



Hello in the name of Jesus Christ!

We at Life Change Ministries International and Push The Rock are so excited that you are looking to the Lord to go to South Asia! We have partnered together for this trip for more effective ministry, and we are eager for you to join us as we share the gospel and love of Jesus Christ to children through sports camps in Nepal.

LCMI's vision and heart is to share the Gospel of Jesus Christ with children and teens in India and Nepal through the avenue of Christian camping. By serving with us as a short term volunteer, you will be joining us in this mission to reach young people with the Good News!

Push The Rock's vision and mission is to be a global leader in sports ministry, impacting the world for Jesus Christ, one life at a time. As a global sports ministry, Push The Rock partners with local churches and other ministries to proclaim the life-changing message of Jesus Christ through the pursuit of excellence in sportsmanship and athletics.

Together, LCMI and Push The Rock hope to prepare you to serve overseas and to enable you to disciple children and teens both in South Asia and worldwide. Through this process, we pray the Lord touches your heart and opens your eyes to the global church and worldwide message of the gospel in an amazing way!

Thank you for taking the time to fill out this application. The steps for the application process are listed below. If you have any questions concerning the application or the application process, please contact the LCMI office staff at info@lcmintl.org or (717) 336-5437. If you have questions considering the sports component of the trip, please contact Brendan via email at bobrien@pushtherock.org.

Let us pray now that the Lord will bring us together as a team, united in Christ, to reach the children and teens in Nepal for His glory!

How to fill out this application:

1. Set aside some time and prayerfully complete this application.
2. When you are finished, submit the application to the LCMI office by mail at LCMI, P.O. Box 187, Ephrata PA 17522 or by email to info@lcmintl.org.
3. Please make sure your application is submitted with all the needed documents and non-refundable deposit. A complete list can be found on page 6 of the application. Personal information is for office use only and will not be disclosed.

If you are submitting your application electronically to info@lcmintl.org, please submit your non-refundable deposit through the LCMI website on their financial giving page at <http://www.lcmintl.org/support/financial.php> and select “Short Term Trip Funds”, then select the drop down box for “Nepal Trip”. Please include your name and specify that the donation is for the non-refundable deposit for your submitted application.

4. Please note: We are mandated by the IRS to approve all of our applicants. While we would like to approve every applicant, we do reserve the right to deny an application because of doctrinal differences, major health concerns, scheduling conflicts, or other concerns.

5. Do NOT solicit funds from donors or apply for an international visa until you have been approved for the short term trip.
6. Please keep us informed throughout your application process and update us regarding any changes in your plans or circumstances. We will be able to help and coordinate your trip only if we remain updated during the process.
7. Due to Pennsylvania law changes, if and when your application is accepted, you are required to complete several PA Background Checks. Your approval is conditional, depending on what your background check shows. We at LCMI can help you through this relatively easy process.
8. Thank you so much for your interest in short term ministry. We are excited to walk with you on this journey, and we look forward to seeing all the Lord will do.

PTR/LCMI Short Term Trip Application

P.O. Box 187 Ephrata, PA 17522, info@lcmintl.org

Please print clearly. Use one application per person. For essay questions, please write answers on separate sheet and attach to application if necessary.

Applicant's Contact Information

Full Name (As shown on Passport)				Date of Application
Street Address	City	State	Zip	Date of Birth (mm/dd/yyyy)
(____)_____				
(____)_____				
Email Address		Home Phone		Cell Phone

Applicant's Passport/Visa Information

Are you a US Citizen ___ Yes ___ No If no, what is your visa classification? _____

Do you have a US Passport? ___ Yes ___ No If yes, where was it issued? _____

Passport Number: _____ Issue Date: _____ Expiration Date: _____

Applicant's Emergency Contact Information

Person of contact while on mission field	Relationship
(____)_____	(____)_____
Phone Number - Home	Phone Number - Cell

Applicant's Church Information

Do you attend church regularly? ___ Yes ___ No

Are you a member of the church you attend? ___ Yes ___ No If Yes, how long have you been a member?

