

APPLICATION FORM

NO HANDWRITING, PLEASE PRINT OR TYPE ALL YOUR ANSWERS

Trip you are applying for: _____

Name: (circle one: Mr, Mrs, Miss) _____
(as it appears on your passport)

Home phone: _____ Work/Cell phone: _____

Email address: _____ Fax: _____

Passport Number: _____

Address: (Please print as this should appear on a mailing label for your country)

Birth date: _____ (MM/DD/YY) Gender: Male Female

Marital Status: Single Married Separated Divorced

CHURCH BACKGROUND

Current church _____

Denomination _____

Pastor's name _____

Is the Pastor/Minister of your local church body in agreement with your plans? Yes No

If no, then why? _____

How long have you served at this church? _____ Year(s) _____ Month(s)

What position do you serve in church? (Please be detailed)

Have you been on a mission trip before? (Please specify)

PERSONAL HEALTH HISTORY

Note: All information provided will be kept in strictest confidence; however anything pertinent will be shared with the Team Leaders who will have responsibility for you during your trip.

Any current illness or mental/emotional conditions? Specify:

Are you presently under the care of a doctor for any condition? Specify:

Are you taking medication at this time? Specify:

Are you allergic to any medications? Specify:

Do you have any physical impairments, handicaps or health conditions which require special consideration? Specify:

What is your blood type? _____

How would you describe your temperament?

Do you have any food allergies that we should know of?

How would you rate your health? Excellent Good Fair Poor

If you chose "Fair" or "Poor" to describe your health, please explain why:

INFORMATION

How did you hear about this Mission Trip? Friend Conference
 Advertisement Website
 Other _____

REFERENCES

If you are not the Pastor or Minister of your local church body you will need to get the attached Pastoral Reference completed by your pastor. We want to invite his/her counsel and input with regards to your application.

Please note: *Your application will not be processed until we have received this reference form (if needed). Please ensure that your reference completes and sends it into our office as soon as possible.*

LIFE HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET. PLEASE USE A CLEAR PRINTING STYLE OR TYPE USING YOUR COMPUTER. ANSWER AS COMPLETELY AS POSSIBLE.

- a. Take a paragraph to describe the current state of your relationship with the Lord.
- b. Take a paragraph to describe your ministry / giftings.
- c. Take one paragraph each to describe your relationship with your mother and with your father.
- d. Describe your relationship with the rest of your family.
- e. What are your reasons for wanting to attend this trip? (Please include spiritual and ministry goals.)
- f. Are you currently facing any personal or ministry-related crises? (Please describe)
- g. What are the main challenges/crises that you have encountered in your life? (Please describe)
- h. Have you received ministry/healing related to the above questions? (Please describe)
- i. If you are married, does your spouse support your participation?
- j. Do you speak any languages other than English? (Please specify)

EMERGENCY CONTACT

Name: _____

Address: _____

Contact Phone number: _____ Relationship to you: _____

HEALTH INFORMATION

MEDICAL COVERAGE IS ESSENTIAL: After your acceptance, we will require proof of adequate medical insurance. Note: your basic Medical Service Plan is not adequate for travel outside of your country – you will need to purchase a short-term travel insurance policy.

Medical Insurance Provider: _____ Policy #: _____

MEDIA RELEASE

During the mission trip photographs and video footage may be taken, and subsequently used in advertising, promotional materials, web page and publications. In signing below you fully authorize Be A HERO/ REVIVALNOW! to use video or photographs taken of you.

I authorize Be A HERO/REVIVALNOW! to use any photographs or video footage in any publicity material.

Signed: _____

CONTACT INFORMATION

We will use email to inform you of your acceptance, and keep you updated in regard to this trip. We will also add you to our mailing list. If you do not want to receive information from us regarding other events then please sign here: _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I enclose \$150 (CAD), which I understand is non-refundable once I am accepted on the trip.

