

State of Texas  
County of Dallas  
The Institute of Missionary Evangelism  
Texas Nonprofit Corporation

Attach 2x3 current color photo of the applicant below  
Application **is not** complete without photo

[attach REQUIRED photo here]



To: TIME Ministries  
P.O. Box 140718  
Dallas, TX 75214

## APPLICATION AND AGREEMENT

For purposes of this agreement, the undersigned shall include, but not be limited to, the applicant/participant and/or parent/guardian, and will hereafter be referred to as "Applicant."

The Applicant presents this application and agreement, which if approved and accepted by TIME, together with any payments or performances required of Applicant hereunder, becomes a legal and binding contract, including the additional documents executed contemporaneously herewith, of which good, lawful, and sufficient consideration is hereby acknowledged as received from TIME Ministries. The Applicant forever binds ourselves, heirs, executors, attorneys in fact, or other representatives to the terms of this agreement. This agreement is performable in Dallas County, Texas, in the event of any dispute or litigation which might arise under the terms of enforcement of any portion of the agreement of the aforementioned parties. Venue is stipulated to be in Dallas County, Texas. In any event that one or more of the provisions of this agreement, or any of the documents incorporated herein, should be determined to be legally insufficient, illegal, unlawful, barred, or otherwise unenforceable, then this agreement shall be read as if any offending provisions had been deleted in their entirety, and the remainder of the agreement shall remain fully enforced as stated. The Applicant represents that the undersigned has the authority and capacity to sign and enter into this agreement in the capacity as stated. This agreement shall be effective within one year of its execution. Additional consideration and performances of the parties are described hereafter.

*All persons must fill out this form regardless of age or previous TIME experience.*

Name \_\_\_\_\_ M / F  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Persons to be contacted in case of emergency:  
1. \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
2. \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
Church you attend: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
Pastor \_\_\_\_\_  
Allergies or other physical limitations: \_\_\_\_\_

\_\_\_\_\_

List any advanced skills that you think could be used in the field, such as carpentry, plumbing, music, etc.

\_\_\_\_\_

\_\_\_\_\_

Have you dedicated your life to Christ? YES NO  
Are you faithful in your local church? YES NO  
Do you have your own personal, daily devotions?  
USUALLY SOMETIMES SELDOM  
Do you smoke, use drugs, or drink alcohol? YES NO  
If yes, give us a clear idea regarding usage. \_\_\_\_\_

**Due to the nature of our program, no one will be allowed to smoke in the field. No alcohol consumption will be allowed by anyone under any circumstance.**

Is there anything else you feel we should know about you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us what you expect to learn from this trip so we may pray for you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authority to Send Home

In case of unexpected occurrences where the Applicant must be sent home for disciplinary problems, medical issues or any other emergency, Applicant agrees to pay the cost of transportation and reasonable expenses. In the event of disciplinary issues, a reasonable effort will be made to resolve the problem with the Applicant in the field with the support of the advisory staff, before resorting to this remedy.

Signature      X \_\_\_\_\_ Applicant/Participant  
                         X \_\_\_\_\_ Parent/Guardian (if applicant is a minor)

## Provision of Insurance

In order for the application to be accepted by TIME Ministries the Applicant must provide TIME Ministries with proof of medical insurance. If traveling out of the U.S. with TIME, it is the responsibility of the Applicant to verify with his/her own insurance provider that the benefits will cover out-of-country services.

Insurance Provider: \_\_\_\_\_ Name of Primary Policy Holder: \_\_\_\_\_  
Policy/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

If the Applicant has no medical insurance, he/she can contact the TIME Ministries office. However, it must be understood that the Applicant is responsible for selecting and contacting any travel policy provider TIME may name, and agrees to pay for any travel policy premiums or fees.

## Authorization and Consent for Medical Treatment

In the event the Applicant is less than 18 years of age at the time of the anticipated trip, or is otherwise legally incapacitated or disabled (consult counsel if you are unsure of this), it is absolutely necessary for the parent/guardian to sign this portion of the application to be accepted. If the Applicant is 18 years of age or older and is legally capable, he/she must sign the consent for medical treatment for himself/herself in order for the application to be accepted.

