

Hello in the name of Jesus Christ!

We at LCMI are so excited that you are looking to the Lord to go on a short term missions trip with us!

Our vision and heart is to share the Gospel of Jesus Christ with children and families in India and Asia through the avenue of Christian camping. By serving with us as a short term volunteer, you will be joining us in this mission to reach people with the Good News!

We hope to prepare you to serve overseas and enable you to disciple children and families both on the ground with us and worldwide. Through the process, we pray the Lord touches your heart and opens your eyes to the global church and worldwide message of the Gospel in an amazing way!

Thank you so much for taking the time to fill out this application. The steps for the application process are listed below. If you have any questions, please contact our office staff at (717) 336 - 5437, or info@lcmintl.org.

Let us pray now that the Lord will bring us together as a team, united in Christ, to reach the children and families in India and Asia for His glory!

Until all hear,

Sanjay Dalavai

How to fill out this application:

1. Set aside some time and prayerfully complete this application.
2. When you are finished, please submit the application to the LCMI office by mail at **LCMI, P.O. Box 187, Ephrata PA 17522** or scan and email your completed application to **info@lcmintl.org**.
3. Please make sure your application is submitted with all the needed documents, including your non-refundable \$40 application fee. A complete documents list can be found on page 6 of the application. Personal information is for office use only and will not be disclosed.
4. **Please note: We are mandated by the IRS to approve all of our applicants before receiving funding. While we would like to approve every applicant, we do reserve the right to deny an application because of doctrinal differences, major health concerns, scheduling conflicts, or other concerns.**
5. Do NOT solicit funds from donors or apply for an international visa until you have been approved by LCMI for the short term trip.
6. Please keep us informed throughout your application process, and update us regarding any changes in your plans, health or circumstances. We will try our best to help in coordinating the details of the trip if we remain updated during the process.
7. Due to Pennsylvania law, if and when your application is accepted, you are required to complete several PA Background Checks. Your approval is conditional, depending on what your background check shows. We at LCMI will help you through this relatively easy process.
8. Thank you so much for your interest in short term ministry. We are excited to walk with you on this journey, and we look forward to seeing all the Lord will do!



Short Term Missions Trip Application
P.O. Box 187 Ephrata, PA 17522
info@lcmintl.org

LCMI Short Term Missions Trip Application

Please print clearly. Use one application per person. For essay questions, please write answers on separate sheet and attach to application as needed.

Applicant's Contact Information

Full Name (As shown on Passport)				Date of Application
Street Address	City	State	Zip	Date of Birth (mm/dd/yyyy)
Email Address		() Home Phone	() Cell Phone	

Applicant's Passport/Visa Information

Are you a US Citizen ___ Yes ___ No If no, what is your visa classification? _____

Do you have a US Passport? ___ Yes ___ No If yes, where was it issued? _____

Passport Number: _____ Issue Date: _____ Expiration Date: _____

Applicant's Emergency Contact Information

Person of contact while on mission field	Relationship
() _____ Phone Number - Home	() _____ Phone Number - Cell

Applicant's Church Information

Do you attend church regularly? ___ Yes ___ No

Are you a member of the church you attend? ___ Yes ___ No If Yes, how long have you been a member? _____

Does your church leadership know of your interest in missions? ___ Yes ___ No

Home Church Name and Address

Pastor's Name Pastor's Phone Number

Trip Dates

Please list the dates of the ministry trip(s) you are applying for.

Applicant's Employment Information

Please list your last two jobs, and dates of employment:

Job	Dates of employment
Job	Dates of employment

LCMI Doctrinal Questions	Yes	No	Unsure
Do you believe that the Old and New Testaments were fully inspired by God?			
Do you believe in the Triune God: Father, Son, and Holy Spirit?			
Do you believe in the deity and virgin birth of Jesus Christ?			
Can a truly saved person lose his/her salvation?			
Do you believe that marriage is defined as one man and one woman, under God?			
Do you need to be baptized to be saved?			

Essay Questions

Please write or type answers on separate sheet. If you have already been on a trip with LCMI you may skip questions 1-4, unless there has been a change.

1. What is the Gospel?
2. Please share your testimony, briefly describing the story of God bringing you to Himself, your current relationship with the Lord, and how you have been growing and what you have been learning.
3. What Christian work have you done within your church? (i.e. teaching, summer bible camp, Sunday school, praise team, etc.)
4. What formal education have you received beyond high school? Please include names of colleges, Bible schools, degrees earned, and dates attended, if applicable.
5. Have you ever been outside the US? Have you ever had a cross-cultural experience?
6. Have you previously participated in a short term missions trip? If yes, briefly share the country/countries involved and your role on the missions trip.
7. Write briefly regarding your spiritual gifts/passions.
8. Why are you interested in serving with LCMI?

