
**Student Application for *Never The Same*
Guatemala City, Guatemala: June 29 – July 12, 2009**

**(Applicant Must be 13 Years Old by January 1, 2009)
Cost: \$2,398 plus airfare to Miami, FL
(\$2,498 after January 31, 2009)**

Today's Date: _____ Birthdate: _____ Male/Female _____

Legal Name: (As is will be on your passport. Please print clearly)

Name as you want it on your name badge: _____

Have you participated on a BRIO missions trip before? ___ Yes ___ No

If yes how many? _____ Which one(s)? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____

e-mail: (PRINT CLEARLY) _____

Your parent's email: (PRINT CLEARLY) _____

T-shirt size: (100% cotton) **Circle one:** (Unisex Adult Tees)

S M L XL 2XL 3XL

Do you have a personal relationship with Jesus Christ as your Lord and Savior?

When did you receive Christ as your personal Savior?

List the name of the church you regularly attend.

Describe your church (and/or youth group) involvement.

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Applicant's Name: _____

I have my parent's permission to take this trip and if accepted, **I DO** plan on participating on this missions trip.

Signature: _____

Parent's Signature: _____

Have you ever flown on an airplane before? _____ Yes _____ No

Have you ever been on a mission trip before? _____ Yes _____ No

Have you ever traveled internationally before? _____ Yes _____ No

List your favorite hobbies or activities:

Please tell us in detail why you feel you should be selected to participate in this *Brio* mission trip.

• Can you maintain a positive attitude when tired or under stress?

___ yes ___ no

• Will you commit to following the rules established by the *Brio* and Big World Ventures staff?

___ yes ___ no

• Once out of the country, will you be able to keep homesickness from interfering with this missions endeavor? ___ yes ___ no

• Being out of your comfort zone will include eating food you are not used to, having roommates, long hours of travel, stretching yourself physically and spiritually, getting up early. Are you ready and willing to be totally out of your comfort zone for two weeks? ___ yes ___ no

• How did you hear about this trip? (circle one)

Brio or *Breakaway* website _____ I get *Brio* or *Breakaway* magazine _____

From someone that's done a *Brio* trip before _____ From a friend who is going on this trip _____

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 and request a receipt to receive tax credit. I realize that countries outside the US may have differing tax laws and may not accept this contribution as tax deductible. 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.

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 \$45 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 or my passport. **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: _____

PARENT'S 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 _____

Page 5 Participant's Name: _____

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?

Page 6 Participant's Name: _____

***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.

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:

Page 7 Participant's Name: _____

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?

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 8 **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 _____

FOCUS ON THE FAMILY
RELEASE AND CONSENT MINOR ONLY—NO PARENT PRESENT
2009 Missions Trip

Minor's Name: _____

Parent/Legal Guardian's Name: _____

Focus on the Family, a California Nonprofit Religious Corporation ("FOCUS"), has organized a missions trip to Guatemala from June 29, 2009, to July 12, 2009, in conjunction with Big World Ventures (the "Event"). Minor has been accepted for participation as an unaccompanied participant in the Event (without an accompanying parent or other responsible adult). Subject to each of the following provisions, I the Minor's parent or legal guardian, hereby consent that Minor may participate in the Event. The term "Event" encompasses every activity which shall occur from Minor's arrival at the designated location for the Event to the time of Minor's departure from the Event. I understand that FOCUS would not admit Minor to the Event in the absence of execution of this General Release.

Release of Liability. I understand and appreciate fully the risks inherent in the Event and in travel, generally. I have expressly explained those risks to Minor, and I am satisfied that he/she fully understands and appreciate the risks and is capable of participating in the Event, that he will do so in a safe and responsible manner without my supervision, and that he will comply with all safety guidelines established by FOCUS and Big World Ventures. I fully and forever release, discharge and acquit FOCUS, Big World Ventures, and their directors, officers, employees and agents, and their heirs, executors, administrators and assigns, including the volunteer medical staff (the "Released Persons"), from any and all rights, claims, actions, demands, costs and expenses that I or Minor may have or have a right to assert, arising out of or in connection with the Event, including but not limited to damages for death or personal injuries to me or Minor. Without intending to limit the generality of the foregoing waiver, I expressly waive any claim against the Released Persons for any personal injury or property damage which either I or Minor may sustain as a result of any activity during the Event.

Consent for Medical Treatment. I authorize FOCUS to provide Minor with medical/dental care and treatment, including but not limited to diagnostic tests, X-ray examination, anesthesia, surgery, or other procedures that may be deemed necessary for Minor's well-being during the duration of the Event. I agree that I am solely responsible to pay for any expenses that may arise from such medical care.

This Release and Consent shall remain in full force and effect until the end of the Event.

Signature of parent or legal guardian: _____

Date: _____

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

Name: _____

WHEREAS, (my child/I) _____,
wishes 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)* _____ Date: _____

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: _____ 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 ____/____/____

Pastor's Recommendation Brio Missions Trip (This form must be completed and turned into Big World Ventures before you can be officially accepted by Brio to participate in our summer mission venture.)

Applicant's name (PLEASE PRINT): _____

Applicant's address and phone number; _____

_____ (_____) _____

Pastor's name: _____

Church name and address: _____

Church phone number: (_____) _____

The purpose of this recommendation is to find out as much as possible about the applicant's character, spiritual standing and emotional stability. This particular missions trip has a variety of ministry opportunities, team involvement, discipleship, physical demands and spiritual intensity. It is a ministry/service trip for teens who are serious about their faith and have a desire to share the gospel to needy people. It is not meant to be an opportunity for a student who is emotionally or spiritually troubled or has walked away from God to straighten their life out. Your honest evaluation is appreciated and held in strict confidence. Please answer all questions and return this form within four days to: Brio Missions, Big World Ventures, P.O. Box 703203, Tulsa, OK 74170-3203. **This application cannot be processed until we receive this recommendation back from you.**

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 _____ Servanthood _____

Spiritual influence _____ Leadership skills _____ Maturity _____ Spiritual life _____

4. All teens are sometimes irritable, sarcastic and even domineering. But check any words that define something we need to be aware of—more than what the average teen would display.

Irritable _____ Procrastinator _____ Inclined to crushes _____

Depressed _____ Rebellious _____ Argumentative _____ Domineering _____

Sarcastic _____ Emotionally Unstable _____

5. Will this teen have problems getting along with others? _____

Participant's Name: _____

6. Any information you can give us regarding family situations, health concerns, emotional instability is most appreciated to help us in our selection process. Please be honest—you know the applicant, we don't.

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

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