



Trip Application

APPLICATION INSTRUCTIONS

Dear Applicant,

Thank you for your interest in traveling with Kingdom Foundations ministry!

Attached is an application along with various forms and releases that **MUST** be completed to ensure your acceptance as a Ministry Team Member.

Your application cannot be processed until Kingdom Foundations receives all required, completed documents. The following is a checklist of required documents.

Required Documents:

- Kingdom Foundations Application
- Deposit Form
- Liability Release
- Discipline Policy
- Ministry Team Training
- Pastoral Evaluation
- Confidential Evaluation
- Emergency Medical Release Form
(notarized)
- Email a picture of Applicant
- Color Copy of passport

Kingdom Foundations asks for a fairly in-depth amount of information. Some information required may be rather personal to you, but reasonable considering the scope of such a ministry trip. It is imperative that Kingdom Foundations has prior knowledge of each applicant's personal background before approval can be granted for team participation. Please be assured that all information provided is kept strictly confidential within the leadership of Kingdom Foundations.



Trip Application

Please send all completed forms to: Kingdom Foundations c/o Ronda Adams, P.O. Box 901313, Kansas City, MO 64190. A mandatory deposit reserves your space on the ministry trip pending review and approval of your application. Please make checks or money orders payable to: **Kingdom Foundations**. All payments must be paid in U.S. dollars.

A Kingdom Foundations representative will contact you by phone or email after your application has been processed. Acceptance will be confirmed or denied shortly thereafter. Upon acceptance, you will receive a packet including information about trip preparation, obtaining a visa, immunizations, etc. **Please do not apply for a visa until you receive your acceptance packet.**

If you experience any uncertainty during the application process, or if you have any questions, please call Kingdom Foundations at 1-816-719-673 or email us at ronda@kingdomfoundations.org. You can also visit our homepage at www.kingdomfoundations.org for any additional information.

We at Kingdom Foundations are excited about your desire to join us in bringing the kingdom of God to all nations. May the Lord bless you and continue to give you guidance as you seek His will!

Term and Conditions

Ministry Conditions

Some of the places and hotel conditions teams may encounter can seem primitive in comparison to what you are used to.

Ministry Meetings

The key word is flexibility. Kingdom Foundation outreaches will focus on ministering in villages sharing the gospel, be ready for adventure and changes in schedule. Ministry meetings are often held in local churches, but sometimes are held in open-air arenas or large tents. Kingdom Foundations works side by side with local church and ministry leadership in submission to their authority. Meetings or mission objectives are subject to change at any time during a trip.

What is not covered? You will be responsible for your travel cost to and from your home to Bangalore, personal spending money, cost of snacks, passport and visa fees, and immunizations where required. Any additional time before or after the designated arrival or departure time of the trip will also be an additional cost.

Scholarships & Donations: Kingdom Foundations does not currently have the funding to allow for scholarships or financial assistance for these ministry trips. Also, if you have donors that are willing to make contributions on your behalf, please talk with your local church about processing those funds. Note: trip expenses may be allowed as a tax deduction because of the missionary nature of the trip. Talk to your accountant to see if this applies to you.

Other comments: Kingdom Foundations representative teaches at most meetings. For some meetings and village ministry, the team will divide between 3-5 churches and pastors or leaders on the team will be

Visit our website at: www.kingdomfoundations.org or call us at (816) 719-6735 for more information.



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chosen to preach at these churches. When planning trips to a foreign country up to a year or more in advance, it is VERY important that we remain flexible.

Questions and Answers

Q. Can I travel from another country and join with a Kingdom Foundations Team?

A. Anyone can travel to the meetings in any part of the world and participate in the meetings. If you would like to be on the Kingdom Foundations Ministry team, we ask that you fill out an application. You make and pay for your own flight reservations to the host city. You will need to complete the ministry manual reading.

Q. Can I have a single room on the trip?

A. Usually no, but exceptions can be made. Roommates are an important part of the trip and we don't want you to miss out on that fellowship. We will consider making an exception depending on room availability. You should email us and explain the reason you would like the single room. Of course, if it is approved, there will be an additional cost that will be incurred and you will pay this on the trip.