### **Medical Release for MINOR (17 years of age or younger or otherwise incapacitated or disabled):**

I hereby give to (name of individual in charge of group) \_\_\_\_\_ permission to authorize whatever medical treatment may be necessary in the case of (name of participant) \_\_\_\_\_, a minor of whom I am the parent or legal guardian, while on a TIME Ministries' mission trip to the foreign mission field.

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold (name of individual in charge of group) \_\_\_\_\_ or anyone connected with TIME Ministries responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above-named person is given my permission to do whatever is necessary.

Signature      X \_\_\_\_\_ Parent/Guardian      Date \_\_\_\_\_

### **Medical Release for ADULT (18 years of age or older):**

I hereby give to (name of individual in charge of group) \_\_\_\_\_ permission to authorize whatever medical treatment may be necessary for me (your name) \_\_\_\_\_, while on a TIME Ministries' mission trip to the foreign mission field.

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold (name of individual in charge of group) \_\_\_\_\_ or anyone connected with TIME Ministries responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in case of an emergency and in the case that I cannot consent to my treatment myself.

Signature      X \_\_\_\_\_ Applicant/Participant      Date \_\_\_\_\_

## Handbook Completion

Acknowledgement and agreement to abide by the TIME Ministries handbook and that which is published therein is demonstrated in initialing each of the following statements (to be **initialed** on the left side by Adult applicant, or the parent/guardian of a minor; minor to initial on the right side where specified):

### Initials

\_\_\_\_\_ I (we) have read the Spiritual Commitment and have written out my testimony. \_\_\_\_\_ (initial of **minor**)

\_\_\_\_\_ I (we) have read the Disclosure of Risk and understand it.

\_\_\_\_\_ I (we) have read the Assumption of Risk, understand the terms, and agree to assume all risk.

\_\_\_\_\_ I (we) have read the Additional Agreements and agree to uphold them.

\_\_\_\_\_ I (we) have read the Dress Code and agree to abide by the standards set therein. \_\_\_\_\_ (initial of **minor**)

\_\_\_\_\_ I (we) have read the Warranties and Representations and agree to it.

\_\_\_\_\_ I (we) have read the Agreement to be Bound by all Provision and agree to it.

\_\_\_\_\_ I (we) have read through and understand the entire Handbook and agree to abide by it. \_\_\_\_\_ (initial of **minor**)

### General Release of Liability Claims

I (we) have executed the general release of liability of claims against TIME Ministries and any employee, agent, officer, or volunteer of the above named organization or any representatives, pastors, missionaries, of the co-sponsoring church or organization providing services and assistance for this trip from any and all claims as set out in said general release of liability which is specifically incorporated by reference herein. I (we) represent that I (we) have authority and capacity under law to execute and be bound by the terms of this application, any agreement made with TIME Ministries, and under the general release of liability, or that the person (persons) also signing this application, any agreement, and general release of liability, is (are) the legal parent or guardian having authority to sign and bind the applicant to the terms of any of the foregoing documents referenced herein.

Signature	X _____ Applicant/participant	_____ witness	_____ date
	_____ Parent/guardian (if applicant is a minor)	_____ witness	_____ date

For an Acknowledgement:

State of \_\_\_\_\_ SS (namely)

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (name of individual) who is personally known to me or has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary's signature

### Important for Application to be considered complete:

The following is required to be completed and returned to TIME Ministries in order for consideration:

\_\_\_\_ Completed Application and Agreement with attached 2 x 3 current color photo of applicant/participant

The following is required to be completed and the original remain with group during travel (**Send copy to TIME Ministries**)

\_\_\_\_ Consent for Use and Disclosure of Health Information form

\_\_\_\_ Consent to Travel Form (**Only required if applicant / participant is under the age of 18**)

\_\_\_\_ Copy of applicant/participant's current passport (**Only if traveling with passport**)

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FOR OFFICE USE ONLY:

Accepted and approved: TIME, a Texas non-profit corporation, by and through, its duly authorized corporate representative,

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **Spiritual Life**

Tell us about your relationship with Jesus Christ (i.e., how did it start and where it is today).