

**Adult Leader Application for  
*Never The Same!*  
Guatemala City, Guatemala, June 29- July 12, 2009**

I'm so excited you're interested in being an adult leader for our 2009 *Brio Missions* return trip to Guatemala City, Guatemala! All participants will meet in Miami, Florida for two days of drama training before heading off to minister in Guatemala. **The arrival date for teens is Monday, June 29, 2009 but we ask all our adult leaders to arrive on Saturday, June 27, for two days of training and prayer time together before the teens arrive.**

We are looking for adults who love and communicate well with teenagers, can be flexible and a team player working with other adults in leadership positions. Our adult leaders pay their own way (same as the teens who participate) and the cost is \$2,398.00. This does not include roundtrip to Miami or your passport.

Still interested? If so, simply follow the instructions below.

- If you haven't read the information packet labeled "For Parents, the Details" make sure you read that before completing this application. (Yes, even if you're not a parent; you need the facts.)
- If you haven't spent time in prayer about this trip, stop right now and do so. Don't even think about filling out the application until you're confident God wants you on this trip.
- Complete the application below. **Please include a recent photo with your application.**

Return as soon as possible with your \$55 application fee to:

*Brio Missions C/O Big World Ventures, P.O. Box 703203, Tulsa, OK 74170-3203*

- If you have a teen who is applying also, paperclip your applications together and handwrite on the top of yours, "My teen is also applying."

We will contact you for a phone interview about two weeks after we have received your application including your Pastor's Recommendation form.

Kathy Gowler  
*Brio Missions Coordinator*  
Focus on the Family

**Adult Leader Application *Never The Same!***  
***Brio Missions June 29 – July 12 2009***

Have you participated on a BRIO mission trip before? \_\_ yes \_\_ no If yes, which trip(s)?

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Full Legal Name: (As it will be on your passport. Please print)

\_\_\_\_\_

Name as you want it on your name tag: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_ M \_\_ S \_\_ Divorced                      Age: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

email:(PRINT CLEARLY) \_\_\_\_\_

T-shirt size: (100% cotton) **Circle one: Unisex Adult Tees** S M L XL 2XL 3XL

Please describe in a paragraph, why you feel God wants you to participate in the *Brio* mission trip.

Please describe in a short paragraph what qualifies you to work well with teenagers.

Give a short summary of your personal testimony.

List the name of the church you regularly attend.

Describe your church involvement.

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**Applicant's Name:** \_\_\_\_\_

Vocation/Occupation: \_\_\_\_\_

Can you work well under someone else's authority and enforce the rules established by the *Brio* staff—even if things aren't being run the way you think they should? (Circle one): YES

I'm kind of controlling

That's hard!

As a potential adult sponsor for this mission trip, you're representing Jesus Christ and Focus on the Family. We would much rather err on the side of being too cautious and conservative than too liberal. So, bluntly put . . . here's what we expect from you:

- To be godly role model
- Absolutely no smoking, chewing tobacco or drinking (this includes the entire two weeks we're together—flights, restaurants, etc.)
- No sarcasm (Teens are at the point in their development where everything is changing, and a simple zit can hurl them into a crisis. This is *not* the time to get laughs from sarcasm or clever put-downs. Your role as a godly leader is to provide positive affirmation and encouragement as well as unconditional love.)
- For potential adult leaders who also have a teen applying, we typically don't put parents and teens on the same team. Will it make a difference if you're not on the same team? YES

\_\_\_\_\_ NO \_\_\_\_\_

• Are you applying to be an adult leader because you believe God is truly calling you on this missions trip . . . or do you simply not want to let go of your teen?

• If accepted as an adult leader, you would be with 5-6 other adults on a team of approximately 30 teens. If the "head leader" of your team makes decisions you don't agree with, can you be a team player, or will your attitude reflect that you don't agree with the way things are being run? Please be honest.

I'M A TEAM PLAYER \_\_\_\_\_ I LIKE TO BE IN CHARGE \_\_\_\_\_

What gifts/strengths will you bring to this trip?

Do you have any physical condition we need to be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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You will have at least one adult roommate during this trip. Will that be hard for you?

YES \_\_\_\_\_ NO \_\_\_\_\_

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**Applicant's Name:** \_\_\_\_\_

How much sleep do you require per night? \_\_\_\_\_

Do you struggle with a sleep disorder? \_\_\_\_\_

Are you willing to be flexible (getting up early, having possible last-minute changes, going the extra mile, eating food that may not be your favorite, getting little sleep)?