Q. Can I leave for the trip early or stay later than the rest of the team?

A. Yes. Just let the travel agents know when you would like to arrive and leave. You will be responsible for the cost of your own transportation to or from the hotel and your meals and accommodations during this time.

Q: Can we sign up as a group for the trip?

YES! Kingdom Foundations welcomes groups on it's international trips, whether they are organized by a church, some other ministry, or it is simply a group of friends. Give your group a name and put this group name on each application (we still need individual applications) or correspondence you submit to our office. We ask that all payments to our office be done individually. If the church or ministry is making a payment toward one or more individuals, be sure that it is clear exactly how much each person's account should be credited.

You will be able to choose roommates if you wish by contacting our office 3 weeks prior to the trip in insure your request. You may also meet together during free times for fellowship. On the trip, we do form "teams" with team leaders. Our experience on past trips has taught us that it is better if we mix up your group with others on the trip instead of your group forming its own team. Married couples are placed on the same team.



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MINISTRY TEAM APPLICATION

I AM APPLYING FOR ACCEPTANCE AS A KINGDOM FOUNDATIONS MINISTRY TEAM MEMBER FOR:

DESTINATION (CITY, COUNTRY)

DATES

PERSONAL INFORMATION

NAME _____ (EXACTLY AS IT APPEARS ON YOUR PASSPORT) NICKNAME* _____
NOTE: *ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH ____/____/____ AGE _____ GENDER Male Female
MM/DD/YY

OCCUPATION _____

STREET ADDRESS _____

CITY* _____ STATE* _____ ZIP _____

PHONE NUMBERS

HOME (_____) _____ WORK (_____) _____

FAX (_____) _____ CELL (_____) _____

EMAIL _____ PASSPORT NUMBER _____
(Send color copy of passport)

COUNTRY OF ISSUE _____ EXPIRATION DATE ____/____/____
MM/DD/YY

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMAIL ADDRESS _____ PHONE NUMBER (_____) _____

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SUPPLEMENTAL APPLICATION INFORMATION

ARE YOU BORN AGAIN? Yes No Unsure ARE YOU SPIRIT-FILLED? Yes No Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH KINGDOM FOUNDATIONS MINISTRY GUIDELINES? Yes No

ARE YOU WILLING TO SUBMIT TO AUTHORITY AND LOVINGLY CORRECTED IF NECESSARY? Yes No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? Yes No SPOUSES NAME _____

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? _____

MEDICAL/INSURANCE INFORMATION

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF SO, PLEASE DESCRIBE _____

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? Yes No IF SO, PLEASE DESCRIBE _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

IT IS HIGHLY RECCOMENDED THAT YOU CARRY OR OBTAIN PRIMARY MEDICAL INSURANCE TO COVER POSSIBLE ADDITIONAL MEDICAL NEEDS THAT MAY ARISE DURING INTERNATIONAL TRAVEL.

DO YOU HAVE PRIMARY MEDICAL INSURANCE? Yes No

IF SO, WHAT IS THE NAME OF YOUR INSURANCE CARRIER, GROUP NUMBER AND ID NUMBER? _____



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CHURCH/MINISTRY INFORMATION

CHURCH NAME _____ DENOMINATION _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE (_____) _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR _____ PHONE (_____) _____

DO YOU ATTEND CHURCH REGULARLY? Yes No

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? Yes No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? _____

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? Yes No

IF SO, PLEASE DESCRIBE _____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? Yes No

IF SO, PLEASE DESCRIBE _____

ARE YOU FLUENT IN ENGLISH? Yes No

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? Yes No

IF SO, NAME LANGUAGE(S) _____

I, _____, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE KINGDOM FOUNDATIONS TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X _____ DATE ____/____/____

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Trip Application

MINISTRY TEAM TRAINING

IN ORDER TO PARTICIPATE IN ANY KINGDOM FOUNDATIONS MINISTRY TRIP, ALL MINISTRY TEAM MEMBERS WILL BE EXPECTED TO READ GLOBAL AWAKENING'S MINISTRY TEAM MANUAL. *Upon acceptance of this application, a manual will be mailed to you along with the initial packet of information.*

I UNDERSTAND THAT I AM RESPONSIBLE TO COMPLETE THE MINISTRY TRAINING READING WITHIN TWO WEEKS OF THE MINISTRY TRIP DEPARTURE DATE.

