



TEAM MEMBER APPLICATION

Global Impact Ministry of Eagle Brook Church

Mission Trip to:	<input type="text"/>	Check #	<input type="text"/>
Date of Trip:	<input type="text"/>	Deposit \$	<input type="text"/>

Thank you for your interest in short-term missions at Eagle Brook Church. Please complete and return this promptly to: Eagle Brook Church, Attn: Global Impact, 7015 20th Avenue, Centerville, MN 55038. (651.429.9227)

PERSONAL PROFILE

Prefix: Mr. Mrs. Miss Full name: _____
As it appears on your passport (First) (Middle) (Last)

Current address: _____
Street City, State Zip

Home Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Age: _____ Birth date: _____ Citizen of (Country): _____ Birthplace: _____

Passport Number: _____ Issue Date: _____ Expiration Date: _____
if any (for international trips only) mo/day/yr mo/day/yr

Marital Status: Single Engaged Married Separated Divorced

MINISTRY INFORMATION

Do you currently attend Eagle Brook Church regularly? Yes No If yes LL WBL SLP How long? _____

Are you actively participating in an Eagle Brook small group? Yes No If yes, Leader's name: _____

Have you attended the EBC New Volunteer Orientation? Yes No Not sure what this is

Have you attended the EBC GPS class? Yes No Not sure what this is

Are you a member of Eagle Brook Church? Yes No

Are you sponsoring an EBC World Vision child in Mozambique? Yes No If yes, how many children? _____

Please describe your ministry involvement at Eagle Brook Church: _____

Please describe other ministry involvement outside of Eagle Brook Church: _____

Briefly describe your previous (if any) missions experience (short or long-term). _____

PERSONAL PROFILE

Do you have any health issues that the team should know? _____

Please explain the reason you would like to be a part of this mission trip. _____

Briefly describe your relationship with Jesus Christ. _____

What spiritual gifts or strengths do you believe the Spirit has given you? _____

Please list three expectations for your experience. _____

Do you have any concerns or fears about this experience? Please explain. _____

Is your family supportive of your service with short-term experience? Explain: _____

REFERENCES

Please provide the contact information of two people who know about your character/faith. Name at least one reference from your experience at Eagle Brook, i.e. your Small Group Leader or Coach, a mentor or a friend who knows you well.

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Involved at Eagle Brook? No Yes If yes, please explain: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Involved at Eagle Brook? No Yes If yes, please explain: _____

EXPECTATIONS AND AGREEMENT

BASIC EXPECTATIONS FOR PARTICIPANTS:

- You are a Christian committed to a personal relationship with Jesus.
- You are willing to be flexible with your time, ministry and expectations as you serve.
- You can submit to the authority in-country and your team leader during your stay.
- You are coming as a team player – and desire to reach others for Christ!
- You are willing to take on the role of ‘servant-learner’ during your time.
- You will faithfully participate in the to be determined team trainings.

LIFESTYLE

• It is clear from the Scriptures that putting on Christ conversely means “putting off” the attitudes and actions of the world. All practices clearly forbidden in the Scriptures (sexual relations outside of marriage, harming the body, dishonesty, cheating, homosexuality, drunkenness, etc.) are unacceptable behavior for the short-term ministry partner. (Colossians 3:5-9; Galatians 5:18-21).

• The lifestyle expectations for short-term ministry partners are best summarized by 1 Corinthians 10:31 and 33: “Whatever you do, do it all for the glory of God... For I am not seeking my own good but the good of many, so that they may be saved.”

DATING

• Short-term ministry partners are to refrain from one-to-one dating while serving on a short-term assignment. This applies to those on the team, and those living in the host country. Eagle Brook encourages non-married couples to take separate mission trips. Appropriate Christian behavior is expected.

• It is expected that the short-termer will consult with their team leader, or the Global Impact Staff prior to departure for further clarification on this policy and expectation for singles.

DRIVING IN ANOTHER COUNTRY

• Driving is strictly prohibited, unless one has the appropriate license and insurance consistent with the law of the country.