YES It'll be hard but I'll do it \_\_\_\_\_ NO \_\_\_\_\_

• Can you maintain a positive attitude when tired or under stress? YES \_\_\_ NO \_\_\_

• Have you ever been convicted of a felony? (Include any plea of guilty or no contest. Exclude minor traffic violations)

YES \_\_\_ NO \_\_\_

(If yes, explain)

How would you describe your personality?

\_\_\_ Outgoing/a natural leader

\_\_\_ More of a support person/team player

\_\_\_ On the quiet side/like working behind the scenes

In what area(s) do you feel most confident?

\_\_\_ Organizational skills

\_\_\_ Teaching/mentoring

\_\_\_ Leading/making necessary decisions that will benefit the group/ministry

\_\_\_ Social activities planner/party person

What do you consider a weak area for you when it comes to student ministry? (Please be honest).

Applicant's Name: \_\_\_\_\_

**Financial Agreement**

If accepted for Focus on the Family's *Brio* mission trip, I understand that my final payment for the total cost of the trip is due to Big World Ventures at P.O. Box 703203, Tulsa, OK 74170-3203, no later than April 1, 2009.

I also understand that I'll need to obtain a passport (if I don't already have one) by March 1, 2009.

I also understand if folks want to help me financially with this trip, they must make their checks payable to Big World Ventures to receive tax credit. I realize that countries outside of the US may have different tax laws that don't give tax credit for this contribution.

If I end up bringing in *more* than the trip costs, Big World Ventures will hold any excess money for one year and apply it to another *Brio* Missions trip for me.

**Donations to Big World Ventures are non-refundable as they are tax deductible.**

Another option would be to allow that money to be placed in someone else's account who needs assistance for the *Brio* trip.

If, however, my contributors DON'T care about receiving a tax donation—if they simply want to contribute money to me personally for the missions trip—they can send those checks directly to me, and I may keep every bit that comes in exceeding my total cost for the trip. BUT my contributors will not receive tax credit.

I understand what the \$55 application fee is for and that it is nonrefundable if I'm selected and decide not to participate. I also understand that the \$2,398 due to Big World Ventures does *not* include my round-trip transportation to Miami, my passport, or any applicable departure tax if needed. **After January 31, 2009, the base price of the trip increases to \$2,498.** Other costs will include a \$33 Departure Tax/Security Fee and a possible fuel surcharge of up to \$85.

*I understand the integrity and character involved in accepting donations from people toward this trip. I promise to send a note of gratitude to each person who contributes to my missions venture.*

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Emergency Contact Information**

Participant's Name (Please print):

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Female  Male

Emergency Data:

In an emergency call \_\_\_\_\_

Parent  Guardian  Spouse  Other \_\_\_\_\_

Telephone numbers **including** country code (USA and Canada are 001), area code and number:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell/mobile \_\_\_\_\_

Alternate \_\_\_\_\_

**Personal Health History and Physical Exam**

You are required to provide a personal medical history and have had a complete physical examination within the 12 months prior to the trip. (A copy of a physical completed in the last year required for participation in a school or athletic program will suffice.)

**Personal Health History:**

To be completed by participant (if 18 years or older) or by participant's parent or guardian. If "yes", circle number. Please explain any "yes" answers below.

1. Have you been immunized against or had chicken pox (Varicella Zoster Vaccine)?
2. Have you had a tetanus booster in the last 10 years?
3. Any recent injury, illness, or infectious disease?
4. Had infectious mononucleosis "mono" in the last 3 months?
5. Any recurring or chronic illness/condition?
6. Have frequent headaches?
7. Ever had a head injury or concussion?
8. Ever had a seizure?
9. Ever been hospitalized over night?
10. Ever had surgery?
11. Ever been dizzy during or after exercise?
12. Ever "passed out" or nearly "passed out" DURING exercise?
13. Ever "passed out" or nearly "passed out" AFTER exercise?
14. Ever been told by a medical practitioner that you have?
  - High blood pressure
  - High cholesterol
  - Heart murmur
15. Ever had discomfort, pressure, or pain in your chest during exercise?
16. Cough, wheeze, or difficulty breathing during or after exercise?
17. Do you have asthma?
  - Do you take medication? \*see below
18. Do you have allergies (include medications, foods, environmental or insect stings)?
  - Have you been told to carry an Epi-pen? \*\*see below
19. Currently taking any prescription or over the counter medications?
20. Currently taking any "natural" or herbal medications or supplements?
21. Any problems with your eyes or vision?
22. Do you wear glasses or contact lenses?
23. Any skin problems (e.g. rashes, itching, acne, pressure sores)?
24. Any back problems?
25. Any joint problems (e.g. ankle, knee, hip, elbow, neck)?
26. Any orthodontic appliances that you will use during trip?
27. Do you have diabetes?
28. Any intestinal problems (e.g. diarrhea, constipation, heartburn, reflux)?
29. Problems with sleepwalking?
30. Ever had an eating disorder?
31. Ever had emotional difficulties (e.g. depression, bipolar, cutting)?
32. If female, any problems with menstrual period?