SIGNED: X _____ DATE ____/____/____

DEPOSIT FORM

PLEASE NOTE: YOUR APPLICATION FOR KINGDOM FOUNDATIONS MINISTRY TEAM PARTICIPATION CANNOT BE PROCESSED UNLESS THE DEPOSIT AMOUNT IS INCLUDED WITH THIS FORM.

I, _____, WISH TO BE CONSIDERED AS A KINGDOM FOUNDATIONS MINISTRY TEAM MEMBER FOR:

_____ DESTINATION (CITY, COUNTRY) _____ DATES _____

DEPOSIT AMOUNT INCLUDED: \$_____ (\$350 PER PERSON PER TRIP)
Make checks payable to: Kingdom Foundations. All payments must be made in U.S. Dollars.

CANCELLATION & REFUND POLICY

If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to November 30, 2011 in order to receive a \$150 refund of this deposit. All trip money will be due no later than December 1, 2011. There will be no refund after December 1, 2011. Kingdom Foundations reserves the right to cancel at any time and would issue a full refund.

I understand and agree to the above cancellation and refund policy.

Signed: _____

Date ____/____/____

ENCLOSED IS A CHECK IN THE AMOUNT OF \$_____ CHECK # _____

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LIABILITY RELEASE

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

I, _____, **IN CONSIDERATION OF MY BEING ACCEPTED BY KINGDOM FOUNDATIONS FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR:**

_____ **(NAME TRIP)**

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I am in good health and have received or will be receiving 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 are 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; 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. I understand that the above and/or other possibilities are risks in ministry/missions travel.

I acknowledge that Kingdom Foundations 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 Kingdom Foundations does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that Kingdom Foundations has advised me that Kingdom Foundations does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Kingdom Foundations has recommended that I carry or obtain primary medical insurance to cover possible additional 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.



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IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A KINGDOM FOUNDATIONS MINISTRY TEAM MEMBER 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 KINGDOM FOUNDATIONS, IT'S 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 KINGDOM FOUNDATIONS 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: _____



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I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR _____

SIGNATURE OF MINOR _____

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 _____

DISCIPLINE POLICY

I, _____, IN CONSIDERATION OF MY BEING ACCEPTED BY KINGDOM FOUNDATIONS FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR: _____ (TRIP NAME/TRIP DATE)

"If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector." –Matthew 18:15-17

It is the intent of Kingdom Foundations to follow the biblical patterns of discipline within the confines of all international ministry trips. Kingdom Foundations ministry trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. *1 John 2:1- "My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous."* The goal of Kingdom Foundations is to create a safe, healthy environment, in order to minister to the people of the country visited.

We recognize that Ministry Team Members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one's sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come along side each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by Kingdom Foundations is greatly appreciated.



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Below are procedures that will be followed by Kingdom Foundations leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to Kingdom Foundations. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Kingdom Foundations leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.

1. If you have a problem with any individual, you are to lovingly approach that person first, without going to any other Ministry Team Member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but cannot hear your conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.
2. If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.
3. If the Ministry Team Leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the Ministry Team Leader, and the Trip Coordinator in order bring closure to the difficult situation.
4. If the Ministry Team Leader and Event Coordinator find any individual to be in *rebellion to correction*, a senior Kingdom Foundations representative will be informed. A senior Kingdom Foundations representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may include an individual returning home within 24 hours or the Ministry Team will be informed not to have any personal contact with the individual throughout the remainder of the trip.

