



Short-Term Mission Team Member Application

International Communion of the Charismatic Episcopal Church

Please send completed form to the mission contact address below. Spouses applying should complete separate forms.

Mission Information (Name, Location, Dates, Contacts)

“Brazil 2009” • July 2009.

Fr Scott Howard • IDA • 1145 Independence Dr • Alabaster, AL 35007-9369
 (205) 837-1003 mobile • (877) 700-2056 fax • Skype ID: frscottgh

Personal Information

Full name _____ Today's date _____

Preferred nickname _____ Date of birth _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____ Email address _____

Place of birth _____ Country of citizenship _____

Passport number _____ Issue date Expires _____

Marital status _____ Spouse's name _____

Dependents. Circle “Y” and give Passport number if accompanying you. Use back of page, if necessary.

Accomp.	Name	Gender	Birthdate	Passport number
Y / N	_____	_____	_____	_____
Y / N	_____	_____	_____	_____
Y / N	_____	_____	_____	_____

Name of parents _____

Address _____

Phone numbers _____

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Phone numbers _____

Church Background

Current parish/church _____ For how long? _____

If not a CEC parish/mission, what denomination? _____

Church address _____

Rector/Vicar/Pastor name _____ Phone _____

Church Background (Continued)

Please explain your involvement in this church, include any ministries, positions or outreaches you've been involved in. Provide as much detail as possible. If need, use back of page or a separate sheet.

Employment

Present/most recent employer _____

Title/position _____ Length of employment _____

Responsibilities _____

Health

Due to the hardships inherent to travel, are you able to carry your own luggage through airports, in and out of buses and taxis, around town and walk during street outreaches and sightseeing? Y / N

Have you any physical limitations or specific health problems that might impair your ability to travel and serve?

Have you suffered any major illnesses in the last five years, include dates? _____

Are you presently under a physician's care? Y / N If so, please give reasons: _____

Please list any medications you are presently taking: _____

Do you have any allergies to medications, foods, animals, etc.? _____

Please describe past or current tobacco or alcohol usage, if any, including frequency and quantity: _____

Education

Please list the schools attended and degrees obtained. Start with the most recent including high school.

<i>School</i>	<i>Major/Minor</i>	<i>Year graduated/left</i>	<i>Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spiritual Journey

Describe, in your own words and handwriting, how you came to faith in Jesus Christ and how you have grown in that relationship. Please be candid. If need, use back of page or a separate sheet.

Ministry Interest

Please describe why you are applying to participate on this short-term mission. _____

Have you had other overseas ministry experiences? _____

What spiritual giftings and/or experiences do you have that might benefit this mission? _____

What expectations do you have for your field experience? _____

If 18 or under, what are you parents'/guardians' attitudes about you joining this mission? _____

Financials

All of God's work through us is based on faith in Him. The great 19th century missionary to China, James Hudson Taylor, once said, "God's work done God's way will never lack God's resources." All accepted participants in this mission are required to raise their financial support through their churches, other individuals and through personal resources. All participants will receive instructions, fundraising ideas and sample support letters to help raise financial and prayer support. Though minimal personal debt should not exclude someone from participating in very short-term missions, we admonish everyone who is accepted to trust God to provide for this trip in a way that does not add to their debt.

Personal and Spiritual References

List the names, addresses and telephone numbers of people not related to you who know you well and who would be willing to complete a confidential reference form on your behalf. At minimum, you should provide referrals from your pastor and a mature Christian friend. Please give these people a referral form and stamped, addressed envelope and ask them to complete these and mail to the mission contact them as soon as possible.

Rector/Vicar/Pastor _____ Phone _____

Address _____

Mature Christian friend _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

Agreement and Release

_____Y _____N I have fully read and fully understand, and am in full agreement with the following release:

I understand that this mission is an outreach of the International Communion of the Charismatic Episcopal Church (ICCEC) and I agree to not teach or propagate, in any way, beliefs or doctrines that are not in accordance with the faith, sacraments, and ministry of the ICCEC.

Most importantly, I realize that I will represent my Lord Jesus Christ as His ambassador and I will conduct myself in a way that honors Him and the authorities He places over me. Relying on His grace and strength, I will accept the guidance and counsel of those in leadership and will work in unity and harmony with my co-workers.

Release of Liability and Release to Obtain Medical Care

Matthew 18:15-20 and I Corinthians 6:1-8 instructs us to live at peace and to resolve disputes in private or within the Christian Church. I acknowledge my concern that the limited charitable resources of the International Communion of the Charismatic Episcopal Church (ICCEC) should not be dissipated on wasteful litigation. Therefore I expressly waive my right to file a lawsuit in any civil court or other secular setting against the ICCEC and other organizations and all individuals involved with this outreach.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability, on the part of the ICCEC or any other individuals or organizations involved, which liability may result from sickness, injury, or death that may occur on or related to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to airplane mishaps,

hazardous traffic, poorly constructed roads, dangers resulting from military or political problems, sickness, and disease. I specifically release the ICCEC and all concerned from any claim of negligence in their duties as leaders, or otherwise, on this mission trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by the ICCEC and other individuals and organizations involved. I further agree that such claim or dispute arising from or related to the outreach shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (1-406-256-1583; complete text of the *Rules* is available at www.Peacemaker.net). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types, including but not limited to, medical, hospitalization, life, disability, death, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire. I also hereby release the ICCEC and all leaders and organizations involved with this outreach from responsibility to provide insurance coverage of any and all types. I hereby further authorize the leadership of the ICCEC to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, the ICCEC shall in no way be responsible or liable for payment of any and all bills for such medical treatment. I assume the full responsibility for any and all medical bills incurred related to this outreach. My estate and my family shall further assume full and total cost for the return shipping of my body should I die by any cause on this mission.

