Student Registration Form

Attach recent photo here

(Approximately 2" x 2")

Name

Date Received by FMI

Trip Location

Trip Date

This form should be filled out by minors (under the age of 18) who are wishing to join a GO Team. If you are 18 years old or older, please complete the Adult Registration Form. Please turn in your completed registration forms to your trip leader or to FMI (whichever your trip leader instructs.)

Please return application to:

The Breakwater Church/Africa Outreach
P.O. Box 2410, Manhattan Beach, CA 90267
Ph: 310-376-1900 e-mail: thebreakwateroffice@yahoo.com

Personal Data

1. Full Legal Name _____
What would you like to be called?_____
2. Gender: male ☐ female ☐ Date of Birth _____
3. Home Address _____ City _____ State _____ Zip _____
4. Phone _____ E-mail _____
5. T-Shirt Size (circle one): small ☐ medium ☐ large ☐ extra large ☐

Travel Documentation (Passport required for all trips outside the USA.)

6. Do you have a current passport?_____ Passport # _____ Expires _____

Emergency Contact Information

7. Name _____ Relation _____
8. Address _____ City _____ State _____ Zip _____
9. Home Phone _____ Work Phone _____

Church Information

10. Pastor's Name _____ Church Name _____
11. Church Denomination _____
12. Church Address _____ City _____ State _____ Zip _____
13. How long attended? _____ Areas of involvement _____
_____
_____

Special Skills

14. List any foreign languages you speak, read or write and rate your level of proficiency in each: excellent, good, fair or poor._____

15. Do you play an instrument? _____ Which? _____
16. If you play guitar and lead worship would you be willing to bring your guitar on the trip? _____

17. Have you ever been involved in:
☐ Leading Worship ☐ Drama ☐ Teaching Children ☐ Puppets ☐ Crafts
☐ Leading Prayer Groups ☐ Street Evangelism ☐ Construction ☐ Preaching

18. What other cross-cultural experience or foreign travel experience do you have?
Experience Dates Description of Experience/Travel
_____
_____
_____
_____
_____

Personal Information

19. Please give the dates of the following experiences in your life:
Conversion _____ Water Baptism _____ Baptism with the Holy Spirit _____

On a separate sheet of paper, please identify the entry by number and write a brief response to the following questions:

20. Describe your experience of conversion to Christ.
21. Describe your experience of water baptism.
22. Describe your experience of baptism with the Holy Spirit.
23. Describe your spiritual growth in Christ over the past year. Include victories, healings, struggles, devotions, answers to prayer, etc.

Please include the following items with this registration.

☐ A recent photo
☐ Pastor's recommendation (in a sealed envelope)
☐ Letter of recommendation from parent
☐ A handwritten letter explaining why you want to serve on this team.
☐ All release forms (parental, medical consent and medical assessment)

Parental Release Form

Parents, we at International Church of the Foursquare Gospel (ICFG) want you to feel confident about the safety and security of your teen while they are participating on this team. We understand your concerns and will give special care to help ease them.

We invest a lot into our leaders to assure the best possible experience for your teen in ministry, discipline, accountability, and safety. All leadership candidates attend a leadership meeting where we thoroughly review and discuss expectations. Leadership candidates are trained in the areas of ministry, leadership and discipline.

Our leadership structure begins with team leaders. The team leaders are responsible for the teams throughout the mission trip. Team leaders handle the daily schedule, discipline and spiritual environment for the team. In addition, youth pastors and their adult leaders are accountable for their individual teams. All leaders are 21 years of age or older and are responsible for establishing relationships and watching out for your teen. These leaders are personally screened and proven in ministry.

If you would like to speak with someone regarding the leadership of this trip, feel free to call our office at (888) 635-4234, ext. 4320, and we will assist you.

I have read and understand the above statement._____

Parent/guardian signature Date

Medical Assessment

Please answer all questions. If you need more space for explanations, attach a separate piece of paper.

_____

Name of Applicant Date of Birth

In case of medical emergency, who should be contacted?

Name _____ Phone (work) _____ (home)_____
Address _____

Name _____ Phone (work) _____ (home)_____
Address _____

How do you appraise your present health ? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Childhood Immunizations (These must be up-to-date)

Type:	Year Immunization given:	Are you allergic to any medications? If "yes,"
Mumps / Measles / Rubella	_____	please explain._____
Diphtheria / Pertussis / Tetanus	_____	_____
Polio	_____	_____
Tetanus	_____	_____
Other:	_____	_____

Have you ever been treated for any of the following:
(every item must be checked, please explain a "yes" answer on the back of this form)