Does your church leadership know of your interest in missions? ___ Yes ___ No

Home Church Name and Address

(____)_____

Pastor's Name Pastor's Phone Number

Applicant's Employment Information

Please list your last two jobs, and dates of employment:

Job	Dates of employment
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Job	Dates of employment
-----	---------------------

Have you ever been convicted of a felony? Yes/No. If yes, please explain.

References

Please list one reference (other than relatives, previous employers, or the required pastor reference on page 10) who we can contact.

Name, address, email, phone, relationship to you:

Doctrinal Statement

Please acknowledge if you agree with and will abide by each statement by circling "I Agree".

We believe in the full inspiration of the Old and New Testaments, and hold them to be the very Word of God.	I Agree	I Do Not Agree
We believe in the Triune God: Father, Son, and the Holy Spirit.	I Agree	I Do Not Agree
We believe in the deity and virgin birth of the Lord Jesus Christ.	I Agree	I Do Not Agree
We believe in Jesus Christ's substitutionary atonement for sin, His bodily resurrection, and His approaching return to earth to reign in righteousness and glory.	I Agree	I Do Not Agree
We believe in the person of the Holy Spirit who indwells every believer, and His work of conviction, regeneration, and sanctification.	I Agree	I Do Not Agree
We believe Man was created in the image of God, but that he sinned and thereby incurred not only physical death, but also spiritual death which is eternal separation from God, and that each human being is born with a sinful nature and cannot by his own efforts please God.	I Agree	I Do Not Agree
We believe in the necessity of the New Birth, Salvation by faith in Jesus Christ alone, and the importance of a life committed to the will of God.	I Agree	I Do Not Agree
We believe that the Bible defines marriage as a union of one man and one woman, under God. We believe that homosexual behavior, adultery, sexual behavior outside of marriage, and immorality are clearly condemned by God in the Scriptures.	I Agree	I Do Not Agree
Additional Note: We affirm that God, in His sovereignty, bestows the gift of tongues whenever He pleases. However, we affirm that not all things may be profitable for all situations, and that in certain cross-cultural circumstances tongues hinder our testimony and witness. We also acknowledge that tongues are a source of division within the body of Christ, and our goal is to be united in the message of the gospel. For these reasons, we ask that all serving with LCMI agree to refrain from practicing or promoting tongues during serving.	I Agree	I Do Not Agree

I have read and fully agree with all of these doctrinal statements and I agree to preach, answer theological questions, and teach classes according to the doctrines above.

Signature

Date

Short Answer Questions

Please write or type answers on separate sheet as necessary.

1. What is the Gospel?
2. Please share your testimony, briefly describing the story of God bringing you to Himself, your current relationship with the Lord, and how you have been growing and what you have been learning.
3. What Christian work have you done within your church? (i.e. teaching, summer bible camp, Sunday school, praise team, etc.)
4. What formal education have you received beyond high school? Please include names of colleges, Bible schools, degrees earned, and dates attended, if applicable.
5. Have you ever been outside the US? Have you ever had a cross-cultural experience? If so, please explain.
6. Have you previously participated in a short term missions trip? If yes, briefly share the country(s) involved, trip dates, and your role on the missions trip.
7. Write briefly describing your spiritual gifts/passions.
8. Why do you believe that God is calling you to serve with LCMI/Push The Rock?
9. Please list and describe any involvement you have had with sports ministry.
10. Please list and describe any involvement you have had in children's ministry.
11. What would make this trip a "success" for you?
12. Describe how do you see sports as a vehicle for sharing the Gospel?

