

PROMISED
PROVISION
MINISTRIES
"Glorifying God in Haiti"



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A 501(c)(3) charity

Tax ID #11-3780605

SHORT-TERM MISSIONS TEAM MEMBER APPLICATION

Dear Fellow Worker:

What an exciting day to serve the Lord! Opportunities for service in World Missions are available like never before in history. God is raising up an army of volunteers who selflessly give of their time, talents, and resources for the cause of Christ in distant lands. As you pray about serving on a Promised Provision Ministries (PPM) Missions Team, you are considering just one of the avenues available for enlistment in this world-wide army; one that I personally consider to be the most rewarding and life changing. You see, I am a product of a short term mission's project. I answered God's call to serve Him in the city of Leogane, Haiti, in 2004 and I have never been the same.

As you consider team membership, let me encourage you to fast and pray before our Almighty Father, who will not allow you to mistake His call if you stay close to Him. If it is His Will, I believe you will experience a call to this missions team, much the same way Jesus called His disciples and sent them on their first short-term project and partnership in Mark 6:7. I know you will grow closer to God in a tremendous way through this process.

Please read our **Statements of Faith (found under the "ABOUT" tab here on our website)**. If your beliefs align with ours and you wish to be considered as a potential missions trip team member, complete the following application and return it to us via U.S. mail, fax or e-mail. If your application is approved, we will notify you and keep you informed as teams form that will best utilize your giftings and skills.

I praise God for your willingness to serve Him on a short term partnership/project. May you be abundantly blessed and may God continue to bless others through you during these exciting days!

Gratefully Serving Our King,,

A handwritten signature in black ink that reads 'Rebecca Williams'. The signature is written in a cursive, flowing style.

Rebecca Williams
Founder & President

Glorify the LORD with me; let us exalt his name together. – Psalm 34:3

www.promisedprovision.org
"Glorifying God in Haiti"

“WHAT IS REQUIRED?” UNDERSTANDING YOUR ROLE

As a participant on a Short-Term Missions Trip, I understand my responsibilities:

To attend all the PPM training sessions and team meetings.

To complete all the forms and reports assigned to me.

To read and study the material assigned to me.

To regard my brother in Christ as more important than myself (Philippians 2:3)

To fulfill all the financial obligations regarding the trip in due time (this will be covered in class).

To commit this trip to prayer.

To keep as my primary objective the glorification of God by living a life obedient to His Word.

Name: _____ Date: _____

Signature: _____

Trip Date/Team: ____/____/____

NOTE: Please complete this form and submit it to your team leader.

APPLICATION FOR SHORT TERM MISSIONS

Promised Provision Ministries.~ P.O. Box 6237 ~ Brandon, FL 33508-6004 ~ (813) 685-4914

PERSONAL INFORMATION

Name: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number – Home (____) _____ Work (____) _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Country of Birth: _____

Passport Number: _____ Date of Issue: _____

Date of Expiration: _____

Gender: (*check one*) _____ Male _____ Female

Marital Status: (*check one*)

____ Single ____ Engaged ____ Married ____ Separated ____ Divorced ____ Annulled

____ Divorced & Remarried ____ Widowed

Spouse's Name: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

IN CASE OF EMERGENCY, please notify

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____ e-mail address: _____

INVOLVEMENT

Church Membership (*name of church*) _____

Please list the ministries with which you have been involved at your church. (Please include length of time of involvement and any leadership positions held).

Please list the ministries with which you have been involved *outside* of your church. (Please include time of involvement and any leadership positions held.)

FIELD

Name of Mission: _____

Dates of the project _____ to _____

Field Assignment (Country) _____

Please describe the ministry you will have on the field: _____

Please list any foreign language training and your level of proficiency: _____

Please indicate any special skills, talents or Christian service experience that you feel may be helpful on the field:

Please list missions experience (*if applicable*):

<u>Country</u>	<u>Mission Organization</u>	<u>Dates</u>	<u>Ministry</u>
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MEDICAL HISTORY AND CONSENT FORM

Full Name: _____ Birth Date: ____/____/____

Gender: (*check one*) _____ Male _____ Female

Address: _____

City: _____ State : _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Dates of missions trip: ____/____/____ To ____/____/____

Team Name: _____

EMERGENCY NOTIFICATION

Name _____ Home Phone (____) _____

Work Phone (____) _____ Relationship _____

Alternate Contact:

Name _____ Home Phone (____) _____

Work Phone (____) _____ Relationship _____

If you have any type of health insurance, specify details:

Company _____

Policy or contract number: _____

Does this policy cover you for injury or illness outside of the United States? _____

Primary Doctor's Name: _____ Phone: (____) _____

Please answer all of the questions in detail: (*if needed, write on reverse side of page*)

1. Do you have any permanent medical disability? _____

2. List any on-going illness or medical problems you have had: _____

3. Have you ever had any type of heart disease or heart problem? _____

MEDICAL HISTORY AND CONSENT FORM (CONTINUED)

- 4. Have you ever had high blood pressure: _____
- 5. Have you ever had sugar diabetes? _____
- 6. Have you ever had any type of cancer, leukemia, or lymphoma? _____
- 7. Are there any medications that you frequently or regularly take? _____
- 8. Have you ever stayed in the hospital as a patient? _____
- 9. Have you ever had any broken bones or fractures? _____
- 10. Are you allergic to any type of medicine or drug? _____
- 11. Do you have other allergies? _____
- 12. Have you ever had any type of nervous disorder? _____
- 13. When was the date of your last tetanus shot? _____
- 14. How often do you exercise on a weekly basis? _____
- 15. How would you rate your overall health on a scale of 1-10? _____
- 16. What is your blood type? _____

“To the best of my knowledge, this health history is correct. I hereby give permission to the physician, nurse, or dentist selected by Promised Provision Ministries to secure medical or dental aid as required for illness or injury under a physician’s orders, including transportation to and from the necessary facilities.”

Signature/and or Legal Guardian if needed

“I desire to participate as a team member on the ___ / ___ / ___ Short-Term Ministries team for the dates given. In consideration of Promised Provision Ministries, Inc. providing this opportunity, I do hereby release Promised Provision Ministries, Inc., its officers, employees, agents, and members from all claims and causes of action by reason of any injury or illness which may be sustained as a result of this activity.”

This authorization shall remain effective until 60 days after the return of the team from the field.

Executed this _____ Day of _____, 20____,
in _____, Florida.

Signature/and or Legal Guardian if needed

REFERENCES

Please provide **two references**. One reference should be a **church pastor or department director** in a ministry in which you serve. The other reference should be **someone who knows your ministry abilities as well as your strengths and weaknesses**.

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home () _____ Work () _____

e-Mail Address: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home () _____ Work () _____

e-Mail Address: _____