



ELISHA

REVOLUTION

MISSIONS APPLICATION

3525 Del Mar Heights Road #832
San Diego, CA 92130
+1 619 320 5108
missions@elisharevolution.com

Trip Name _____ Date _____

Personal Information

First Name _____ Last Name _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Mobile Number _____

Email Address _____

Passport Information (Exactly as it appears on Passport)

Names First, Middle _____ Last Name _____

Issuing Country _____ Date of Issue _____ Date of Expiry _____

Date of Birth _____ Country of Birth _____ Nationality _____

Country of Citizenship _____ Passport Number _____

Emergency Contact

First Name _____ Last Name _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Mobile Number _____

Email Address _____

Christian Background

Do you consider yourself born again? _____

Do you consider yourself spirit filled? _____

Do you attend church regularly? _____

Please provide your home church information here

Church Name _____ Senior Pastors Names _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Website _____

How long have you served in your church? _____

In which areas of your local church are you currently serving?

What ministry training have you had?

What spiritual gifts do you believe God has given you?

Travel & Missions Experience

Have you ever traveled with Elisha Revolution?

If yes, when? _____

If yes, where? _____

If yes, overall, what did you enjoy about that Elisha Revolution Missions trip?

If yes, overall, what areas could use improvement concerning that Elisha Revolution Missions trip?

Have you traveled overseas for mission's work outside Elisha Revolution Missions?

If yes, When and what city and nation?

If yes, with what ministry or organization?

If yes, please briefly tell us about your experience

Other Info & Personality

If married, does your spouse support your participation in this trip?

Are you willing to minister in a way that is consistent with Elisha Revolution ministry guidelines?

If necessary, are you willing to submit to loving correction?

Do you have a physical disability?

If yes, please explain below

What attributes below best describe your personality temperament?

Adventurous		Sensitive		Shy		Introverted	
Hesitant		Worrier		Scheduled		Moody	
Analytical		Content		Optimistic		Orderly	
Peaceful		Planner		Listener		Leader	
Sociable		Patient		Funny		Self-Reliant	
Disorganized		Spontaneous		Talker		Animated	

For roommate considerations, check those that apply to you...

Night Owl	<input type="checkbox"/>	Messy & Cluttered	<input type="checkbox"/>	Sound Sleeper	<input type="checkbox"/>	Loud & Brash	<input type="checkbox"/>
Early Riser	<input type="checkbox"/>	Neat & Tidy	<input type="checkbox"/>	Snorer	<input type="checkbox"/>	Quiet Spoken	<input type="checkbox"/>

Roommate Request: _____

Please note that making a Roommate Request does not guarantee you will have this roommate

Health

1. Do you have any disability or disease that might affect your ability to fully function on this mission trip? If yes, please explain:

2. Do you have any chronic illnesses or allergies?
If yes, please explain:

3. Are you presently under medication prescribed by a doctor?
If yes, indicate medication and any limitations it may cause:

4. Have you ever had any psychiatric care or treatment?
If yes, please explain:

Please provide Medical Insurance Information

Insurance Carrier _____

Policy Number _____

Phone Number _____

Disciplinary Agreement

ELISHA REVOLUTION DISCIPLINARY AGREEMENT

I understand and agree that Elisha Revolution reserves the right to remove me from the mission trip and that all related expenses and inconveniences such as but not limited to extra flights, accommodation and any and all other expenses of any nature will be my responsibility and not that of Elisha Revolution. In the event of such an action no financial compensation or refund will be issued by Elisha Revolution to any mission trip participant for any reason.

This action may occur in the event Elisha Revolution observes or becomes knowledgeable of behavior, actions, speech or situations that violate Christian moral, ministry or lifestyle values or code of conduct acceptable to Elisha Revolution including but not limited to drinking of alcoholic beverages, smoking, or sexual misconduct.

This is a protective measure that we have, to ensure the well-being of the group as a whole. It is our utmost desire to create and maintain an environment of purity, peace, joy and fun. Anyone consistently causing a disruption, and that refuses to respond to the confrontation and correction of leadership from Elisha Revolution will be removed in order to maintain this atmosphere for the rest of the team.

