



**BLESSMAN**  
MINISTRIES

## International Outreach Short-Term Trip Application



# Short-Term Trip Application Process

The following steps must be completed in order to be a participant in a Blessman Ministries International Outreach. All applications are reviewed and considered on a case by case basis. You are not guaranteed a space on the team until your application is approved.

## Step 1

Submit the following items to Blessman Ministries, Inc. (BMI):

- Completed Application
- Signed Background Check Authorization Form or complete the form securely online at [www.MinistryOpportunities.org/Blessman](http://www.MinistryOpportunities.org/Blessman)
- \$500 nonrefundable deposit (checks should be made to Blessman Ministries, Inc. for other payment options please visit our website.)
- Color copy of your passport's photo page (if you are in the process of applying for your passport please make a note on your application and send your copy as soon as your passport arrives.)
- A photo of yourself (Please email your photo to [office@blessmanministries.org](mailto:office@blessmanministries.org), if you don't have email access please attach your photo to your application.)

## Step 2

Once we have received **all** of your items from step one we will send you notice of your acceptance or denial via email (or postal mail if you don't have email) within two weeks. During those two weeks we will process your background check and then the BMI staff will review your application. Most applications are approved, however BMI reserves the right to deny any application.

### Denied Applications

A few reasons team members might be denied are: the term you have signed up for is already full, a red flag came up on your background check, you don't meet the medical/health requirements for the trip (see medical/health requirements attached to the application), etc. The reason for your denial will be included in your letter of denial, all decisions are final. If your application is denied your deposit will be refunded to you less any fees incurred during the processing of your application. If your application is denied because the trip you applied for is full, you will be given the option to transfer your deposit to an open trip.

### Approved Applications

Once your application has been approved your \$500 deposit is non-refundable. Along with your letter of approval you will receive more information in the mail including an assumption of risk/election of insurance form, a sample fundraising letter, a internship covenant form, and payment schedule. Please read through the information carefully and respond as instructed in the letter.

## Contact Us

Please send your completed application and forms to:

Blessman Ministries, Inc.  
2557 106th St.  
Urbandale, IA 50322

If you have any questions about BMI International Outreaches or the application process please contact our offices at 515-343-5920 or email at [office@blessmanministries.org](mailto:office@blessmanministries.org).

# Outreach Application

Please Print Clearly in Blue or Black Ink. Please note that all information will remain confidential but may be revealed in an emergency situation. All applications may be reviewed by our physician and we may ask for further information.

| Today's date:   |  | Trip Applying For:   |                             |  |   |   |
|---|--|--|-----------------------------|--|---|---|
| APPLICANT INFORMATION   |  |  |                             |  |   |   |
| Last name:  |  | First:   | Middle:                     | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Rev. | <input type="checkbox"/> Miss<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Dr. | Marital status (circle one)<br><br>Single / Mar / Div / Sep / Wid |
| Is this your passport name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your full passport name? |  | Birth date:<br><br>/ /      |  | Age:  | Sex:<br><br><input type="checkbox"/> M <input type="checkbox"/> F |
| Place of Employment:  |  | Occupation:  |                             | Work phone no.:<br><br>(   )   |   |   |
| Home Address:   |  | Home phone no.:<br><br>(   )   |                             | Cell phone no.:<br><br>(   )   |   |   |
| City:   | State:                                   | ZIP Code:  | Email:                      |  |   |   |
| Home Church:  | Church Address:                          |  |                             | Church Phone:<br><br>(   )   |   |   |
| Pastor:   |  | Denomination/Affiliation:  |                             |  |   |   |
| May we add you to our monthly email newsletter list?                                    |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |  |   |   |
| EMERGENCY MEDICAL INFORMATION   |  |  |                             |  |   |   |
| Allergies:  |  | Current Medications (Please include dose & reason they were prescribed): |                             |  |   |   |
| Doctor:   |  | Doctor's Phone: (   )  |                             | Last Tetanus Shot:   |   |   |
| Person to Contact in an Emergency:  |  | Relationship to Applicant:   |                             | Phone Numbers:<br>Day: (   )<br>Evening: (   )   |   |   |
| Alternate Emergency Contact:  |  | Relationship to Applicant:   |                             | Phone Numbers:<br>Day: (   )<br>Evening: (   )   |   |   |
| TRAVEL DOCUMENT INFORMATION   |  |  |                             |  |   |   |
| Do you have a passport? <input type="checkbox"/> No <input type="checkbox"/> Yes        |  | Passport Country:  |                             | Where was it issued?   |   |   |
| Passport Expiration Date:   |  | Passport Number:   |                             | Citizenship:   |   |   |
| City & State of Birth:  |  | Country of Birth:  |                             |  |   |   |

## Experience & Qualifications *(If not applicable please mark blanks 'N/A')*

How did you hear about Blessman Ministries, Inc.?

