

BREAKING BORDERS APPLICATION
P.O. BOX 267 SCOTTSBURG, IN 47170-0267

(PLEASE PRINT)

Date: _____ TRIP INTEREST _____ IF ALUMNI PREVIOUS YEAR ID# _____
____ MR . ____ MRS ____ MISS ____ REV ____ M.D OR D.O ____ D.M.D OR D.D.S ____ RN ____ PHD OTHER _____

MARITAL STATUS: ____ SINGLE ____ MARRIED ____ WIDOWED ____ DIVORCED ____ ENGAGED ____
SPOUSES NAME _____

(AS ON BIRTH CERTIFICATE OR PASSPORT)

NAME _____ PHONE(S) _____
 LAST FIRST MIDDLE COLLEGE/ CELL/HOME

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP CODE

COLLEGE/OTHER ADDRESS _____ / ____ / ____
 STREET CITY STATE ZIP CODE GOOD UNTIL

PARENTS/GUARDIANS NAME _____ PHONE(S) _____
(IF UNDER 18) LAST FIRST HOME/ OTHER _____

Date of Birth ____/____/____ Social Security# ____ - ____ - ____ Driver's License # _____ State _____

Citizen of which country U.S.A ____ CANADA ____ OTHER _____ MEDICAL LICENSE NUMBER _____
(PLEASE PROVIDE A COPY OF YOUR LICENSURE WITH YOUR APPLICATION --If applicable)

CURRENT E-MAIL _____ @ _____

PERSONAL HISTORY

How did you hear about BB short-term missions? _____

Have you ever participated on a short-term mission trip before? YES OR NO

If yes, when? _____ WHERE? _____ WITH WHO? _____

ON THIS MISSION DID YOU MEET YOUR FINANCIAL OBLIGATION: _____ IF NO, PLEASE
EXPLAIN _____

DID ANY ACTIVITY OCCUR ON THIS MISSION THAT OUR ORGANIZATION NEEDS TO BE MADE AWARE OF: _____
(IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER)

Have you ever been convicted of a felony? YES OR NO (If YES, Please explain on a separate sheet of paper.)

Have you ever been treated for drug/alcohol abuse? YES OR NO (If YES, Please explain on a separate sheet
of paper.)

If you are married, is your spouse applying for this trip? YES OR NO

PASSPORT INFORMATION:

Do you have a valid Passport? YES OR NO If yes, what is the country of issue? _____
DATE OF ISSUE ____/____/____ EXP. DATE ____/____/____

PASSPORT INFORMATION CONTINUED...

Do you have an Israeli stamp in your Passport? _____

If you have a Passport, what is your Passport number? _____ Passport Issue
City: _____

TRAINING / EDUCATION/ CERTIFICATIONS INFORMATION:

Please list any training, gifts, skills, or certifications

Please list the highest form of education you have completed: _____

Please list any degrees you have acquired:

Bachelors Degree _____ Masters _____

Doctorate _____ Other _____

If you are a Student, What is your Major & Expected graduation date? _____

TESTIMONY (Please attach additional sheet of paper for the following questions)

*Date you made a commitment to follow Jesus Christ ____/____/____

**Please describe your current personal relationship with Jesus Christ & describe your current involvement in the local church or other ministries associated with the Church:

*** Please also describe why you feel that the Lord has called you to participate in this specific mission:

****Do you feel your family relationships are healthy and growing? Please explain:

Church Membership at: _____

Pastor's Name: _____

Church Phone: _____ Pastor's E-mail: _____

Church Leadership other than pastor that you are accountable to: aka: Sunday school teacher or small group leader: NAME _____ TITLE _____

Contact information:

Tel: _____ or E-Mail _____

REFERENCES:

Please Provide Breaking Borders with three Character References that we may contact in order to validate your Physical, Emotional, Mental, and Spiritual Ability to participate on this mission.

Name: _____ Tel: _____ Relationship: _____

Name: _____ Tel: _____ Relationship: _____

Name: _____ Tel: _____ Relationship: _____

MEDICAL: (Please explain on an additional sheet, if necessary)

Do you have any current or past medical conditions or on any prescription drugs? YES or NO

When was the date of your last Physical Exam or Check –Up ____/____/____

CURRENT HEIGHT _____ WEIGHT _____

RISK ASSUMPTION:

Do you understand the Physical and Financial risks you are taking in association with this SPECIFIC mission trip?
If, YES (PLEASE CIRCLE) SIGNATURE _____ DATE: _____
IF NO, PLEASE CONTACT OUR OFFICE FOR FURTHER EXPLANATION 1.877.212.0562

Breaking Borders (BB) LIMITATIONS AND CONDITIONS: Expenses for each trip are based upon current quotes and are subject to increase. Dates, travel arrangements and schedules are subject to change without notice. Travel destinations may be changed and/or cancelled in the event of any political, natural or mission related crisis at the sole discretion of Breaking Borders, or for any other reason deemed necessary by BB. If the applicant is unable to participate in his or her applied trip, then all contributions (minus application fees and airline ticket fees) will be credited to a future BB trip for up to one year In the event of a cancellation BB holds the right to re-assign the applicant to another trip of similar expense. All applicants must adhere to BB policies and are subject to dismissal without refund or reimbursement for disobedience. Regulations are sent with detailed information to approved applicants. All applicants participate at their own risk. BB is not liable in the event of illness, disease, dismemberment, accident, death, terrorist acts, kidnapping, or any other crisis that the participant may experience on a BB trip. All participants are required to be in good physical condition and able to endure strenuous physical activity. (Donations received by BB go toward tax-exempt project expenses and the IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the non-profit organization. For this reason money cannot be refunded.) Each applicant will be a fundraiser and receive credit for funds raised equal to the cost of his or her trip. I give BB the right to use my picture, voice, or testimony in any type of promotion or advertising material. My enclosed signature (and the signature of my parents/guardians, if I am under the age of 18 years) signifies my understanding and acceptance of the terms and approval for all conditions and limitations listed above. I certify that all the information provided on this application is true and to my knowledge is accurate.

