



## INTERNATIONAL MISSION TRIP APPLICATION FORM

LAST NAME

FIRST NAME

--

NAME OF OUTREACH

Africa Outreach

**NOTE: Incomplete applications will not be accepted.**

Questions: contact the Breakwater Church Office at [thebreakwateroffice@yahoo.com](mailto:thebreakwateroffice@yahoo.com) or (310) 376-1900.

**FOR OFFICE USE:**

Date Received: \_\_\_\_\_

Fee:

References:

Liability:

Accepted:

Rejected:

Pending:

Reason: \_\_\_\_\_

Minor:

Waivers:

Non-US Cit:

Married :

## Missions Team Application Form

### Who is this Application For?

This application is intended for those interested in joining The Breakwater Church Africa Outreach Mission Team: Summer 2013

### Instructions

Please **PRINT** or **TYPE** only.

Send application and \$100 processing fee to:

The Breakwater Church  
P.O. Box 2410  
Manhattan Beach, CA 90267

If submitting this form electronically, please email it attention:

[thebreakwateroffice@yahoo.com](mailto:thebreakwateroffice@yahoo.com)

And mail in your application fee to The Breakwater Church at the above address.

**Regardless if you are submitting electronically, references must be handwritten and submitted in a sealed envelope to The Breakwater Church in order to ensure confidentiality.**

The application fee will be credited towards your trip if you are accepted, but is **non-refundable** if you cancel, are dropped from the team or cannot attend the outreach.

### General Information

Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_  
Street City State Zip

Telephone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

E-Mail \_\_\_\_\_ (fax) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**(If you are under 18 you must have a parental release signed)**

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

### Identification Information

Driver's License or ID # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Social Security Number<sup>1</sup> \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Passport # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Country \_\_\_\_\_

Green Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

<sup>1</sup> Your Social Security Number is required for travel and health insurance purposes.

## Church Information

Pastor's Name \_\_\_\_\_ Church Name \_\_\_\_\_

Church Denomination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long attended? \_\_\_\_\_

Areas of involvement:

\_\_\_\_\_  
\_\_\_\_\_

## Background Information: Education

Do you have a high school diploma or equivalent? YES  NO

Do you have a B.A. or B.S.? YES  NO  Major \_\_\_\_\_ Grad Date \_\_\_\_\_

Do you have a M.A.? YES  NO  Major \_\_\_\_\_ Grad Date \_\_\_\_\_

Do you have a Doctorate? YES  NO  Major \_\_\_\_\_ Grad Date \_\_\_\_\_

Have you studied Theology? YES  NO  Where \_\_\_\_\_

What Christian classes have you attended?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Educational Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever traveled overseas or to another country?

Where	Year	Length of Stay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What foreign languages have you studied?

Language	Number of Years	Conversational Rating
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you fluent enough in any of these languages to act as a translator? YES  NO

If so, which languages? \_\_\_\_\_

## Employment & Finances

Current occupation \_\_\_\_\_

Where do you work? \_\_\_\_\_

Do you have significant credit card debt? \_\_\_\_\_

## Spiritual Background

Briefly state the date (if possible) and circumstances of your salvation testimony.

---

---

---

---

---

---

---

---

---

---

---

---

Have you been water baptized? YES  NO

Describe your experience of baptism with the Holy Spirit.

---

---

---

Are you currently involved in ministry?

---

---

---

List previous training or experience in ministry that might be useful on this outreach.

---

---

---

---

---

Why do you want to serve on this mission team?

---

---

---

---

---

Serving Christ in a foreign environment will require that we live outside our own cultural norms. Will you have problems laying aside American standards regarding personal conveniences, food, sleeping, accommodations, dress, travel, etc.?

---

---

---

What do you anticipate being the most challenging for you on this trip?

---

---

---

Have you had problems submitting to authority in the past?

---

---

---

Briefly describe your current attitude toward learning and taking directions.

---

---

---

Briefly describe your spiritual growth within the last year.

---

---

---

What do you think God is teaching you now? Briefly describe how you anticipate growing over the next 6 months.