Self-Evaluation: Please honestly evaluate yourself on a scale of 1 - 10 in the following areas

- | | | |
|---|---|--|
| <input type="checkbox"/> Relating to new people | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> One-on-one ministry | <input type="checkbox"/> Trying new things |
| <input type="checkbox"/> Organization/Planning | <input type="checkbox"/> Finishing what you start | <input type="checkbox"/> Taking charge/Directing |
| <input type="checkbox"/> Confronting | <input type="checkbox"/> Encouraging | |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Submission to leaders | |
| <input type="checkbox"/> Receiving Correction | <input type="checkbox"/> Public/group speaking | |

Strengths/Weaknesses: Please list three of each; they don't have to be from the list above

Strengths:

Weaknesses:

_____	_____
_____	_____
_____	_____

Skills/Areas of Ministry: Number your 5 most preferred areas of service at an LCMI camp, with 1 being your first choice, and write your experience level next to each choice. (*Note: You may not get your first choice, and experience does not necessarily guarantee you a position.*)

AV – average; no previous experience *G* – good; some experience *PR* – professional experience

Speaking/Teaching

Note: LCMI will provide a curriculum outline, but you will be able to write the body of the lessons you teach.

- ☐ Bible Class (chapel setting)
☐ Missions Class (chapel setting)

Elective Classes

- ☐ Music Class
☐ Crafts
☐ Sports Class
☐ Outdoor Games

Media

- ☐ Photography
☐ Videography

Medical (Special Needs Camps)

- ☐ Physician
☐ Nurse
☐ Dentist
☐ Physical Therapist
☐ Occupational Therapist
☐ Other _____

Outreach

- ☐ Camp Counselor
☐ Worship Team (Vocals)
☐ Worship Team (Instrumental)
☐ Drama
☐ Puppetry
☐ Mime
☐ Other _____

Mission Trip Health Questionnaire

Name _____ Date of Birth (mm/dd/yyyy) _____

Sex: ___M ___F Blood Type (required, circle one): O+ O- A+ A- B+ B- AB+ AB-

Do you have or have you ever had any of the following problems or disorders?

Yes No

- | | | |
|-----|-----|--------------------------------------|
| ___ | ___ | 1. Heart Problems |
| ___ | ___ | 2. High Blood Pressure |
| ___ | ___ | 3. Breathing Problems |
| ___ | ___ | 4. Asthma |
| ___ | ___ | 5. Fainting Spells |
| ___ | ___ | 6. Seizures |
| ___ | ___ | 7. Epilepsy |
| ___ | ___ | 8. Thyroid problems |
| ___ | ___ | 9. Diabetes |
| ___ | ___ | 10. Arthritis |
| ___ | ___ | 11. Joint Replacement |
| ___ | ___ | 12. Knee/Back Pain |
| ___ | ___ | 13. Ulcers |
| ___ | ___ | 14. Liver Disease |
| ___ | ___ | 15. Eating Disorder |
| ___ | ___ | 16. Anxiety |
| ___ | ___ | 17. Depression |
| ___ | ___ | 18. Are you/may you become pregnant? |

In the past two years have you...

Yes No

- | | | |
|-----|-----|-------------------------------------|
| ___ | ___ | 1. Been admitted to a hospital |
| ___ | ___ | 2. Been in a serious accident |
| ___ | ___ | 3. Had a serious illness |
| ___ | ___ | 4. Undergone surgery |
| ___ | ___ | 5. Been under medical observation |
| ___ | ___ | 6. Been under psychiatric care |
| ___ | ___ | 7. Seen a counselor regularly |
| ___ | ___ | 8. Become a parent (birth/adoption) |

If yes, please explain: _____

Do you regularly need or take any of the following?

Yes No

- | | | |
|-----|-----|-----------------------------------|
| ___ | ___ | 1. Blood thinners |
| ___ | ___ | 2. High Blood Pressure Medication |
| ___ | ___ | 3. Insulin |
| ___ | ___ | 4. Thyroid Hormone |
| ___ | ___ | 5. Antidepressants/Sedatives |
| ___ | ___ | 6. Sleeping Medication |
| ___ | ___ | 7. Seizure Medication |
| ___ | ___ | 8. Breathing machine |
| ___ | ___ | 9. Inhaler |
| ___ | ___ | 10. Knee/Back brace |

Please list any other regular medications/equipment: _____

Do you have any of the following allergies?