I have read and am in full agreement with this release and waiver, and fully understand that I am: waiving any rights I may have to litigate and sue and instead accepting biblically-based mediation to resolve disputes; accepting full responsibility for all insurance, and all medical costs; authorizing the ICCEC to make medical decisions if necessary; and agreeing to read and abide by all guidelines, policies, and rules pertaining to this outreach.

I further agree wholeheartedly to abide by decisions made by leaders and those in authority.

Applicant's signature _____ Date _____

Signature of parent/guardian if applicant is under 18 _____

Print name _____ Relationship _____

Mailing Instructions

Please make a copy of this completed form for your records and mail the original form and a \$200 deposit to the address below by March 20, 2009. If you are not invited to participate on this mission your deposit will be fully refunded. If you remove your name from consideration the deposit may be refunded until deposits for group airfare or other expenses are paid.

Fr Scott Howard
IDA Communications Director
1145 Independence Dr.
Alabaster, AL 35007-9369

(205) 837-1003 mobile
(877) 700-2056 fax
frscott@idacec.org
Skype ID: frscottgh

Forms should be postmarked no later than March 20, 2009. Please try to send your form as early as possible, though, so we can begin praying with you about your participation on this team. Your decision to apply should be a matter of continued prayer especially together with the leadership and members of your local parish. And, please, email or call me any time with questions.

May God direct your path and draw you deeper into His Son! *Fr Scott Howard*



Short-Term Mission—Pastoral Referral Form

International Communion of the Charismatic Episcopal Church

Please send completed form to the address on the back of this form. All information is kept strictly confidential.

Candidates name _____

Mission name **Brazil 2009** Location **Recife and Garanhuns** Date **July 2009**

Dear Rector, Vicar or Pastor,

The person who asked you to complete this referral form is applying to participate on a short-term mission team. If selected, he or she will travel in close contact with other believers of various ages and diverse personalities, work alongside them and local hosts in a foreign country, eat different foods, minister in unfamiliar surroundings to people who may be very different from your average North American and face other unfamiliar situations. Hopefully you have discussed this mission and prayed with your parishioner to discern whether God is truly calling him or her to participate in it. Because of these challenges, though, and because you are the spiritual authority God has placed over your parishioner, we need your candid, prayerful answers to all of the following questions. The success or failure of any team ministry depends largely on the people making up the team. Please clarify your answers where appropriate.

Personal Information

Your name _____ Title/office _____

Parish/mission name _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____ Email address _____

Candidate Information

How long have you known the candidate? _____

What is your relationship with him or her? _____

How well would you say you know the candidate? _____

Describe the candidate's participation in your church or ministry? _____

To the best of your knowledge, would you say that the candidate has a personal relationship with Jesus Christ?

Does the candidate's life display growth in Christ and the fruits of the Spirit? _____

How well does the candidate know the Bible? _____

What spiritual or ministry gifts do you see operating, however mature, in this candidate? _____

How does this candidate respond to authority—spiritual, in the workplace and at home? _____

How does this candidate interact with others? Would they interact well on a team? _____

Would you say that this candidate is emotionally well-balanced? _____

How does the candidate interact within his or her own family, whether spouse and children or parents and siblings?

How does this candidate handle responsibility? _____

Do you consider the candidate healthy enough to serve on this mission? _____

Can you wholeheartedly recommend this candidate as a participant on this mission? _____

Would your parish/mission enthusiastically commission this candidate as their representative in this team? _____

Please share any other comments that would help accurately evaluate this candidate's readiness to participate on this team:

Mailing Instructions

Thank you for taking the time to complete this form and for your understanding as we seek to honor the Lord Jesus in this mission. Please mail this referral form to the address below. Your comments are held in strict confidence.

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Short-Term Mission—Personal Referral Form

International Communion of the Charismatic Episcopal Church

Please send completed form to the address on the back of this form. All information is kept strictly confidential.

Candidates name _____

Mission name **Brazil 2009** Location **Recife and Garanhuns** Date **July 2009**

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Personal Information

Your name _____ Date _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____ Email address _____

Your church _____

Candidate Information

How long have you known the candidate? _____

What is your relationship with him or her? _____

How well would you say you know the candidate? _____

Describe the candidate's participation in church or ministry? _____

To the best of your knowledge, would you say that the candidate has a personal relationship with Jesus Christ?

Does the candidate's life display growth in Christ and the fruits of the Spirit? _____

How well does the candidate know the Bible? _____

What spiritual or ministry gifts do you see operating, however mature, in this candidate? _____

How does this candidate respond to authority—spiritual, in the workplace and at home? _____

How does this candidate interact with others? Would they interact well on a team? _____

Would you say that this candidate is emotionally well-balanced? _____

How does the candidate interact within his or her own family, whether spouse and children or parents and siblings?

How does this candidate handle responsibility? _____

Do you consider the candidate healthy enough to serve on this mission? _____

Can you wholeheartedly recommend this candidate as a participant on this mission? _____

Please share any other comments that would help accurately evaluate this candidate's readiness to participate on this team:

Mailing Instructions

Thank you for taking the time to complete this form and for your understanding as we seek to honor the Lord Jesus in this mission. Please mail this referral form to the address below. Your comments are held in strict confidence.

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