I AGREE TO FOLLOW THE DISCIPLINE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY KINGDOM FOUNDATIONS LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGNED: X _____ DATE ____/____/____



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MEDIA RELEASE

I, _____, **IN CONSIDERATION OF MY BEING ACCEPTED BY KINGDOM FOUNDATIONS FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR _____ (TRIP NAME / TRIP DATE)**

Kingdom Foundations often takes photographs and video footage on ministry trips using them in Kingdom Foundations advertising, promotional materials, web page, and publications. In signing below, you fully authorize Kingdom Foundations to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use. Photographs are not to be used for any publication, website, advertisement or any other means without the permission of Kingdom Foundations. The exception to this is that the undersigned may use the photographs for showing to their personal church group and/or affiliation. Kingdom Foundations reserves the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

I AGREE TO THE MEDIA RELEASE POLICY STATED ABOVE AND WILL ABIDE BY THE TERMS AS STATED.

SIGNED: X _____

DATE _____/_____/_____



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PASTORAL REFERENCE EVALUATION

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

IF YOU ARE A PASTOR, THIS FORM MAY BE COMPLETED BY ANOTHER PASTOR OR MINISTRY LEADER FROM ANOTHER CHURCH

I, _____, WISH TO BE CONSIDERED AS A KINGDOM FOUNDATIONS MINISTRY TEAM

MEMBER FOR:

_____ DESTINATION (CITY, COUNTRY) _____ DATES _____

I GIVE MY FULL CONSENT THAT _____ NAME OF REFERENCE _____

COMPLETE THIS PASTORAL REFERENCE EVALUATION AND RELEASE IT TO KINGDOM FOUNDATIONS.

SIGNED: X _____ DATE ____/____/____

Dear Pastor/Church Leader,

The applicant above has applied to be on a Kingdom Foundations Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Kingdom Foundations greatly appreciates your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank You!

How long have you been acquainted with the applicant? _____
In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving?



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Evaluation of Applicant's Emotional & Spiritual Maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- Frequently incapacitated
- Somewhat below par
- Fairly healthy
- Good health

EMOTIONAL RESILIENCE

- Gets angry; impulsive
- Withdrawn
- Gets discouraged easily
- Deals with problems positively

ACHIEVEMENT

(Ability to formulate, execute & carry plans to conclusion)

- Starts but doesn't finish
- Does only what is assigned
- Meets average expectations
- Superior creative ability

SOCIAL INTERACTION

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve as Needed

LEADERSHIP

(Ability to inspire others & maintain their confidence)

- Makes an effort to lead
- Tries but lacks ability
- Has some leadership promise
- Exceptional ability to lead

TEAMWORK

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others
- Energized by teamwork

INTELLIGENCE

- Learns and thinks slowly
- Average mental ability
- Alert; has a good mind
- Brilliant, exceptional

CHRISTIAN EXPERIENCE

- Relatively superficial
- Over-emotional
- Genuine but mild
- Rich and growing
- Warmly contagious

RESPONSIVENESS

(To the feelings and needs of others)

- Slow to sense how others feel
- Reasonably responsive
- Understanding & thoughtful
- Extremely responsive

PRAYER MINISTRY

(Praying for inner and physical healing)

- Has not been trained and is very new at this
- Has some training and experience
- Has had much experience and expertise

Evaluation of applicant's skills, training, profession, or trade. (Answer only if you have first hand info)

- Incompetent
 Doubtful
 Adequate
 Superior in Competence

In what other skills or areas is he/she well qualified?

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

- | | | | |
|----------------------|---------------------|-------------------|----------------------------|
| Impatient | Argumentative | Domineering | Cocky |
| Easily offended | Critical of others | Anxious | Easily embarrassed |
| Easily discouraged | Frequently worried | Nervous or tense | Given to moods |
| Intolerant | Lacking in humor | Can't take a joke | Unable to cope with stress |
| Erratic in attitudes | Racially prejudiced | Self-absorbed | |

If the applicant seems relatively free from all such tendencies, check here _____



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Please comment briefly on the family and social background of the applicant.