Have you ever traveled outside the US?

Why do you want to participate in this trip?

List any cross-cultural mission experiences you have had. Include country, organization and dates:

List other formal ministry experience you have had. Include organization, responsibility, and dates:

List any leadership positions you have held. Include organization, responsibility, and dates:

Do you enjoy working with children?

What skills and/or experience do you have that might be useful on this missions trip?

Do you have any training/background/certification in any medical profession (i.e. doctor, nurse, R.Ph., EMT, PT, ENT, Chiropractor, etc)?

Will you be raising funds for some or all of your expenses for this trip?

Yes, all of it       Yes, part of it       Not sure       No, none of it

Describe for us your spiritual condition and/or tell us your faith story: (attach separate page if you need additional space)

Is there any other information that we should know about (felony convictions, legal matters, etc.)?

Is your name listed on any sex offender registry in any state in the U.S.?      Yes      No      (circle one)

## Physical Requirements

It is our desire that as many people as possible be involved in our internship program however, our work can be physically demanding. The experience of a foreign mission trip can be taxing on even the most hardy individuals. To determine whether or not this trip is right for you, please see the list below. If you are still unsure, you may wish to schedule an appointment with our office to discuss your individual situation.

- Ideally you should be able to walk one half mile over uneven ground surfaces. You also need to be able to manage your own luggage and occasionally help with physical set up of the clinics or building of the homes.
- If you have any medical conditions, please visit your physician to get his or her blessing to travel with us. Make sure that your physician understands that you will be confined in the airplane for up to 18 hours.
- Ask your doctor if they recommend anything to prevent blood clots on the flight such as aspirin or exercises in your seat. If you are bringing prescription medications, please make sure you follow all airline guidelines and restrictions for bringing those medications.
- If there is any question about your health, we may require a medical release from your physician.
- If you have any psychological conditions, please discuss this with your physician before committing to one of our terms. Please make us aware of any condition, even if it is well controlled.

## Health Information

*Circle Yes or No for each of the following questions.*

|  |     |    |
|--|-----|----|
| Are you currently being treated for any sickness or injury?  | Yes | No |
| Are you allergic to any medications?   | Yes | No |
| Do you have any other allergies?   | Yes | No |
| Have you ever had an eating disorder?  | Yes | No |
| Are you required to be on a special diet?  | Yes | No |
| Do you ever sleep walk or have sleeping problems?  | Yes | No |
| Do you get nervous or upset easily?  | Yes | No |
| Have you ever had psychiatric care?  | Yes | No |
| Have you ever been treated for depression?   | Yes | No |
| Do you have any physical disabilities that would keep you from participating in normal or rigorous activities? | Yes | No |
| Do you have or have you ever had a seizure disorder?   | Yes | No |
| Do you have or have you ever had asthma or other breathing problems?   | Yes | No |
| Do you have or have you ever had a heart murmur?   | Yes | No |
| Do you have or have you ever had a kidney disease?   | Yes | No |
| Do you have or have you ever had diabetes?   | Yes | No |

If you answered yes to any of the previous questions, or if you have been diagnosed or treated for any mental or psychological illness or disorder, please give an explanation below.

# Self Evaluation

On a scale of 1-10, 10 being the highest, please evaluate yourself in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Relating to new people | <input type="checkbox"/> Finishing what you start        |
| <input type="checkbox"/> Problem solving        | <input type="checkbox"/> Submission to leaders           |
| <input type="checkbox"/> Organization/planning  | <input type="checkbox"/> Public/group speaking           |
| <input type="checkbox"/> Confronting            | <input type="checkbox"/> Listening                       |
| <input type="checkbox"/> Leadership             | <input type="checkbox"/> Encouraging                     |
| <input type="checkbox"/> Receiving correction   | <input type="checkbox"/> Trying new things               |
| <input type="checkbox"/> One-on-one ministry    | <input type="checkbox"/> Taking charge/giving directives |

Describe three strengths (not necessarily from the list above).

Describe three weaknesses (not necessarily from the above list).

Have you been involved in any of the following within the past year?