KIDNAPPING

• Although kidnapping has never happened with any of Eagle Brook’s team members, it is recognized that paying ransom for one missionary would likely spark a rash of missionary kidnappings in many places. Therefore, Eagle Brook, like other mission organizations and agencies, believe ransom should not be paid whether the person involved is a missionary, a missionary’s child, a short-termer or a Board executive. Eagle Brook is prepared to use every legitimate means to obtain the release of hostages yet to remain firm in the resolution that ransom should not be paid.

If you have any questions or cannot comply with any of the above policies, please explain or contact us. We are excited at the possibility of having you with us!

I agree with the above expectations and certify that the information in this application is true to the best of my knowledge.

Signature

Date

The completed Application Form should be mailed directly to:
Eagle Brook Church, Attn: Global Impact, 7015 20th Avenue, Centerville, MN 55038.

BACKGROUND CHECK

Global Impact Ministry of Eagle Brook Church



Please print your full name:

First

Middle

Last

Maiden or previous name: _____ Gender: Male Female

Date of birth: ____/____/____
mm/dd/yyyy

Social Security Number: ____ - ____ - ____

Eagle Brook Campus you attend: LL WBL SLP

Address: _____
Street Address City State Zip

County: _____

Phone: _____ E-mail: _____

Please list all states of residence in the past five years: _____

Have you ever been accused of sexual improprieties with children or youth? Yes No

Have you ever been found guilty of sexual improprieties with children or youth? Yes No

Should this profile be accepted, I agree to be bound by the Bylaws, Doctrines, and policies of Eagle Brook Church, and to refrain from unscriptural conduct in the performance of any services on behalf of this church. If, at any time, I am out of accord with any of these, I agree to withdraw or be withdrawn from my position.

The information contained in this Eagle Brook Church Volunteer Application is correct to the best of my knowledge.

I give Eagle Brook Church the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Eagle Brook Church and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature

Date

(Please sign with pen)



WAIVER AND RELEASE OF LIABILITY

Must be completed and included with application.



I, _____, (team member's name) plan to participate in an short-term mission trip to _____ short-term mission trip and the planned activities, and understand that the actual itinerary and the actual activities that I participate in during the short-term mission trip may vary. I recognize the participation in the short-term mission trip and its activities may be hazardous and dangerous, and I willingly assume all risks associated with the short-term mission trip .

I acknowledge that I have been advised to seek my medical professional to understand the potential for contracting disease or parasites or suffering other adverse health consequences during my participation in the short-term mission trip. I understand that such diseases, parasites, or health conditions may cause or result in serious health problems and may be fatal. I also realize that I may be serving in a country less developed than the United States, and may report frequent cases of diseases more rarely occurring in the United States, such as malaria, yellow fever, typhoid, Hepatitis A, Hepatitis B, and/or other diseases or illnesses.

I am aware that Eagle Brook Church strongly advises me to obtain Tetanus vaccinations and any other vaccinations, inoculations, or immunizations recommended by the Center for Disease Control or federal or Minnesota state health authorities. After careful consideration of these risks, I have either received all recommended vaccinations, inoculations, or immunizations from medical professionals or I have declined to receive them due to my religious beliefs, personal convictions, or medical contraindications. I agree that my decision to decline receipt of any or all of the recommended precautionary measures increases my risk of contracting disease and suffering other potential adverse consequences.

Therefore, in consideration of the privilege to participate extended to me by Eagle Brook Church and its partners, and on behalf of myself, my heirs, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge Eagle Brook Church and its partner churches, employees, directors, officers, agents, representatives, and volunteers, from any and all actions, omissions, causes of action, claims and/or damages arising from, relating to, or resulting from my participation in the Outreach Trip, including but not limited to, injury, expense, cost, damage, loss, illness, or death. I acknowledge that I have received good and valuable consideration for signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of Minnesota and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. If any portion of this waiver and release is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have read, understood, and executed this waiver and release on _____, 20__.