**\*If you take medication for asthma, you must have enough medication for the duration of the trip.**

**\*\*If you have been advised to carry an Epi-pen for allergic reactions, your prescription must be current, and you will be required to prove you have it with you on the trip.**

Please explain any additional "yes" answers in the personal health history, noting the number of the question.

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Participant's Name: \_\_\_\_\_

Please list any illnesses, other than those listed above, for which you have seen a physician or other health care provider in the last year.

<u>Illness</u>	<u>Date</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently under the care of a physician or other medical practitioner for any condition?

Please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list **all** current medications (prescription, over the counter, "natural" or herbal remedies, vitamins and supplements), dosages and reason for taking. Include those medications taken on a regular basis as well as those taken for occasional illnesses such as allergies, migraines, indigestion, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all the surgical operations or hospitalizations you have undergone and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever struggled with restricting your food intake, intentionally induced vomiting after eating, using laxative or diet pills, or been told you have an eating disorder? \_\_\_\_ Yes \_\_\_\_ No

If yes, did you seek professional help? If so, when and what treatment was received?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Page 8**    **Participant's Name:** \_\_\_\_\_

Have you ever been involved with self-mutilation or cutting?    \_\_\_ Yes    \_\_\_ No

- If yes, do you currently mutilate or cut?    \_\_\_ Yes    \_\_\_ No

Have you ever been diagnosed with panic or anxiety attacks?    \_\_\_ Yes    \_\_\_ No

Are you currently under the care of a mental health provider (psychiatrist, psychologist, or professional counselor) for any of the above conditions?    \_\_\_ Yes    \_\_\_ No    Please briefly describe:

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### **Family Health History**

Limit answers to *parents and siblings* of participant. To be completed by participant (if 18 years or older) or by participant's parent or guardian. If "yes", **circle number**. Please explain any "yes" answers below.

1. Has anyone in your family died suddenly?
2. Does anyone have heart problems?
3. Does anyone have high blood pressure?
4. Does anyone have diabetes?
5. Does anyone have allergies?
6. Does anyone have asthma?
7. Does anyone have emotional difficulties (e.g. depression, bipolar)?

Please explain any "yes" answers, noting the number of the question.

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Please provide any details pertaining to your personal or family health not covered by the previous questions:

**Page 9**    **Participant's Name:** \_\_\_\_\_

I hereby state that, to the best of knowledge, the answers to the above questions are correct and complete.

Signature of participant: \_\_\_\_\_

Signature of parent/guardian: (if participant is 18 years old or younger)

\_\_\_\_\_  
Date: \_\_\_\_\_

**Physical Examination Form**

To be completed by medical provider. A copy of a physical within the last year for another reason will suffice.

Participant's Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected  Yes  No

**Childhood Immunizations**

All participants are **required** to be up to date on the following immunizations:

<u>Type</u>	<u>Month/Year</u>				
Mumps/Measles/Rubella	_____	_____			
Diphtheria/Pertussis/Tetanus	_____	_____	_____	_____	_____
Td/Tdap booster	_____	_____	_____		
Polio	_____	_____	_____	_____	
Hepatitis A (optional)	_____	_____			
Hepatitis B	_____	_____	_____		
Varicella <b>or</b>	_____	_____			
Date of chicken pox infection	_____				
Other immunizations:					
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

**Medical Exam**

	<u>Normal</u>	<u>Abnormal Findings</u>
Appearance		
HEENT	_____	_____
Heart	_____	_____
Lungs	_____	_____
Abdomen	_____	_____

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Skin \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

UE \_\_\_\_\_

LE \_\_\_\_\_

Neuro \_\_\_\_\_

Name of provider/title: \_\_\_\_\_

Date: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

On the back of this form, please indicate any reason why this individual should **not** participate in the proposed International trip.

Signature of provider: \_\_\_\_\_

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**Consent for Medical Treatment— Release and Hold-Harmless for Travel Adult Participant**

Name: \_\_\_\_\_

WHEREAS, I, \_\_\_\_\_,  
wish to be a member of the summer missions program organized by Focus on the Family and Big World Ventures which will be traveling and staying in the U.S. and to and in other countries, and WHEREAS, certain circumstances and situations may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for myself to participate in said mission, I \_\_\_\_\_, being of legal age, authorize any agent of Focus on the Family or Big World Ventures, Inc., including the volunteer medical staff, to act in my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which may be deemed necessary for my medical well-being for the duration of the mission.