Signature _____ Date _____(DD/MM/YY)

Special note regarding personal expenses: All personal expenses are your responsibility, i.e. personal transportation, supplies, phone calls, medical fees, spending money and laundry expenses. (Please see joining instructions for details of what is/ is not covered)

PLEASE RETURN COMPLETED APPLICATION TO

Be A HERO / RevivalNOW!

Box 25077 Mission Park,

Kelowna, BC V1W 3Y7

OR FAX/EMAIL

Fax: (250) 717-1013

Email: schools@beahero.org

REVIVALNOW! BE A HERO

MINISTRIES

LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, _____, **IN CONSIDERATION OF MY BEING ACCEPTED BY BE A HERO FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR THE "TRIP TO BRAZIL 2008"**

HEREBY DECLARE:

- I am in good health and have received all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.
- I acknowledge that International travel involves danger and risk.
- I acknowledge that the dangers and risks include, but not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; exposure to illnesses not normally encountered in my home country (e.g. malaria etc); sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers, including the wildlife on land and sea.
- I understand that the above and other possibilities are risks in ministry/missions travel.
- I acknowledge that Be A HERO / RevivalNOW! does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.
- I acknowledge that Be A HERO / RevivalNOW! does not carry any insurance, and I acknowledge that Be A HERO has advised me that Be A HERO does not accept any responsibility for any injury, loss or damage not covered by the persons personal insurance coverage.
- I further acknowledge that Be A HERO has recommended that I carry or obtain primary medical insurance to cover medical needs, especially related to previously existing medical conditions.
- I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it.
- I agree to be fully responsible for my actions.
- Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

Please carefully read and sign below:

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A BE A HERO/ REVIVALNOW! MINISTRY TEAMMEMBER ON THE ABOVE MINISTRY TRIP: *(Please initial each paragraph)*

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY BE A HERO/ REVIVALNOW!, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initial: _____

I AUTHORIZE BE A HERO / REVIVALNOW! TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE

DATE

_____/_____/_____

PRINT NAME

FULL ADDRESS

BRAZIL

Dear Pastor,

Be A HERO/ RevivalNOW! is hosting a mission trip. You have been given this form by someone who wishes to attend.

The purpose of this mission trip is to visit the cities of Curitiba and Brasilia in Brazil and experience the supernatural working of God in this country, joining with the nation in two solemn assemblies and a Call2All as well as taking part in an Intercession School and Conference.

With this in mind we would be grateful if you could complete the attached reference form so we can assess if this trip is right for the applicant. All information on this form is confidential.

We are looking forward to hearing from you.
In the Father's Love,

Wesley and Stacey Campbell

Wesley and Stacey Campbell,
Founders, Be A HERO and RevivalNOW!

BRAZIL

PASTOR'S Reference Form (Confidential)

(To be completed by Pastor)

Name of Applicant _____

Home Church _____

Denomination _____

Address of church _____

Pastor's contact telephone: _____

Email address: _____ Fax: _____

Pastor's Name _____

1) How long have you known the applicant? ____ Month(s) ____ Year(s)

2) How well do you know the applicant?

Very well Well Casually By Sight Only

Comments: _____

3) What role(s) does the applicant fulfill in the church?

4) How long has the applicant been serving in this/these roles?

5) What is the level of responsibility involved in this/these role(s)?

6) Overall, what do you consider to be the applicant's strong points?

7) Are you aware of any significant character issues or weak points? (please describe)

8) Do you have any reservations about the applicant attending this trip at this time?

To the best of my knowledge the above information is correct.

Signature _____ Date _____(DD/MM/YYYY)

If you have any questions or concerns you would like to discuss, please contact Karen (Schools Overseer) by emailing her at schools@beahero.org.

Thank you for your time and help with this application.



Wesley and Stacey Campbell,
Founders, Be A HERO and RevivalNOW!

Please return form to:

Be A HERO/ RevivalNOW!

**Box 25077 Mission Park
Kelowna, BC V1W 3Y7**

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Phone: (250) 717-1003