

**STUDENT APPLICATION FOR "NEVER THE SAME" MISSIONS TRIP PANAMA
2012**

Applicant must be 13 Years Old by Trip date

Please select (x) one of the trip options

- Option 1: July 2nd – July 15th, 2012. Cost: \$2,598 (\$2,698 after January 31, 2012)
Option 2: July 2nd – July 22nd, 2012. Extended trip with excursions. Add \$1480 to base trip cost.
Trip cost does not include: Departure Tax/Security Fee and Fuel surcharge or airfare to Miami, FL

Full Legal Name: (As is on your passport. Print clearly) _____

Name as you want it on your name tag: _____

Birth date: _____ Age: _____ Male/Female _____

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

E-mail: (Print Clearly) _____

Parent's email: (Print Clearly) _____

T-shirt size: (100% cotton) **Circle one:** (Unisex Adult Tees) S M L XL 2XL

Emergency Contact Name: _____

Parent Guardian Spouse Other _____

Home & Emergency Telephone numbers:

Home _____ Work _____

Cell/mobile _____ Alternate _____

Have you participated on a mission's trip before? Yes No

If yes how many? _____ which one(s)? _____

How did you hear about this trip? (Check one).

Dannah Gresh:

Secret Keeper Girl:

Pure Freedom:

Other: _____.

Do you have a personal relationship with Jesus Christ as your Lord and Savior?

When did you receive Christ as your personal Savior?

Name of the church you regularly attend. _____

Explain in detail why you feel you should be selected to participate in this mission trip.

Can you maintain a positive attitude when tired or under stress? Yes ___ No ___

Will you commit to following the rules established by the Never the Same Missions and Big World Ventures staff? Yes ___ No ___

Once out of the country, will you be able to keep homesickness from interfering with this missions endeavor? _ yes ___ No ___

Being out of your comfort zone will include eating food you are not used to, having roommates, long hours of travel, stretching yourself physically and spiritually, getting up early. Are you ready and willing to be totally out of your comfort zone for two weeks? Yes ___ No ___

I have my parent's permission to take this trip and if accepted, **I DO** plan on participating on this mission's trip.

Signature: _____

Parent's Signature: _____

Applicant's Name: _____

Financial Agreement

If accepted for "Never the Same" mission trip, I understand that the total cost of the trip is due to Big World Ventures at P.O. Box 703203, Tulsa, OK 74170-3203.

I also understand that I'll need to obtain a passport if I don't already have one.

I also understand if anyone helps me financially with this trip, they must make their checks payable to Big World Ventures and request a receipt to receive tax credit. I realize that countries outside the US may have differing tax laws and may not accept this contribution as tax deductible.

If I end up bringing in *more* than the trip costs, Big World Ventures will hold any excess money for one year and apply it to another Missions trip for me. Donations to Big World Ventures are non-refundable. If, however, my contributors DON'T care about receiving a tax donation—if they simply want to contribute money to me personally for the missions trip—they can send those checks directly to me, and I may keep every bit that comes in exceeding my total cost for the trip. BUT my contributors will not receive tax credit.

I understand what the Student \$48 application fee (\$58 for Adults and LITs) is for and that it is nonrefundable if I'm selected and decide not to participate. I also understand that the \$2,598 due to Big World Ventures does *not* include my round-trip transportation to Miami or my passport. After January 31, 2012, the base price of the trip increases to \$2,698. Other costs will include \$170 to cover Departure Tax/Security Fee and Fuel surcharge.

I understand the integrity and character involved in accepting donations from people toward this trip. I promise to send a note of gratitude to each person who contributes to my missions venture.

PRINT NAME: _____

SIGNATURE: _____

PARENT'S SIGNATURE: _____

DATE: _____

Participant's Name: _____

Personal Health History:

To be completed by participant (if 18 years or older) or by participant's parent or guardian. If "yes", circle number. Please explain any "yes" answers below.