Please describe any physical limitations the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- d) Has the applicant had psychiatric treatment?
- e) Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c) d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant as a Kingdom Foundations Ministry Team participant?

- | | |
|--|--|
| <input type="checkbox"/> He/she is definitely unsuited | <input type="checkbox"/> He/she is an average prospect |
| <input type="checkbox"/> At this time I feel he/she is not suited | <input type="checkbox"/> He/she is an above average prospect |
| <input type="checkbox"/> He/she is a good prospect, but I do have reservations | <input type="checkbox"/> He/she is an unusually exceptional prospect |

REFERENCE NAME _____ TITLE _____

ADDRESS _____

PHONE (____) _____

SIGNATURE: X _____

PLEASE MAIL DIRECTLY OR SCAN AND EMAIL TO:

KINGDOM FOUNDATIONS
c/o Ronda Adams
PO Box 901313
Kansas City, MO 64190

Phone: (816) 719-6735
EMAIL: ronda@kingdomfoundations.org

Visit our website at: www.kingdomfoundations.org or call us at (816) 719-6735 for more information.



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CONFIDENTIAL REFERENCE EVALUATION

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MEMBER FOR: _____
DESTINATION (CITY, COUNTRY) _____ DATES _____

I GIVE MY FULL CONSENT THAT _____ COMPLETE THIS
NAME OF REFERENCE

CONFIDENTIAL REFERENCE EVALUATION AND RELEASE IT TO KINGDOM FOUNDATIONS AWAKENING.

SIGNED: X _____ DATE ____/____/____

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- _____ Doubtful
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| Easily offended | Critical of others | Anxious | Easily embarrassed |
| Easily discouraged | Frequently worried | Nervous or tense | Given to moods |
| Intolerant | Lacking in humor | Can't take a joke | Unable to cope with stress |
| Erratic in attitudes | Racially prejudiced | Self-absorbed | |

If the applicant seems relatively free from all such tendencies, check here _____

Please comment briefly on the family and social background of the applicant.



Trip Application

Please describe any physical limitations the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- d) Has the applicant had psychiatric treatment?
- e) Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c) d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant's promise as a Kingdom Foundations Ministry Team participant?

- | | |
|--|--|
| <input type="checkbox"/> He/she is definitely unsuited | <input type="checkbox"/> He/she is an average prospect |
| <input type="checkbox"/> At this time I feel he/she is not suited | <input type="checkbox"/> He/she is an above average prospect |
| <input type="checkbox"/> He/she is a good prospect, but I do have reservations | <input type="checkbox"/> He/she is an unusually exceptional prospect |

REFERENCE NAME _____

ADDRESS _____

PHONE (____) _____

SIGNATURE: X _____

PLEASE MAIL DIRECTLY OR SCAN AND EMAIL TO:

KINGDOM FOUNDATIONS
c/o Ronda Adams
PO Box 901313
Kansas City, MO 64190

Phone: (816) 719-6735

EMAIL: ronda@kingdomfoundations.org

Visit our website at: www.kingdomfoundations.org or call us at (816) 719-6735 for more information.

Emergency Medical Services Authorization

Participant Full Name: _____

Age: _____ Birth Date: _____ Home Telephone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

I hereby authorize any representative of Kingdom Foundations (KFS), who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as a team member on a KFS ministry trip from the dates of _____ to _____. I authorize any medical provider to disclose my individually identifiable health information or other medical records as necessary to the bearer of this authorization. This authorization applies, but is not limited to, to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C .1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to KFS, without restriction, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this Authorization to the extent not covered by any travel insurance secured by me or on my behalf. Should it be necessary for me to return home due to medical reasons or otherwise, I will assume all transportation costs incurred.

Health Insurance: Yes ___ No ___

Insurance Co: _____

Policy No: _____

Emergency Contact: _____

Relationship: _____

Emergency Cell/PH #: _____

Participant Signature

Parent/Legal Guardian Signature (minors only)

Witness Signature

State of _____:

County of _____:

Sworn and subscribed to me by the Participant and Witnesses this the _____ day of _____, 20____.

Notary Public