Yes	No	
☐	☐	Asthma or chronic wheezing
☐	☐	Emphysema or other lung and/or respiratory problems
☐	☐	Chronic persistent cough or shortness of breath
☐	☐	Tuberculosis
☐	☐	Any skin disorder or disease other than acne
☐	☐	Recurring ear or eye problems, impairment of hearing or vision, meniere's disease, cataracts or glaucoma
☐	☐	Persistent, recurring indigestion, stomach or duodenal ulcers
☐	☐	Gall bladder stones or colic
☐	☐	Jaundice, cirrhosis or other liver problems
☐	☐	Intestinal or bowel problems, colitis, diverticulitis, hemorrhoids, other rectal problems or bleeding
☐	☐	Any test results indicating exposure to the AIDS virus
☐	☐	Albumin, blood or pus in the urine; painful or frequent urination; kidney problems
☐	☐	Diabetes or hypoglycemia (low blood sugar)
☐	☐	Emotional or Mental health counseling or psychiatric treatment
☐	☐	Rheumatism, gout, arthritis or other forms of swollen or painful joints
☐	☐	Chronic back pain, back injury or surgery; sciatica, coliosis or other bone or joint disorder
☐	☐	Cysts, tumors or any growths, hernia or rupture

Yes	No	
☐	☐	Cancer
☐	☐	Fainting spells, dizziness, convulsions, epilepsy or seizure disorder
☐	☐	High blood pressure, heart murmurs or other cardiac problems
☐	☐	Vein or circulatory trouble
☐	☐	Significant migraine headaches
☐	☐	Goiter, thyroid ailment, high or low metabolism
☐	☐	Anemia or other blood disorder
☐	☐	Abnormality of reproductive systems, prostate problems, breast disorder, menstrual disorders or venereal disease
☐	☐	Parkinson's Disease
☐	☐	Significant knee injury or problems
☐	☐	Significant allergic reactions to either food medicines, bee stings or any other insect bite or sting
☐	☐	Any other diseases not listed above
☐	☐	Any other serious bodily injuries, physical limitations or disabilities not listed above.

Please describe:
_____
_____
_____

If you checked "yes" to any of the previous questions, your doctor must complete the doctor's release on the following page.

Medical History

Are you currently taking any prescribed medication? (If yes, please specify the medication and dosage.)
☐Yes ☐ No _____

Are you currently using any non-prescription drugs on a regular basis? (If yes, please specify the medication and dosage.)
☐ Yes ☐ No _____

Have you ever received treatment or counseling for alcohol or chemical abuse? (If yes, please specify when and where.)
☐ Yes ☐ No _____

Are you presently under a physician's care? (If yes, please explain.) ☐ Yes ☐ No _____

_____

Do you have a condition that requires a special diet? (If yes, please explain.) ☐ Yes ☐ No_____

_____

Do you have any chronic or recurring health problems? (If yes, please explain) ☐ Yes ☐ No _____

_____

Do your grandparents, parents or siblings have any of the following: (If you answer "yes" to any of these, please explain who the person is and the severity of the problem.)

☐ Yes ☐ No Diabetes
☐ Yes ☐ No Hypertension
☐ Yes ☐ No Heart Disease
☐ Yes ☐ No Depression
☐ Yes ☐ No Mental Illness

_____

_____

Examinations and Operations

What was the date and location of your last physical exam? _____

Who was the attending physician? _____

List all operations or hospitalizations you have undergone:

1. Date _____ Operation and reason _____

Attending physician _____ Name and location of hospital _____

Remaining effects _____

2. Date _____ Operation and reason _____

Attending physician _____ Name and location of hospital _____

Remaining effects _____

Please provide any details pertaining to your health not covered by the above questions. (If more space is needed attach a separate sheet of paper.) _____

_____

In case of medical emergency, what doctor (knowledgeable about your health) should be contacted?

Doctor's Name _____ Phone _____

I certify that the information listed on this form is correct to the best of my knowledge. In case of emergency, I hereby authorize any necessary medical treatment by medical personnel.

Signature of Applicant _____ Date _____

PHYSICIAN'S RELEASE (This should be completed if any of the questions on page four were marked "yes.")

I have reviewed this applicant's medical information and history and this completed form and I have performed a physical exam on the applicant. I find him/her to be in a suitable condition for international travel, participation in high-intensity activities (such as hiking several miles) and conditions in a third-world country.

Physician's Signature _____ Date _____

Print Name _____ Phone _____

Consent for Medical Treatment

Whereas, (my child) _____, wishes to be a member of the Fousquare Missions GO Team traveling to and staying in _____ (country), and whereas, certain circumstances and situations may occur resulting in my child's need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

1. In consideration of permission for my child to participate in said mission, I _____, being of legal age, authorize ICFG or any agent of ICFG, to act in my child's behalf should I be unable to do so and to 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 child's medical well-being for the duration of the mission trip.
2. 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 child's behalf.
3. Any consent by ICFG shall have the same force and effect as if I had personally given the consent.
4. 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).
5. I hereby release and hold harmless ICFG, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's participation in this trip.
6. My child's passport # is: _____, Country where passport was issued _____

If the child is under the custody of both parents, both parents' signatures are needed. If the child is not, we need the signature of the parent who has legal custody of the child. (Some foreign countries require this.)