Yes No

- | | | |
|-----|-----|-----------------------------------|
| ___ | ___ | 1. Foods (wheat/nuts/dairy/other) |
| ___ | ___ | 2. Animals |
| ___ | ___ | 3. Bees/Insects |
| ___ | ___ | 4. Medicines |
| ___ | ___ | 5. Pollens |
| ___ | ___ | 6. Do you have an EpiPen? |

If you have allergies not listed above, please list specific allergies: _____

Do you have any of the following sleeping conditions?

Yes No

- | | | |
|-----|-----|----------------|
| ___ | ___ | 1. Snoring |
| ___ | ___ | 2. Insomnia |
| ___ | ___ | 3. Sleep Apnea |
| ___ | ___ | 4. Other _____ |

Do you have any other disease, medical condition, or problem that may hinder your work in a different climate, or in adverse living conditions? _____

Do you have a special diet, or any dietary restrictions? _____

I have read and fully understood all above questions, and I certify that all answers given are true, accurate, and complete.

Signature _____

Date _____

Thank you so much for considering a short term trip with LCMI, and for taking the time to fill out this application. We are excited that you are looking to the Lord to go on this missions trip. Let's pray now that the Lord will bring us together as a team to reach the children and families of India for His glory!

Before sending this application to us, please make sure you include the following documents:

- ☐ Fully completed and signed **application**
- ☐ **Essay responses** written or typed on a separate page
- ☐ **\$40 non-refundable deposit**
- ☐ **Photo or copy** of your current Passport (if you have one)
- ☐ **PA Child Abuse History Certification**
- ☐ **PA State Police Criminal Record Check**
- ☐ **Photo or copy** of Covid-19 Vaccination Certification/Card (boosters optional)

Please also make sure you send:

- ☐ **Page 7 of the application, the Pastoral Reference Questions, for your pastor to fill out and mail/scan it to LCMI.**

Applicant Signature

I have read and fully understood all questions requested in this application. The information I have provided is true and complete to the best of my knowledge, and I fully understand the omission and/or misrepresentation of facts may be cause for this application to be denied, or immediate dismissal from this trip without prior notice. I understand that if I am accepted as a participant in this mission trip, I will be required to provide information to conduct the appropriate background checks, in order to comply with PA law. I authorize Life Change Ministries International, Inc. [LCMI] to verify the authenticity of my statements with the contacts I have listed, and the appropriate authorities, and I release each person from liability for providing this information to LCMI.

In the event that I am accepted to be a participant in this missions trip, I commit to fulfilling my trip requirements, and to submit myself under the authority of the trip leaders, and I agree to abide by all the rules and regulations of LCMI. I understand that LCMI has taken efforts to ensure each team member's safety on the mission field, but I also understand that unforeseen events could endanger team members beyond the control of LCMI. I will not hold LCMI liable for any accidents, injuries, or illnesses that occur on or due to a mission trip. I understand that if I feel uncomfortable with an activity the team is participating in, I have the opportunity to at any time decline my involvement.

I authorize the LCMI trip leaders to seek emergency medical assistance for me as deemed necessary in the event of an emergency. I agree to obtain travel insurance through LCMI's provider, or my own, and accept financial responsibility for uncovered expenses related to the medical treatment.

I have read, understood, and agree to the above.

Applicant's Signature

Date

Office Use: This application has been read and approved by _____ on ____/____/____

Pastoral Reference Questions

Thank you so much for your time in answering these questions on behalf of LCMI's short term applicant. Please fill out and mail this sheet to ***P.O. Box 187 Ephrata, PA 17522***, or scan and email to ***info@lcmintl.org***.

Pastor's Name: _____

Pastor's Church: _____

1. Name of Applicant:
2. How long has the applicant attended your church?
3. Do you know any of the details of the applicant's salvation? Is he/she growing in Christ?
4. Is the applicant serving in any way with your church? If yes, in what area is the applicant serving in your church (worship ministry, children's ministry, prayer team, etc.)?
5. Has the applicant gone on any overseas missions trips with you or your church? If yes, has he or she shown the ability to adapt to cultural differences?
6. Is the applicant a team player?
7. Does the applicant tend to complain or grumble?
8. Does the applicant have any doctrinal concerns that you are aware of?
9. Does the applicant have any teaching experience?
10. As the applicant's pastor, do you fully recommend him or her to go on a short-term missions trip with LCMI?

Pastor's Signature: _____

Date: _____