---

---

---

---

Are you considering full time ministry? YES  NO

Are you considering full time missionary work? YES  NO

Feel free to comment on your answer to any of these questions on a separate sheet of paper:

Do you believe the Bible to be the inspired and infallible word of God in its entirety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe there is one God, eternally existing and manifesting Himself to us in three Persons (Father, Son and Holy Spirit)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe in the full deity of Christ as Almighty God?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe in the full deity of the Holy Spirit as Almighty God?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe in the virgin birth of Christ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe that Christ died for the full payment of our sins both past, current and future?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe that you are saved entirely by God's grace apart from any of your own merits?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe that Jesus rose bodily from the grave after having died on the cross?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold that belief in Jesus is the only way to heaven for all of mankind?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you believe that all spiritual gifts are for the modern day church?	YES <input type="checkbox"/> NO <input type="checkbox"/>

By signing below I am acknowledging that I have filled in the above information to the best of my knowledge and ability.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Africa Outreach Mission TEAMS-LIABILITY WAIVER & RELEASE**

**KNOW ALL PEOPLE BY THESE PRESENTS:**

That the undersigned, being of lawful age, for sole consideration of being allowed and permitted to be a member of Africa Outreach Mission for the year\_\_\_\_\_ does hereby and for my heirs, executors, administrators, successors and assigns, waives all rights, demands and claims whatsoever and releases, acquits and forever **Redondo Beach Foursquare Church, a California nonprofit corporation DBA The Breakwater a Foursquare Church in Redondo Beach (hereinafter referred to as the "Breakwater")**, and its agents, employees, servants and successors of all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned may hereafter accrue, on account of or in any way growing out of any or all foreseeable and unforeseeable injuries and damages and expenses arising out of all Africa Outreach Mission activities, including any active, passive, primary or secondary negligence or fault by *The Breakwater*, and its agents, employees, servants and successors; the undersigned forever discharges *The Breakwater* and its agents, employees, servants and successors of any and all responsibilities, obligations and duties for said injuries, damages and expenses relating to any and all activities of Africa Outreach Mission Teams.

It is understood and agreed that this Waiver and Release is a waiver of any and all rights, demands and claims whatsoever by the undersigned against *The Breakwater*, its agents, employees, servants and successors, during any and all activities involving Africa Outreach Mission Teams, whether in this state of California, any other state or territory of the United States, any nation or country and all international waters.

It is further understood and agreed that all rights under Section 1542 of the Civil Code of California and any similar law of any state or territory of the United States or any other nation or country are hereby expressly waived. Said Section reads as follows:

*"1542. Certain claims not affected by general release A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."*

The undersigned hereby declares and represents that any injuries or illnesses sustained during any and all activities with Africa Outreach Mission Teams, from any and all causes whatsoever, may be permanent and progressive, and that recovery there from is uncertain and indefinite and in making this Waiver and Release, it is understood and agreed that the undersigned relies wholly upon the undersigned's judgment, and this Waiver and Release is made without reliance upon any statement or representation of the party or parties hereby release, or their representatives.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Waiver and Release contains the entire agreement between the parties hereto, and that the terms of this Waiver and Release are contractual and not a mere recital.

**THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND RELEASE AND FULLY UNDERSTANDS IT.**

**Signed, sealed and delivered date:** \_\_\_\_\_

**Name of Africa Outreach Mission team member:** \_\_\_\_\_  
**(Please Print)**

**Signature:** \_\_\_\_\_

**Signature of Legal Guardian (if under 18):** \_\_\_\_\_

## Health Information

When was your most recent complete physical exam? \_\_\_\_\_

How do you rate your present health? Excellent  Good  Poor

Have you ever been treated for any major physical ailments (e.g. back problems, physical disabilities)? If so, please specify what and when. YES  NO

---

---

---

Do you have any chronic or recurring health problems (e.g. heart problems, diabetes)? If so, please specify. YES  NO

---

---

---

---

Do you have any allergies (e.g. bees, penicillin, sea food)? YES  NO

---

---

---

---

Do you have any specific dietary needs (e.g. lactose intolerant)? YES  NO

---

---

---

---

Do you have any of the following? If so, please explain.

Allergies  Asthma  Diabetes  Stomach Upsets  Heart condition

Frequent Colds  Reactions to Medications  Other

---

---

---

---



## Medical History

Are you currently taking any prescribed medication? If so, please specify the medication and dosage. YES  NO

Medication	Dose
_____	_____
_____	_____
_____	_____
_____	_____

Are you currently using any non-prescription drugs on a regular basis? If se, please specify the medication and dosage. YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment or counseling for alcohol or chemical abuse? If so, please specify when and where. YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Are you presently under a physician's care? If so, please explain. YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Have you suffered from or received treatment for emotional or mental illness? If so, please explain. YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Blood type: \_\_\_\_\_

In case of an emergency away from home, what doctor (knowledgeable about your health) should be contacted?

Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Please review the above information to ensure accuracy, and take the extra time to find necessary information that you are unable to answer on your own.**

## Consent for Medical Treatment

I, \_\_\_\_\_, wish to become member of the Breakwater Africa Outreach Mission Team, which will be traveling to and staying in Malawi, Africa.

Whereas, certain circumstances and situations may result in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

I, \_\_\_\_\_, being of legal age, authorize The Breakwater Leadership or any agent of ICFG, to act on my behalf. I consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.

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 on my behalf.

Any consent by the Breakwater shall have the same force and effect as if I had personally given the consent.

I understand that medical insurance in foreign countries, provided by ICFG, is included in the trip cost. It covers \$75,000 for accident or illness, \$7500 for trip interruption due to injury or illness, \$10,000 for political evacuation, \$100,000 for accidental death and dismemberment, and up to \$500,000 for medical emergency evacuation (air ambulance).

I hereby release and hold harmless ICFG, and the Breakwater Church, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising from my participation in this trip.

My passport # is: \_\_\_\_\_,

Country where passport was issued \_\_\_\_\_

---

**Applicant's Signature**

**Date**

## EMERGENCY CONTACT INFORMATION

In case of emergency please notify:

**Primary Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Employer Information

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ ext. \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Members Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Medications being taken (Please include over the counter medications such as aspirin, cough syrup, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For questions or comments please contact**

The Breakwater Church at 310-376-1900 or thebreakwateroffice@yahoo.com

**THE BREAKWATER CHURCH MISSIONS  
REFERRAL FORMS**

Name of Applicant: \_\_\_\_\_

Please list three people who will complete the attached reference forms for you. Give their full names, addresses, and phone numbers. The missions department will contact the persons you provide as references in addition to reviewing their referrals.

**Pastor/Christian Minister Name:** \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employer/Teacher Name:** \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

**Friend Name:** \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

**RETURN THIS PAGE WITH YOUR APPLICATION!**

**Fill out your portion on the forms below and give them to Referees**

**Regardless if you are submitting this application electronically, references must be handwritten and submitted in a sealed envelope to The Breakwater Church in order to ensure confidentiality.**

**- END APPLICATION -**

**THE BREAKWATER FOURSQUARE MISSIONS INTERNATIONAL  
WORLD IMPACT TEAMS**

**PASTOR/CHRISTIAN WORKER REFERENCE FORM**

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

Destination of World Impact Team: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

By signing my name, I the applicant give my permission for the recipient of this referral to honestly respond to the questions below and to forward this information to The Breakwater Church.

Applicant's Signature \_\_\_\_\_

This confidential reference form is submitted to you on behalf of the above named applicant. He/She is applying to participate on a World Impact Team (overseas ministry team). Your cooperation in carefully completing this reference form is greatly appreciated.

How long have you known the applicant? \_\_\_\_\_

To your knowledge does this applicant have a consistent spiritual life? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge does the applicant have any physical ailments that could hinder full participation in a heavy schedule of activities? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please evaluate applicant on a scale of 1-10 (1 being the lowest, 5 being average, 10 being excellent):

- |                                                                                           |                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------|
| _____ Good addition to an overseas service effort                                         | _____ Clean and neat in appearance                    |
| _____ Conduct with opposite sex                                                           | _____ Honesty with communication                      |
| _____ Diligence with assignments                                                          | _____ Works well with others                          |
| _____ Common sense and judgment                                                           | _____ Controls emotions                               |
| _____ Ability to lead others                                                              | _____ Willingness to submit to leadership             |
| _____ Follows through with responsibilities                                               | _____ Follows instructions                            |
| _____ Applicants general health                                                           | _____ A majority of peers would endorse the applicant |
| _____ Mature enough to stay away from home for extended length of time in another country |                                                       |

List the talents and abilities that you have observed in the applicant:

---

---

---

---

---

How would you recommend this applicant?

Highly and without reservation

With the following reservations:

---

---

---

I cannot recommend the applicant at this time.

Please include any additional comments that you consider to be pertinent to the applicant's participation on a World impact team:

---

---

---

---

---

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No electronic signatures please)

**PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO ENSURE CONFIDENTIALITY TO:**

**Africa Outreach  
The Breakwater Church  
PO Box 2410  
Manhattan Beach, CA. 90267**

If you have any questions please contact  
The Breakwater Church Office at 310-376-1900 or thebreakwateroffice@yahoo.com

Thank you for taking the time to complete this confidential referral.