2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my behalf.

3. Any consent by Focus on the Family, or Big World Ventures, Inc., shall have the same force and effect as if I had personally given the consent.

4. I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance or other extraordinary means.

5. I hereby release and hold harmless Focus on the Family and Big World Ventures, its officers, employees and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in the summer missions program.

Participant's signature: \_\_\_\_\_

**Please have this form notarized.** State of \_\_\_\_\_,

County of \_\_\_\_\_.

Before me, the undersigned, a Notary Public in and for said County and State of \_\_\_\_\_, 2008/2009, personally appeared the identical person who executed the within and forgoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

My commission expires: \_\_\_\_\_ Notary Stamp:

**Certain Limitations**

Name (Please Print) \_\_\_\_\_

In the event of any crisis - political, natural, or missions related, any political unrest or natural disaster, Big World Ventures and Focus On The Family decides if and where to send individuals in the Summer Missions Program.

Big World Ventures is a disciplined organization with regulations in certain areas, including conduct, dress, and Christian life-style. These are explained in the acceptance packet sent to the accepted applicant. All individuals participating in the Summer Missions Program will adhere strictly to Big World Ventures' policies and are subject to dismissal for disobedience, without refund or reimbursement.

All individuals in the Summer Missions Program serve at their own risk and Big World Ventures or Focus On The Family is not liable in the event of sickness, accident, death, or terrorist acts, or for transportation or any other expenses beyond that of normal involvement.

I also give Big World Ventures and Focus On The Family permission to use my picture, voice and/or testimony in any type of promotional advertisement. My enclosed signature signifies my approval of all limitations listed above.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please have this form notarized.**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, a Notary Public in and for said county and state of \_\_\_\_\_, 2008/2009. Personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the use and purpose therein set forth. Given under my hand and seal of office the day and year above written.

\_\_\_\_\_

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Applicant's Name:** \_\_\_\_\_

**Please give three references of people who are currently a part of your life that we can contact regarding your personal character, integrity and leadership qualifications.  
(Example: small group leader, current pastor, co-worker etc.)**

1. Name:

Phone: (Daytime) Relationship to you:  
How long have you known this person?

(Evening Phone)

2. Name:

Phone: (Daytime) Relationship to you:  
How long have you known this person?

(Evening Phone)

3. Name:

Phone: (Daytime) Relationship to you:  
How long have you known this person?

(Evening Phone)

Time for more honesty . . . what's one thing we should be aware of in choosing you as a *Brio* missions team leader?

What's one thing we'll love about you if you're chosen as a *Brio* missions team leader?

Anything else about yourself you want to make sure we know?

**Pastor's Recommendation For Adult Leaders**  
*Brio Missions Trip – Guatemala City, Guatemala, 2009*

The purpose of this recommendation is to find out as much as possible about the applicant's character, spiritual maturity, leadership skills and emotional stability. This particular missions trip has a variety of ministry opportunities for team involvement, discipleship, physical demands and spiritual intensity. We are looking for adults with strong leadership skills to work with, mentor and spiritually encourage teens. We appreciate and depend on your honest opinion. Your evaluation is appreciated and held in strict confidence.

***This form must be completed and turned into Big World Ventures before you can be officially accepted by Brio to participate in a summer mission venture.***

Applicant's name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Church phone:(\_\_\_\_)\_\_\_\_\_

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

Please complete this form and **return it within four days** to:  
*Brio Missions, Big World Ventures, P.O. Box 703203, Tulsa, OK 74170*  
3203 or fax to: 918-481-5257.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know him/her? \_\_\_ Not really well \_\_\_ Casually \_\_\_ Quite well
3. Which of the following best describes the applicant? **E=Excellent AA=Above Average**  
A=Average P=Poor U=Unknown  
\_\_\_\_ Flexibility \_\_\_\_\_ Dependability \_\_\_\_\_ Response to authority \_\_\_\_\_ Servant heart  
\_\_\_\_ Spiritual influence \_\_\_\_\_ Leadership skills \_\_\_\_\_ Maturity \_\_\_\_\_ Spiritual Life
4. Does this person have a heart for teens and will this person be a good encourager, role model and mentor to teenagers?
5. Anything else we should know about this applicant?

Pastor, if you'd like information on being a team leader on this trip please call Kathy Gowler at Focus on the Family:719-548-4575.