Participant acknowledges agreement with the entirety of this document:

First Name _____ Last Name _____

Signature _____ Date _____

Authorized Authority of Elisha Revolution:

First Name _____ Last Name _____

Signature _____ Date _____

Liability Release

LIABILITY RELEASE WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my being accepted by Elisha Revolution for participation on a ministry Missions trip, I make the representations and undertakings set out below:

I am 18 years of age or older.

I am in good health and have received or will receive all vaccinations required by my county or state health department for travel in the countries or areas to be visited on this trip.

I know 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 other possibilities are risks in ministry/missions travel.

I know that Elisha Revolution 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 know that Elisha Revolution does not carry any insurance and I acknowledge that Elisha Revolution has advised me that Elisha Revolution does not accept any responsibility for any injury, loss or damage. I further acknowledge that Elisha Revolution has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Elisha Revolution has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

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.

Participant acknowledges agreement with the entirety of this disclosure document:

First Name _____ Last Name _____

Signature _____ Date _____

In consideration of my being permitted to participate in an Elisha Revolution Missions 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.

Initials: _____

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

Initials: _____

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.

Initials: _____

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.

Initials: _____

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.

Initials: _____

I AUTHORIZE ELISHA REVOLUTION MISSIONS TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP .

Initials: _____

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.

Initials: _____

I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

Participant acknowledges agreement with the entirety of this disclosure document:

First Name _____ Last Name _____

Signature _____ Date _____

PASTORAL REFERENCE

APPLICANT: Please fill in this section and give this to your pastor. If your pastor is a family member we ask that a non-family member in leadership fill out this form.

First Name _____ Last Name _____

Trip Applying For _____ Trip Date _____

I give consent for my pastor to complete this reference form and submit to Elisha Revolution,

Signature _____ Date _____

Dear Pastor/Church Leader: The applicant above has applied to go on an Elisha Revolution Missions trip. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's reference and confirmation of the applicant's fitness for service. Please return this form directly to our office upon completion. Thank You!

1. How long have you known the applicant?

2. In which areas of church life has the applicant served?

3. In which areas of church life are they currently serving?

4. As far as you know, has the applicant ever been arrested for any offense?

5. What is your overall evaluation of the applicant for this mission trip?

Printed full name _____

Signature _____ Date _____

PLEASE SUBMIT THIS FORM IN ONE OF THE FOLLOWING WAYS:

- 1. SCAN AND EMAIL TO: missions@elisharevolution.com**
- 2. MAIL TO: 3525 Del Mar Heights Rd. #832, San Diego, CA 92130**

PERSONAL REFERENCE

APPLICANT: Please fill in this section and give it to a friend or mentor for a personal reference. Please have a non-family member fill out this form.

First Name _____ Last Name _____

Trip Applying For _____ Trip Date _____

I give consent for this personal reference to be completed this reference form and submit to Elisha Revolution,

Signature _____ Date _____

Dear Friend of Applicant: The applicant above has applied to go on an Elisha Revolution Missions Trip. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have a reference and confirmation of the applicant's fitness for service. Please return this form directly to our office upon completion. Thank You!

1. How long have you known the applicant?

2. How do you think this applicant would benefit from this trip?

3. In what ways would this applicant add to this trip?

4. Has the applicant proven to be dishonest, or of questionable character?

Printed full name _____

Signature _____ Date _____

PLEASE SUBMIT THIS FORM IN ONE OF THE FOLLOWING WAYS:

- 3. SCAN AND EMAIL TO: missions@elisharevolution.com**
- 4. MAIL TO: 3525 Del Mar Heights Rd. #832, San Diego, CA 92130**

Application Completion

Please explain why you want to be a part of this Elisha Revolution Missions team

Please ensure you have signed, dated and included the following:

Liability Release Form	
Disciplinary Action Form	
Completed Application	

Signature

I, the below signed, have read and understand the questions and requests for information about myself in this application and have completed the above truthfully. I also understand myself and, or my pastor and references may be contacted for verification, further clarity and their perspective of my participation in this mission trip and that Elisha Revolution reserves the right to deny this application for any reason,

Printed full name _____

Signature _____ Date _____