Self-Evaluation

Please honestly evaluate yourself on a scale of 1 - 10 in the following areas:

- | | | |
|---|---|--|
| <input type="checkbox"/> Relating to new people | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> One-on-one ministry | <input type="checkbox"/> Trying new things |
| <input type="checkbox"/> Organization/Planning | <input type="checkbox"/> Finishing what you start | <input type="checkbox"/> Taking charge/Directing |
| <input type="checkbox"/> Confronting | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Collaborating with others |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Submission to leaders | Myers-Briggs Type Indicator: |
| <input type="checkbox"/> Receiving Correction | <input type="checkbox"/> Public/group speaking | _____ (if known) |

Strengths/Weaknesses: *Please list three of each; they don't have to be from the list above*

Strengths: _____

Weaknesses: _____

Skills/Areas of Ministry: *Please list any additional areas of experience you have.*

AV– average; no previous experience **G** – good; some experience **PR** – professional experience

Speaking/Teaching

Note: LCMI will provide a curriculum outline, but you will be able to teach:

- Bible Class (chapel setting)
- Missions Class (chapel setting)

Outreach

- Camp Counselor
- Worship Team (Vocals)
- Worship Team (Instrumental)
- Drama
- Puppetry
- Mime
- Other _____

Media

- Photography
- Videography

Medical

- Physician
- Nurse
- Dentist
- Physical Therapist
- Occupational Therapist
- Other _____

Mission Trip Health Questionnaire

Name _____

Date of Birth (mm/dd/yyyy) _____

Sex: ___M ___F

Blood Type (circle one): O+ O- A+ A- B+ B- AB+ AB-

Do you have or have you ever had any of the following problems or disorders?

Yes No

- ___ ___ 1. Heart Problems
- ___ ___ 2. High Blood Pressure
- ___ ___ 3. Breathing Problems
- ___ ___ 4. Asthma
- ___ ___ 5. Fainting Spells
- ___ ___ 6. Seizures
- ___ ___ 7. Epilepsy
- ___ ___ 8. Thyroid problems
- ___ ___ 9. Diabetes
- ___ ___ 10. Arthritis
- ___ ___ 11. Joint Replacement
- ___ ___ 12. Knee/Back Pain
- ___ ___ 13. Ulcers
- ___ ___ 14. Liver Disease
- ___ ___ 15. Eating Disorder
- ___ ___ 16. Anxiety
- ___ ___ 17. Depression
- ___ ___ 18. Are you/may you become pregnant?

In the past two years have you...

Yes No

- ___ ___ 1. Been admitted to a hospital
- ___ ___ 2. Been in a serious accident
- ___ ___ 3. Had a serious illness
- ___ ___ 4. Undergone surgery
- ___ ___ 5. Been under medical observation
- ___ ___ 6. Been under psychiatric care
- ___ ___ 7. Seen a counselor regularly
- ___ ___ 8. Become a parent (birth/adoption)

If yes, please explain: _____

Do you regularly need or take any of the following?

Yes No

- ___ ___ 1. Blood thinners
- ___ ___ 2. High Blood Pressure Medication
- ___ ___ 3. Insulin
- ___ ___ 4. Thyroid Hormone
- ___ ___ 5. Antidepressants/Sedatives
- ___ ___ 6. Sleeping Medication
- ___ ___ 7. Seizure Medication
- ___ ___ 8. Breathing machine
- ___ ___ 9. Inhaler
- ___ ___ 10. Knee/Back brace

Please list any other regular medications/equipment: _____

Do you have any of the following allergies?

Yes No

- ___ ___ 1. Foods (wheat/nuts/dairy/other)
- ___ ___ 2. Animals
- ___ ___ 3. Bees/Insects
- ___ ___ 4. Medicines
- ___ ___ 5. Pollens
- ___ ___ 6. Do you have an EpiPen?

If you have allergies not listed above, please list specific allergies: _____

Do you have any of the following sleeping conditions?

