previous experience.

- | | |
|--|--|
| <input type="checkbox"/> Sports/Recreation/Coaching
<input type="checkbox"/> Medical
<input type="checkbox"/> Teaching/Education
<input type="checkbox"/> Administration and Support
<input type="checkbox"/> Social Justice
<input type="checkbox"/> Children’s Ministry
<input type="checkbox"/> Computers and Technology
<input type="checkbox"/> Construction and Engineering
<input type="checkbox"/> Counseling and Hospitality
<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Creative/Design
<input type="checkbox"/> Evangelism & Church Planting
<input type="checkbox"/> Humanitarian Aid & Relief work
<input type="checkbox"/> Military
<input type="checkbox"/> Performing Arts
<input type="checkbox"/> Business Administration
<input type="checkbox"/> Travel
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|--|--|

ADDITIONAL

Please list any other skills and talents that may be helpful on the mission field. Also use this space to elaborate on any of the above checked areas.

Have you served on any other mission/humanitarian projects before? YES NO (Circle One)

If yes, please describe the type of project, your responsibilities, and list the dates.

PROJECT	DATES	RESPONSIBILITIES

INSURANCE

~Supplemental traveler's insurance will be provided through an outside travel insurance agency~

Beneficiary: _____

Responsibility Release: If I am accepted for a Mission MYnded project, I understand that Mission MYnded does not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, executor, administrators, distributes and assigns, in consideration of my admission to volunteer mission projects and other good and valuable considerations, do hereby absolve said Mission MYnded International Foundation and hold them harmless from any claim or demand, which I or they might conceivably assert upon the basis of foregoing.

Signature _____ Date _____

MEDICAL INFORMATION

Do you have any existing physical condition which may require medical attention during your trip? (Circle One) YES NO

If yes, please explain _____

Medications required: _____

Allergies: _____

Emergency Contact Information (Please list someone outside of your home. In the event of an emergency, we would automatically contact your home first, then your backup contact.):

Name	Relationship
_____	_____

Phone () _____

Work/School Phone () _____

Mobile Phone () _____

REFERENCES

Please select three individuals as references. List your references and other requested information below. A church staff member, campus minister, youth minister, co-worker, friend, someone who has observed you in a situation related to the type of trip your applying for, or someone who has observed your spiritual life/growth are excellent sources for references. Please do not list relatives/household members.

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____

TEAM MANUAL AGREEMENT

I, hereby agree to read and abide by the Code of Conduct, Rules and Guidelines, Dress code, etc. stated in the Mission MYnded Volunteer Training Guide.

Please Sign: _____

Conditions of Volunteer Participation and Release from Liability: Mission MYnded’s desire is to build a community of empowered volunteers dedicated to developing into servant leaders both physically and spiritually. As a volunteer, I will cooperate in the fulfillment of Mission MYnded’s mission, while encouraging others to join in this worthwhile campaign of bringing relief to impoverished people around the world. **Minors under the age of 16 who plan to travel without a parent or guardian must seek approval from the Mission MYnded office.** For more information, please visit www.missionmynded.org, call 704.567-9700, or e-mail info@missionmynded.org.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Mission MYnded’s staff to investigate and verify any and all of the information I have submitted.

Because Mission MYnded strives to provide a safe environment for children and youth, I understand that Mission MYnded may order a criminal history check, and I authorize this investigation.

Mission MYnded reserves the right to deny any application due to results of background check.

Volunteer Terms: I agree to abide by Mission MYnded policies, procedures and Code of Conduct. I understand Mission MYnded does not provide any health benefits (i.e. medical, dental, workers compensation, etc. I understand it is my responsibility to provide this coverage. I understand that Mission MYnded does not provide volunteer compensation or trade volunteer services for paid mission trips.

Property Loss: I understand Mission MYnded is not responsible for my personal property lost, damaged, or stolen while participating in Mission MYnded volunteer activities.

Baggage: On occasion, your checked baggage can be used to bring Mission MYnded mission supplies into the host country. Personal items may need to be packed in a carry-on bag. Your team leader will inform you of this, if that is the case.

Medical Treatment: I give permission for Mission MYnded representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency medical center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that Mission MYnded is not responsible for payment for such medical treatment.

Photograph or Digital Image Permission: I give permission for Mission MYnded to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Mission MYnded programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the Mission MYnded, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

I also give permission for my dependent to participate in Mission MYnded's volunteer activities.

Parent or Guardian, if Applicant is under age 18

Date