



Attach recent photo here  
(Approximately 2" x 2")

# Adult Registration Form

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Trip Location

\_\_\_\_\_  
Trip Date

This form should be filled out by those who are wishing to join a GO Team and over the age of 18. If you are under 18, please complete the Student 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  
Mail: P.O. Box 2410, Manhattan Beach, CA 90267  
Phone: 310-869-0064 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)
- A handwritten letter explaining why you want to serve on this team.
- All release forms (medical consent and medical assessment)

**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," please explain. _____
Mumps / Measles / Rubella _____	_____	_____
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  | Yes   | No  |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma or chronic wheezing   | <input type="checkbox"/>                    | <input type="checkbox"/> Cancer   |
| <input type="checkbox"/> | <input type="checkbox"/> Emphysema or other lung and/or respiratory problems  | <input type="checkbox"/>                    | <input type="checkbox"/> Fainting spells, dizziness, convulsions, epilepsy or seizure disorder  |
| <input type="checkbox"/> | <input type="checkbox"/> Chronic persistent cough or shortness of breath  | <input type="checkbox"/>                    | <input type="checkbox"/> High blood pressure, heart murmurs or other cardiac problems   |
| <input type="checkbox"/> | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/>                    | <input type="checkbox"/> Vein or circulatory trouble  |
| <input type="checkbox"/> | <input type="checkbox"/> Any skin disorder or disease other than acne   | <input type="checkbox"/>                    | <input type="checkbox"/> Significant migraine headaches   |
| <input type="checkbox"/> | <input type="checkbox"/> Recurring ear or eye problems, impairment of hearing or vision, meniere's disease, cataracts or glaucoma | <input type="checkbox"/>                    | <input type="checkbox"/> Goiter, thyroid ailment, high or low metabolism  |
| <input type="checkbox"/> | <input type="checkbox"/> Persistent, recurring indigestion, stomach or duodenal ulcers  | <input type="checkbox"/>                    | <input type="checkbox"/> Anemia or other blood disorder   |
| <input type="checkbox"/> | <input type="checkbox"/> Gall bladder stones or colic   | <input type="checkbox"/>                    | <input type="checkbox"/> Abnormality of reproductive systems, prostate problems, breast disorder, menstrual disorders or venereal disease |
| <input type="checkbox"/> | <input type="checkbox"/> Jaundice, cirrhosis or other liver problems  | <input type="checkbox"/>                    | <input type="checkbox"/> Parkinson's Disease  |
| <input type="checkbox"/> | <input type="checkbox"/> Intestinal or bowel problems, colitis, diverticulitis, hemorrhoids, other rectal problems or bleeding    | <input type="checkbox"/>                    | <input type="checkbox"/> Significant knee injury or problems  |
| <input type="checkbox"/> | <input type="checkbox"/> Any test results indicating exposure to the AIDS virus   | <input type="checkbox"/>                    | <input type="checkbox"/> Significant allergic reactions to either food medicines, bee stings or any other insect bite or sting            |
| <input type="checkbox"/> | <input type="checkbox"/> Albumin, blood or pus in the urine; painful or frequent urination; kidney problems                       | <input type="checkbox"/>                    | <input type="checkbox"/> Any other diseases not listed above  |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar)   | <input type="checkbox"/>                    | <input type="checkbox"/> Any other serious bodily injuries, physical limitations or disabilities not listed above.                        |
| <input type="checkbox"/> | <input type="checkbox"/> Emotional or Mental health counseling or psychiatric treatment   | Please describe:<br>_____<br>_____<br>_____ |   |
| <input type="checkbox"/> | <input type="checkbox"/> Rheumatism, gout, arthritis or other forms of swollen or painful joints                                  |   |   |
| <input type="checkbox"/> | <input type="checkbox"/> Chronic back pain, back injury or surgery; sciatica, coliosis or other bone or joint disorder            |   |   |
| <input type="checkbox"/> | <input type="checkbox"/> Cysts, tumors or any growths, hernia or rupture  |   |   |

**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, I, \_\_\_\_\_, wish to be a member of the Foursquare Missions GO Team, which will be traveling to and staying in \_\_\_\_\_ (country), and whereas, certain circumstances and situations may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

1. I, \_\_\_\_\_, being of legal age, authorize ICFG or any agent of ICFG, to act in my 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 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 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 participation in this trip.
7. My passport # is: \_\_\_\_\_, Country where passport was issued \_\_\_\_\_

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

\_\_\_\_\_  
Date



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](mailto:dwheeler@foursquare.org) or call me at (888) 635-4234, ext. 4319.

Until all have heard,

A handwritten signature in black ink, appearing to read 'David Wheeler', written in a cursive style.

David Wheeler  
Foursquare Missions International  
Short-Term Missions Coordinator

# Adult

## Senior Pastor's Recommendation (Part 1)

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/Africa Outreach 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** -----

**Adult**

**Senior Pastor's Recommendation (Part 2)**

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

Achievement (ability to formulate and complete plans)

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> 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

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> 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 No 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

**This applicant has submitted to a criminal background check according to the Child and Youth Protection Policies set forth by The Foursquare Church issued in March 2007. Yes No**

Senior Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return recommendation to:**

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