_____ _____
Father's Signature (if applicant is under 18 years of age) Date

_____ _____
Mother's Signature (if applicant is under 18 years of age) Date

_____ _____
Guardian's Signature (if applicant is under 18 years of age) Date

_____ _____
Applicant's Signature Date

Please have form stamped by a Notary Public before returning, or attach additional form provided by Notary.

State of _____, County of _____

On_____before me,_____,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared_____,
Name(s) 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 written 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), or the entity upon of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal._____
Signature of Notary Republic

Foursquare Missions International GO Teams P.O. Box 26902, Los Angeles, CA 90026

Dear Pastor,

I am writing to let you know that the individual giving this letter to you has requested an application to participate in an upcoming Foursquare GO Team. These teams are designed by the Foursquare Missions office or in collaboration with local churches who have well-established short-term missions programs. The primary qualifications for those wanting to serve on a team are consistency in serving at their home church, the ability to function well in a group setting, the recommendation of their senior pastor and sponsorship by their home church.

The GO Teams are overseen by personnel who are committed to the development of leaders and the expansion of God's kingdom. It is our goal that participants will gain an understanding of the challenges and nuances of cross-cultural ministry, develop their personal ministry gifts, serve the churches in another country through outreach and be a blessing to their home church upon their return.

This is a self-funded category of service. The participant will need to raise financial support from their own resources, their local church and other donors. The following pages are an assessment of the applicant for the GO Team. After reviewing the information and meeting with the applicant to discuss the opportunity of their involvement on this team, please complete the attached recommendation form, sign it, and seal it in your church's letterhead envelope. Give the sealed envelope back to the applicant and he/she will turn it in with the rest of their application.

Many thanks for your time and for your commitment to this process! When all of the documents are received and reviewed, we will contact the applicant. If you so desire, we can include you in this future communication as well. As always, it is a pleasure to serve you and your congregation. If you have any questions or comments, please do not hesitate to e-mail me at dwheeler@foursquare.org or call me at (888) 635-4234, ext. 4319.

Until all have heard,

David Wheeler
Foursquare Missions International
Short-Term Missions Coordinator

Senior/Youth Pastor's Recommendation

This recommendation is to be completed by the senior pastor or youth pastor of the sending church. Pastor--please complete the lower portion of this recommendation, place it in your letterhead envelope, seal the envelope and sign your name across the seal. Return the sealed, signed envelope to the applicant.

Please read the following before filling out this recommendation. Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. We need to know as much as possible about the applicant to make a fair appraisal of their qualifications, and match the applicant with the best ministry opportunity for them. Your response will be held in confidence. If you have any questions, call the Breakwater Church at 310-376-1900.

Applicant Information:

Name _____Phone _____

For the pastor to complete:

Name _____ Phone _____

How well do you know the applicant? (please check one)
☐Very well ☐Fairly well ☐Casually By ☐Face/name

How long have you known the applicant?_____

Is the applicant active in his/her church? ☐Yes ☐No Serving in what capacity? _____

To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? ☐ Yes ☐ No

To your knowledge, does the applicant have habits or issues that are incongruent with a Christian walk?
☐Yes ☐No If yes, please explain _____

Rank the applicant in the following areas by circling the number that best describes her/him.
1 – Poor 2 – Minimal 3 – Average 4 – Excellent 5 – Outstanding

Self-confidence	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Dealing with interpersonal conflicts	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Reliability	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Positive, contagious spirit	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Performance under pressure	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Creativity	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Teachable attitude	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Decision-making ability	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Confrontation	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Spiritual intensity	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Ability to minister to others	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Self-discipline	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Communication	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Listening ability	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

- - - ---------- Foursquare GO Teams---------- - - -

Student

Senior/Youth Pastor's Recommendation

Check the box in each area that most accurately describes the applicant:

Achievement (ability to formulate and complete plans)
☐ Starts but doesn't finish
☐Meets average expectations
☐Resourceful and effective
☐Superior creative ability

Teamwork
☐Causes Friction
☐Works well with others
☐Prefers to work alone
☐Most effective in teamwork

Emotional Resilience
☐Gets angry/ impulsive
☐Meets challenges well
☐Easily discouraged
☐Good balance of moods

Responsiveness (to the needs and feelings of others)
☐Slow to sense others' feelings
☐Reasonably responsive
☐Understanding and thoughtful
☐Consistently sensitive to the needs of others

Christian Experience
☐ Relatively superficial
☐Rich and growing
☐Genuine but mild
☐Profound and contagious

Has the applicant proven on any occasion to be unreliable, dishonest or questionable in character?
☐Yes ☐o If yes, please explain.

_____

_____

We would appreciate any additional comments you might have concerning the applicant.

_____

_____

_____

_____

_____

_____

Based on the above information, the applicant is:
☐Strongly recommended
☐Recommended
☐Recommended with reservation
☐Not recommended

Senior/Youth Pastor's Signature _____ Date _____

Please return recommendation to:

Breakwater Church/Africa Outreach, P.O. Box 2410, Manhattan Beach, CA 90267