Yes No

- ___ ___ 1. Snoring
- ___ ___ 2. Insomnia
- ___ ___ 3. Sleep Apnea
- ___ ___ 4. Other _____

Do you have any other disease, medical condition, or problem that may hinder your work in a different climate, or in adverse living conditions? _____

Do you have a special diet, or any dietary restrictions? _____

I have read and fully understood all above questions, and I certify that all answers given are true, accurate, and complete.

Signature _____

Date _____

Thank you so much for considering a short term trip with Push The Rock and Life Change Ministries, and for taking the time to fill out this application. We are excited that you are looking to the Lord to go on this short term missions trip. Let's pray now that the Lord will bring us together as a team to reach children and teens for His glory! We will get back to you as soon as possible to let you know, if your application has been approved.

Before sending this application to us, please make sure you include the following documents:

- Fully completed and signed application
- Essay responses written or typed on a separate page
- \$100 non-refundable deposit
- Photocopy of your current passport (if you have one)

Please also make sure you have

- Sent page 8 of the application, the Pastor's Reference Questions, to your pastor to fill out.**

The document has LCMI's return address so the answered form can be mailed back to us.

Applicant Signature

I understand that this short term missions trip is conducted under the partnership of Life Change Ministries, Inc. [LCMI] and Push The Rock [PTR].

I have read and fully understood all questions requested in this application. The information I have provided is true and complete to the best of my knowledge, and I fully understand the omission and/or misrepresentation of facts may be cause for this application to be denied, or immediate dismissal from this short term mission trip without prior notice. I understand that if I am accepted as a participant in this short term mission trip, I will be required to provide information to conduct the appropriate background checks, in order to comply with PA law. I authorize LCMI and/or PTR to verify the authenticity of my statements with the contacts I have listed and the appropriate authorities, and I release each person from liability for providing this information to LCMI and/or PTR.

In the event that I am accepted to be a participant in this missions trip, I commit to fulfilling my trip requirements, to submit myself under the authority of the trip leaders, and agree to abide by all the rules and regulations of LCMI and PTR. I understand that LCMI has taken efforts to ensure each team member's safety on the mission field, but I also understand that unforeseen events could endanger team members beyond the control of LCMI and PTR. I will not hold LCMI and/or PTR liable for any accidents, injuries, or illnesses that occur on or due to this short term mission trip. I understand that if I feel uncomfortable with an activity the team is participating in, I have the opportunity to discuss my concerns and my future involvement in the activity with both the LCMI and PTR trip leaders.

I authorize the LCMI and PTR trip leaders to seek emergency medical assistance for me as deemed necessary in the event of an emergency. I agree to obtain travel insurance through PTR's provider and accept financial responsibility for uncovered expenses related to the medical treatment.

I have read, understood, and agree to the above.

Applicant's Signature

Date

This application has been read and approved by _____ on ___/___/___

Questions for Pastor Reference

Thank you so much for your time in answering these questions on behalf of LCMI/PTR's short term trip applicant. Please fill out and mail this sheet to P.O. Box 187 Ephrata, PA 17522, or scan and email to info@lcmintl.org.

Pastor's Name: _____

Pastor's Church: _____

Pastor's Contact info: Email _____ Phone: _____

1. Name of Applicant:

2. How long has the applicant attended your church?

3. Do you know any of the details of the applicant's salvation? Do you see evidence that he/she is growing in Christ? If so, in what ways?

4. Is the applicant serving in any way with your church? If yes, in what area is the applicant serving in your church (worship ministry, children's ministry, prayer team, etc.)?

5. Has the applicant gone on any overseas missions trips with you or your church? If yes, has he or she shown the ability to adapt to cultural differences?

6. Is the applicant a team player?

7. Does the applicant tend to complain or grumble?

8. Does the applicant have any doctrinal concerns that you are aware of? If so, please explain.

9. Does the applicant have any teaching experience?

10. As the applicant's pastor, do you fully recommend him or her to go on a short term mission trip with LCMI and Push The Rock ministries?

Pastor's Signature: _____ Date: _____