**THE BREAKWATER FOURSQUARE MISSIONS INTERNATIONAL  
WORLD IMPACT TEAMS**

**EMPLOYER/TEACHER REFERENCE FORM**

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

Destination of World Impact Team: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

By signing my name, I the applicant give my permission for the recipient of this referral to honestly respond to the questions below and to forward this information to The Breakwater Church.

Applicant's Signature \_\_\_\_\_

This confidential reference form is submitted to you on behalf of the above named applicant. He/She is applying to participate on a World Impact Team (overseas ministry team). Your cooperation in carefully completing this reference form is greatly appreciated.

How long have you known the applicant? \_\_\_\_\_

To your knowledge does this applicant have a consistent life of integrity? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge does the applicant have any physical ailments that could hinder full participation in a heavy schedule of activities? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please evaluate this applicant on a scale of 1-10 (1 being the lowest, 5 being average, 10 being excellent):

- |                                                                                           |                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------|
| _____ Good addition to an overseas service team                                           | _____ Clean and neat in appearance                    |
| _____ Conduct with opposite sex                                                           | _____ Honesty with communication                      |
| _____ Diligence with assignments                                                          | _____ Works well with others                          |
| _____ Common sense and judgment                                                           | _____ Controls emotions                               |
| _____ Ability to lead others                                                              | _____ Willingness to submit to leadership             |
| _____ Follows through with responsibilities                                               | _____ Follows instructions                            |
| _____ Applicants general health                                                           | _____ A majority of peers would endorse the applicant |
| _____ Mature enough to stay away from home for extended length of time in another country |                                                       |

List the talents and abilities that you have observed in the applicant:

---

---

---

---

How would you recommend this applicant?

Highly and without reservation

With the following reservations:

---

---

---

I cannot recommend the applicant at this time.

Please include any additional comments that you consider to be pertinent to the applicant's participation on a Mission Outreach team:

---

---

---

---

---

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No electronic signatures please)

**PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO ENSURE CONFIDENTIALITY TO:**

**Africa Outreach  
The Breakwater Church  
PO Box 2410  
Manhattan Beach, CA. 90267**

If you have any questions please contact:  
The Breakwater Office at 310-376-1900 or thebreakwateroffice@yahoo.com

Thank you for taking the time to fill out this confidential referral.



**THE BREAKWATER FOURSQUARE MISSIONS INTERNATIONAL  
WORLD IMPACT TEAMS**

**PERSONAL FRIEND REFERENCE FORM**

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

Destination of World Impact Team: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

By signing my name, I the applicant give my permission for the recipient of this referral to honestly respond to the questions below and to forward this information to The Breakwater Church.

Applicant's Signature \_\_\_\_\_

This confidential reference form is submitted to you on behalf of the above named applicant. He/She is applying to participate on a World Impact Team (overseas ministry team). Your cooperation in carefully completing this reference form is greatly appreciated.

How long have you known the applicant? \_\_\_\_\_

To your knowledge does this applicant have a consistent spiritual life? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge does the applicant have any physical ailments that could hinder full participation in a heavy schedule of activities? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please evaluate the applicant on a scale of 1-10 (1 being the lowest, 5 being average, 10 being excellent):

- |                                                                                           |                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------|
| _____ Good addition to an overseas team                                                   | _____ Clean and neat in appearance                    |
| _____ Conduct with opposite sex                                                           | _____ Honesty with communication                      |
| _____ Diligence with assignments                                                          | _____ Works well with others                          |
| _____ Common sense and judgment                                                           | _____ Controls emotions                               |
| _____ Ability to lead others                                                              | _____ Willingness to submit to leadership             |
| _____ Follows through with responsibilities                                               | _____ Usually follows instructions                    |
| _____ Applicants general health                                                           | _____ A majority of peers would endorse the applicant |
| _____ Mature enough to stay away from home for extended length of time in another country |                                                       |

List the talents and abilities that you have observed in the applicant:

---

---

---

---

---

How would you recommend this applicant?

Highly and without reservation

With the following reservations:

---

---

---

I cannot recommend the applicant at this time.

Please include any additional comments that you consider to be pertinent to the applicant's participation on a World impact team:

---

---

---

---

---

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No electronic signatures please)

**PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO ENSURE CONFIDENTIALITY TO:**

**Africa Outreach  
The Breakwater Church  
PO Box 2410  
Manhattan Beach, CA. 90267**

If you have any questions please contact:  
The Breakwater Office at 310-376-1900 or thebreakwateroffice@yahoo.com

Thank you for taking the time to fill out this confidential referral.