

Leader In Training Application *Never The Same Brio Missions*

Guatemala City, Guatemala - June 29-July 12, 2009

I'm so excited you're interested in being a Leader In Training (LIT) for our 2009 *Brio* Mission trip to Guatemala City, Guatemala! Are you ready to have your world rocked and make a difference in the lives of younger teens all at the same time? If so, we may be looking for YOU!

Who should apply? College-age young students with mission trip and leadership experience to work alongside adult leaders on this two-week life-changing adventure and ministry opportunity.

What are the requirements? You must have been out of high school at least one year by the time of the trip, have at least one international mission trip behind you, strong leadership qualities and experience, a solid spiritual foundation, and a willingness to jump in and get involved in mentoring and encouraging younger teens. Mandatory leader training will be held in Miami June 27-28, 2009. Student participants arrive on June 29.

The 2009 LIT experience- how does it look? We're looking for young adults who are serious about their faith and being trained to lead in a ministry environment. You'll be stretched to new limits and encouraged to use your particular gifts and talents to make a difference in the lives of the teens you work with. We'll train you, push you, encourage you, and watch you blossom as you step into the exciting role of leadership this trip offers. Are you ready for the challenge?

If you can be flexible and a team player working with other adults in leadership positions, this trip is for you! All of our 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 passport. After January 31, 2009, the cost will increase to \$2,498.00.

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. **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

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

Serving Him,

Kathy Gowler
Brio Missions Coordinator

Leader In Training (LIT) Application
Brio Missions – Guatemala – June 29 – July 12, 2009

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

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

Name as you want it on your nametag: _____

College Address: _____

Permanent Home Address: _____

Marital Status: __ M __ S __ Divorced

Daytime Phone: () _____ Cell: () _____

Age: _____ 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 want you to participate in the *Brio* mission trip. Have you ever been on a mission trip? _____Y _____N If yes, please describe:

Have you flown by yourself on an airplane before? _____Y _____N

Have you ever been on an international mission trip? _____Y _____N

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Applicant's Name: _____

Describe your leadership qualifications and experience:

Give a short summary of your personal testimony.

List the name of the church you regularly attend - describe your church involvement:

Name of college you attend:

Year in college: _____

Area of study: _____

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!

Our Expectations: We are looking for spiritually solid college students who are passionate about youth ministry and missions to be godly role models for younger teens as well as take an active leadership role alongside adults on a team of students. As a potential LIT 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:

- 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.)

Applicant's Name: _____

As a Leader In Training, we expect you to be actively involved with students on your team with a servant's heart and teachable spirit. Are you applying to be a LIT because you believe God is truly calling you on this mission trip and you want to learn how to lead . . . or do you simply want to have a good time?

If accepted as a LIT, you would be with 5-6 other adults on a team of approximately 30 teens. If the "head sponsor" 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

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: _____

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)

Describe your personality: _____ Outgoing/social/like to be involved _____ A servant. I

like working behind the scenes _____ I'm shy/introverted. _____ I don't like to be put up front.

Applicant's Name: _____

Do you speak any Spanish?

What would you say is your weakest area when it comes to ministering to teens?

Please answer the following questions:

1. A situation that makes me particularly anxious would be _____.
2. In the past, I have struggled with _____.
3. My gifts are best used when _____.
4. I am happiest when I _____.
5. When I am under stress I cope by _____.
6. When I am tired I _____.
7. When things don't go as planned I _____.
8. My leadership strengths include _____
_____.
9. As a leader my weaknesses are: _____
_____.
10. Emotional and spiritual maturity could be described as

_____.
10. Describe a difficult/challenging situation from your past and how you dealt with it.

Applicant's Name: _____

11. Describe what you are most passionate about; what brings your heart alive:

12. What would be your dream job?

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.** Additional costs will be 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.

SIGNATURE: _____ DATE: _____

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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 using 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.

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?

Page 9 **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:

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.

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

Page 10 **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 or	_____	_____			
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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Participant's Name: _____

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: _____

Consent for Medical Treatment—Release and Hold-Harmless for Travel

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 child's/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 (my child/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 their volunteer medical staff, to act in (my child's/my) behalf should I/they 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 child's/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 child's/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 child's/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 child's/my) participation in the summer missions program. (If you are under custody of both parents, we need both parents' signatures. If you are not, we need the signature of the one who has custody of you. Some foreign countries require this.)

Father's signature: _____ Date: _____
(if applicant is under 18 years of age)

Mother's signature: _____ Date: _____
(if applicant is under 18 years of age)

Guardian's signature: _____ Date: _____
(if applicant is under 18 years of age)

Participant's signature:*(if over of 18 years of age)* _____

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: _____

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 (if a minor): _____ 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 ____/____/____

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: dorm R.A., small group leader, current pastor etc.)

1. Name: _____
Phone: (Daytime) Relationship to you: _____ (Evening Phone) _____
How long have you known this person? _____

2. Name: _____
Phone: (Daytime) Relationship to you: _____ (Evening Phone) _____
How long have you known this person? _____

3. Name: _____
Phone: (Daytime) Relationship to you: _____ (Evening Phone) _____
How long have you known this person? _____

What are you really good at (talent we should now about) that will be an asset to this trip?

Have you had experience in playing in a worship band? If so, please tell us what instrument you play and your level of proficiency/experience:

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

Spiritual Leader Recommendation For College-Age Applicants
(To be filled out by your current pastor or Bible Study leader, currently involved in your life).
Brio Missions Trip –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 college-age young adults with strong leadership skills to work with, mentor and spiritually encourage younger 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, 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.

