



## Healing, Love, Forgiveness Int'l Ministries

P.O. Box 74866

Richmond, Virginia 23236

Phone: 434-221-5408

Email: [healingloveforgiveness@gmail.com](mailto:healingloveforgiveness@gmail.com)

On the Web: <http://www.healingloveforgiveness.com>

### MISSION TRIP APPLICATION FORM

|                                                                                                     |                       |                               |
|-----------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|
| Application Date:                                                                                   | Country Traveling To: | Travel Dates:                 |
| Name: Last: First Middle Initial Preferred Name                                                     |                       |                               |
| Address: Street City State Zip                                                                      |                       |                               |
| Telephone: Cell Home Work                                                                           |                       |                               |
| Email Address:                                                                                      |                       |                               |
| Date of Birth:                                                                                      | Female Male           | Single Married Widow Divorced |
| Do you have a passport? Yes No<br>Passport No.                                                      | Country Issued:       | Expiration Date:              |
| Emergency Contacts:<br>Name: _____ Relationship: _____<br>Address: _____<br>Telephone Number: _____ |                       |                               |

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

Current or Last Employer:

Name of

Company: \_\_\_\_\_

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

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

Email Address(if applicable) \_\_\_\_\_

If Student, Name of School:

Health Insurance Information:

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

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

Comments: \_\_\_\_\_

Beneficiary Designation:

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

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

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

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

List any disabilities or health issues:

How long have you been a Christian?

Are you a member of a local church? Yes No

Areas of Involvement in your local church?

Skills/Talents:

**TERMS AND CONDITIONS:**

The Terms and Conditions must be signed by an adult missionary or the parent or guardian of a minor.

Healing,Love,Forgiveness International Ministries, reserves the right, in its sole and absolute discretion, to terminate your trip at any point before or during the mission if we believe that it is necessary and in the best interest of the team and our hosts. Please read the below terms and conditions carefully before signing and dating at the bottom.

1. I hereby agree that while serving in the mission field, if any of my actions are found to be not in compliance with the goals of the team, the host missionaries or HLF Int'l Ministries, in their sole discretion, I will consent to expulsion from the team at the direction of the team leader or any official representative of HLF International Ministries. Further, I understand that I will forfeit all funds contributed toward this trip (airfare, hotels, taxes, and training) for the sake of the overall goal of the remaining team members.
2. I agree that all funds contributed toward this trip (airfare, hotels, taxes, and training, etc.) will be non-refundable and forfeited.
3. I hereby release Healing, Love,Forgiveness International Ministries, its board of directors, volunteers, staff, and the Executive Director from any and all liabilities associated with my expulsion and any other damages/losses that I may incur as a result of this mission trip.
4. Understanding that Healing, Love,Forgiveness International Ministries is an international mission's organization working to spread the Gospel of Jesus Christ, reaching the lost and reconciling man back to God, I hereby release, hold harmless, and indemnify Healing,Love,Forgiveness International Ministries, its board of directors, volunteers, staff, and the Executive Director, and associates of and from any and every liability, claim, demand, right or cause of action, of whatever kind or nature, which may be asserted by reason of, on account of, or in any way growing out of any and all personal injuries, disease or the effects and/or consequences thereof, or damage to property or person.
5. I consent to permit Healing,Love,Forgiveness Int'l Ministries to use my image/video or any other form of media representation in an effort to advance and promote activities on behalf of their organization. I relinquish any and all rights that I may have because of such appearance, I do not expect to be compensated financially or by any other means.
6. By signing this consent, I confirm that I am medically fit to travel on this trip. I understand that Healing,Love,Forgiveness International Ministries reserves the right to require an authorization to travel, by a physician, for me to go on the trip.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List countries and dates of any previous overseas volunteer service:

### Personal Testimony

Please share with us how you came to Christ, and your life before and after coming to Christ.

(This is not required for Pastors)

### PASTORAL RECOMMENDATIONS

It is Healing, Love, Forgiveness Int'l Ministries desire to assemble dynamic teams of people in international missions to provide the most effective use of each individuals gifts for ministry. We also believe that foreign missions should serve as an extension of ministry that is also effective domestically. We ask you as the pastor of the applicant to provide your recommendation for participation in foreign missions. Please indicate areas of ministry that they are presently involved in that would be beneficial in missions.

Pastor's Name and date of ordination: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Recommendation:

The \_\_\_\_\_ church  
of \_\_\_\_\_ (location)

Whole-heartedly recommends the above person to Healing, Love, Forgiveness Int'l Ministries,  
being determined to be sound in faith and spiritually equipped to serve on this volunteer project.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_