- Tobacco .....Yes No
- Alcohol .....Yes No
- Illegal drugs .....Yes No
- Gang-related activities .....Yes No
- A cult or the occult .....Yes No

If yes, to any, please explain:

The information I have provided is true and complete to the best of my knowledge and I authorize Blessman Ministries, Inc. to verify the authenticity of my statements with the appropriate authorities. I understand that this mission trip could be highly physically and spiritually demanding. In the event that I am accepted to be a participant in this mission trip, I commit to fulfilling the requirements and submit myself under the authority of the trip leaders. I understand that Blessman Ministries, Inc. has taken efforts to ensure each team members' safety on the mission field but also understand that unforeseen events could endanger team members beyond the control of Blessman Ministries, Inc. I will not hold Blessman Ministries, Inc. liable for any accidents, injuries, or illnesses that occur on or due to a mission trip. I understand that at any time I feel uncomfortable with an activity the team is participating that I have the opportunity to decline my involvement. I agree to obtain travel insurance either through Blessman Ministries, Inc.'s provider or on my own. I authorize the trip leaders to seek emergency medical assistance for me as deemed necessary in the event of an emergency. Blessman Ministries, Inc. may perform criminal background checks on applicants.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Blessman Ministries, Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Blessman Ministries, Inc.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\*Blessman Ministries, Inc.** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.

## Trip Funds Policy

All deadlines are very important and are set according to airline payment deadlines and other travel arrangement deadlines. If monies are not received on time we cannot make arrangements for trip participants until the necessary funds are received. Please be careful to meet all deadlines.

Please note all tuition payments or donations received by Blessman Ministries, either by a potential trip participant or an outside donor on behalf of a potential trip participant, are non-refundable. Please realize that even if a potential team member is unable to participate in the trip as they had originally planned, Blessman Medical Ministries has paid non-refundable fees and has made arrangements on behalf of that person. These funds will be used to cover the fees they were originally intended for. In the event that the funds received are in excess of fees incurred prior to the participant's removal from the team, the funds will be donated to other members of the team who are in need of funds.

Additionally, if a team member receives donations through Blessman Ministries in excess of their trip tuition these donations are non-refundable and cannot be given to the team member for spending money. In this situation, the team member who was to receive the money toward their trip tuition can decide to do one of the following: 1) reserve the funds for a future trip with Blessman Medical Ministries to be used within 1 year of the original trip, or 2) donate the funds to Blessman Medical Ministries to be used for general ministry expenses, medical/ministry supplies & equipment, or for other ministry trips around the world.

If you have any questions regarding this policy, please contact a member of the Blessman Ministries' staff.

## Insurance Policy

BMI will secure travel insurance for each team member participating in a trip. Team members may opt out of the travel insurance if he/she can provide evidence of coverage equal to or greater than that which BMI acquires. There is no reduction in trip tuition for opting out of the travel insurance. The insurance coverage details will be provided to each team member in their Team Member training manual. This is NOT trip interruption or cancellation insurance. It is evacuation and medical coverage for the team member's specific trip.

## Airfare Policy

It is preferred that BMI coordinate all air travel. Airfare is variable dependant on time of booking and time of year you will be traveling. The cost for the airfare must be paid in full by the team member before a ticket can be purchased. The cost of the ticket cannot be guaranteed by BMI until the ticket is booked. BMI will book tickets according to the team member's trip application form. BMI cannot be held responsible for incorrect spelling of names unless the ticket does not match the application form. Please ensure that the applicant's name matches the applicant's passport. Team members are responsible for any fees associated with changes made to their ticket after booking. The team member is responsible for obtaining their own valid passport for travel. Passports must be valid for at least six months beyond their planned return date for their trip. Failure to meet this requirement may prevent the trip applicant entry into the country he/she is traveling to.

## In-Country Travel

All teams who wish to travel with BMI, must have a minimum of seven and maximum of 30 traveling with their group. If you are a group of seven or more, in country travel is included in your trip tuition costs, when you arrive and depart from the designated airport as a group on the same days as arranged by BMI staff. Any in country travel beyond the confines of missions outreach scheduled by BMI will be optional and will be at the expense of the individual or group participating. For individuals or teams of six or less, in country transport will be an additional expense. Blessman Ministries commits to keeping all costs to a minimum.

## Team Member Conduct

Every team member is expected to act in a courteous and polite manner. Things sometimes happen that are not under the control of BMI or our staff and team members must remain flexible and patient. Team members must agree to abstain from the use of alcoholic beverages, tobacco, and illegal drugs for the duration of the trip. Consuming alcoholic beverages may be permissible as decided by BMI staff who will give special consideration to the cultural appropriateness and age make-up of the group. Under no circumstances will a minor be allowed to consume.

Every team member must attend and participate actively in mission meetings and events throughout the year, so as to best prepare for the mission trip. Team members are expected to dress modestly, taking into consideration the host culture's dress expectations, as well as what is appropriate for the work the team is doing.

Married couples may room together when the specific accommodations allow. All other team members will be assigned to a room or dormitory with others of the same gender. A roommate can be requested, however, BMI will not always be able to grant each request.

Blessman Ministries, Inc., is an organization described in the Internal Revenue Code Section 501(c)(3). Your trip tuition or contributions made on behalf of your trip may be deductible for income tax purposes.