Signature

Date

Printed Name

FOR TEAM MEMBERS UNDER THE AGE OF 18 (NOTARY REQUIRED)

I, _____, am the parent/legal guardian of _____ ("Team Member"), and I approve and authorize Team Member's participation in the Outreach Trip. I hereby agree to the terms set forth in the waiver and release above on behalf of Team Member.

Signature

Date

Printed Name

NOTARY REQUIRED

Witness my hand and official seal.

Signature of Notary Public

Date

CONSENT OF TREATMENT

Must be completed and included with application.



Individual's Name
"Team Member"

Church
"Organization"

Eagle Brook Church

Team Leader/ Staff Member
"Agent"

I, _____, as the team member so hereby authorize the Agent, acting as my agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable by and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any/all diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby waive and release Eagle Brook Church and Agent from damage, liability, claims, or causes of action arising from or relating to decisions made, consents granted, or authorizations made by Eagle Brook Church and/or Agent pursuant to this Consent to Treatment.

I hereby authorize any clinic, hospital, or other medical facility which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment. These authorizations shall remain effective through the following period of time: through _____.

Signature of Team Member

Date

Date of Birth (mm/dd/yyyy): _____

Mother's Name: _____ (required regardless of age)

Father's Name: _____ (required regardless of age)

Insurance Company: _____ Policy #: _____

Claim Office Address: _____

Primary Doctor's Name and Phone Number: _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the team member:

In case of emergency, notify:

Name: _____ Relationship: _____

Home address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

CONSENT OF TREATMENT (MINOR)

Must be completed and included with application.



Individual's Name
"Team Member"

Church
"Organization"

Team Leader/ Staff Member
"Agent"

I, _____, as the parent or legal guardian of Team Member, hereby authorize the Agent, acting as my agent and Team Member's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable by and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any/all diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby waive and release Eagle Brook Church and Agent from damage, liability, claims, or causes of action arising from or relating to decisions made, consents granted, or authorizations made by Eagle Brook Church and/or Agent pursuant to this Consent to Treatment.

I hereby authorize any clinic, hospital, or other medical facility which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment. These authorizations shall remain effective through the following period of time: _____ through _____.

Signature of Parent or Legal Guardian

Date

Printed Name

Team Member's Information that may be necessary for medical treatment:

Date of Birth (mm/dd/yyyy): _____

Mother's Name: _____ (required regardless of age)

Father's Name: _____ (required regardless of age)

Insurance Company: _____ Policy #: _____

Claim Office Address: _____

Primary Doctor's Name and Phone Number: _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the team member:

In case of emergency, notify:

Name: _____ Relationship: _____

Home address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

NOTARY REQUIRED

Witness my hand and official seal.

Signature of Notary Public

Date

CONSENT OF TRAVEL INTERNATIONALLY (MINOR)

Must be completed and included with application.



Individual's Name "Team Member"	<input type="text"/>	Short-term mission location:	<input type="text"/>
Name "Mother or Guardian"	<input type="text"/>	Church "Organization"	Eagle Brook Church
Name "Father or Guardian"	<input type="text"/>		
Team Leader/Staff Member "Agent"	<input type="text"/>		

USA, Canadian or Mexican Nationalities must:

Bring a passport, or an official copy of your birth certificate and a valid photo identification in order to enter Mexico and return to the USA.

Consent to travel outside the United States to Mexico:

The above-named Parents or Guardians of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Team Member participates in an outreach trip with Harvest Ministries, an activity of the Organization.

The Parent or Guardian does hereby authorize the Team Member to travel outside the United States to the nation of Mexico.

Signature of "Mother or Guardian"

Signature of "Father or Guardian"

ALL-PURPOSE ACKNOWLEDGEMENT

State of _____ County of _____

On _____, before me, _____

Date

Name and Title of Officer (e.g. "Jane Doe, Notary Republic")

personally appeared _____.

Names of Signer(s)

____ Personally known to me

____ Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.

NOTARY REQUIRED

Witness my hand and official seal.

Signature of Notary Public

Date