SIGNED _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____
(IF APPLICANT IS UNDER 18 YEARS OF AGE)

THE FOLLOWING MUST ACCOMPANY THE COMPLETED APPLICATION:

- 1. FOUR (4) COLOR PASSPORT PHOTOS (NO SNAPSHOTS)
- * SIX (6) COLOR PASSPORT PHOTOS FOR AFGHANISTAN
- 2. ANY ADDITIONAL EXPLANATION SHEETS
- 3. \$175.00 --APPLICATION (75.00) & AIRLINE DEPOSIT FEE (100.00)

(PLEASE MAKE ALL CHECKS PAYABLE TO BREAKING BORDERS)
(APPLICATION FEE INCLUDES: COUNTRY TRAINING MATERIALS, SUPPORT RAISING MATERIALS, & AIRLINE DEPOSIT)

RETURN TO:
BREAKING BORDERS
P.O. BOX 267
SCOTTSBURG, IN 47170-0267

Q U E S T I O N S ?
TOLL FREE TEL: 1.877.212.0562 /LOCAL TEL: 1.918.398.9790
E-MAIL: INFO@BREAKINGBORDERS.COM
WE B S I T E : WWW.BREAKINGBORDERS.COM

**BREAKING BORDERS CHURCH CONFIDENTIAL RECOMMENDATION
P.O. BOX 267 SCOTTSBURG, IN 47170-0267**

APPLICANT: Please fill out the following information before sending to your pastor or qualified church leadership.

Applicant's Name: _____ Current Phone: _____
Applicant's Email: _____ Applicant's Age: _____
Breaking Borders trip option: _____

CHURCH LEADERSHIP:

The above-named applicant is applying as a volunteer short-term missionary with Breaking Borders Global Missions. Please complete the recommendation, place it in your letterhead envelope and mail original to:

**BREAKING BORDERS
P.O. BOX 267 SCOTTSBURG, IN 47170-0267**

To expedite acceptance please fax an additional copy to: **1.918.398.8534 ATT: Recommendations**

If you have any questions about this recommendation, please call Breaking Borders at: 1.918.398.9097 or Toll Free at: 1.877.212.0562 OR E-MAIL: PEGGY@BREAKINGBORDERS.COM

Name: _____ Title: _____

Church Name: _____ Church Phone: (____) _____

Church Address: _____
City: _____ State: _____ Zip: _____

Pastor's Email: _____

Contact Preference: _____ Email _____ Phone _____

Length of time you have known applicant: _____

How well do you know applicant? ____ Casually ____ Fairly Well ____ Very Well

Please rank applicant in the following areas: E=Excellent, AA=Above Average, A=Average, P=Poor

____ Dependability ____ Maturity ____ Leadership Ability ____ Respect for authority ____ Spiritual life ____

Teachability ____ Work Ethic ____ Servanthood ____ Flexibility

Please rank the applicant in the following areas : O=Often, S=Sometimes, N=Never

____ Procrastinates ____ Argues ____ Is irritable ____ Is depressed ____ Is dishonest ____ Fails to follow through

Is applicant active in your church? ____ Yes ____ No

If yes, what areas of ministry?

To your knowledge, has applicant had a salvation experience? ____ Yes ____ No

Are you aware of any issues in applicant's life that you feel would disqualify him/her as a summer missionary? ___Yes ___No If Yes, please explain _____

To your knowledge, does applicant use tobacco, alcohol or illegal substances, or has used them in the past? ___Yes ___No

Do you have any reason to doubt that applicant is of high moral character? ___Yes ___No

Do you personally have confidence in applicant's abilities to serve as an overseas volunteer? ___Yes ___No

Do you believe the Applicant understands the physical risk and would be responsible in his or her financial obligation to the costs associated in this short-term volunteer trip to a restricted nation? ___Yes ___No

If applicable, do you feel applicant is qualified to serve in a leadership position? ___Yes ___No

Please use the space below to indicate why this person might not be suitable for a BB short-term mission trip.

RECOMMENDATION:

Based upon my knowledge, the above applicant is: (circle one below)

Highly recommended Recommended with reservation Not recommended for missions

If applicant is applying for leadership: (circle one below)

I would highly recommend Recommend with reservation Not recommend for a leadership

Church Leadership Signature: _____ Date: ___/___/___

**If you would like to speak with a Breaking Borders Staff Member responsible for the Acceptance of Team Members for Breaking Border Mission Trips Please contact:
Peggy Nunley at 1.877.212.0562 or PEGGY@BREAKINGBORDERS.COM**

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