1. Have you been immunized against or had chicken pox?
2. Have you had a tetanus booster in the last 10 years?
3. Any recent injury, illness, or infectious disease?
4. Had infectious mononucleosis "mono" in the last 3 months?
5. Any recurring or chronic illness/condition?
6. Have frequent headaches?
7. Ever had a seizure?
8. Ever been told by a medical practitioner that you have?
 - a) High blood pressure
 - b) High cholesterol
 - c) Heart murmur
9. Ever had discomfort, pressure, or pain in your chest during exercise?
10. Do you have asthma?
11. Do you take medication? *see below
12. Do you have allergies (include medications, foods, environmental or insect stings)?
13. Have you been told to carry an EpiPen? **see below
14. Currently taking any prescription or over the counter medications?
15. Currently taking any "natural" or herbal medications or supplements?
16. Any back problems?
17. Do you have diabetes?
18. Any intestinal problems (e.g. diarrhea, constipation, heartburn, reflux)?
19. Ever had an eating disorder?
20. Ever had emotional difficulties (e.g. depression, bipolar, cutting)?

*If you take medication for asthma, you must have enough medication for the duration of the trip.

**If you have been advised to carry an EpiPen for allergic reactions, your prescription must be current, and you will be required to prove you have it with you on the trip.

Please explain any additional "yes" answers in the personal health history, noting the number of the question.

Please list any illnesses, other than those listed above, for which you have seen a physician or other health care provider in the last year.

Illness Date Treatment

Are you currently under the care of a physician or other medical practitioner for any condition?

Please list.

Please list all current prescription medications , dosages and reason for taking. Include those medications taken on a regular basis as well as those taken for occasional illnesses such as allergies, migraines, indigestion.

Have you ever been involved with self-mutilation or cutting? Yes ___ No ___

• If yes, do you currently mutilate or cut? Yes ___ No ___

Have you ever been diagnosed with panic or anxiety attacks? Yes ___ No ___

Are you currently under the care of a mental health provider (psychiatrist, psychologist, or professional counselor) for any of the above conditions? Yes ___ No ___ If yes, please briefly describe:

Have you ever struggled with restricting your food intake, intentionally induced vomiting after eating, using laxative or diet pills, or been told you have an eating disorder? Yes ___ No ___

If yes, did you seek professional help? If so, when and what treatment was received?

Please provide any details pertaining to your personal or family health not covered by the previous questions:

I hereby state that, to the best of knowledge, the answers to the above questions are correct and complete.

Signature of participant

Signature of parent/guardian (if participant is 18 years old or younger)

Date _____

Consent for Medical Treatment / Release / Hold-Harmless for Travel

Name: _____ WHEREAS, (my child/I) _____, wishes to be a member of the summer missions program organized by Big World Ventures which will be traveling and staying in the U.S. and to and in other countries, and WHEREAS, certain circumstances and situations may occur resulting in (my child's/my) need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for (my child/myself) to participate in said mission, I _____, being of legal age, authorize any agent of Big World Ventures, Inc., including their volunteer medical staff, to act in (my child's/my) behalf should I/they be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission.
2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf. Any consent by Big World Ventures, Inc., shall have the same force and effect as if I had personally given the consent.
3. I agree that I am solely responsible for any expenses that may arise from (my child's/my) medical expenses. All individuals in the Summer Missions Program serve at their own risk and Big World Ventures or Susie Shellenberger Ministries is not liable in the event of sickness, accidents, medical transportation or any other expenses beyond that of normal involvement.
4. In the event of any crisis - political, natural, or missions related, any political unrest or natural disaster, Big World Ventures decides if and where to send individuals in the Summer Missions Program.
5. Big World Ventures is a disciplined organization with regulations in certain areas, including conduct, dress, and Christian life-style. All individuals participating in the Summer Missions Program will adhere strictly to Big World Ventures' policies and are subject to dismissal for disobedience, without refund or reimbursement.
6. I also give Big World Ventures and Susie Shellenberger Ministries' permission to use my picture, voice and/or testimony in any type of promotional advertisement.
7. I hereby release and hold harmless Big World Ventures, its officers, employees and representatives/volunteers from all liability for personal injury, as well as all property damage or loss arising out of (my child's/my) participation in the summer missions program. (If you are under custody of both parents, we need both parents' signatures. If you are not, we need the signature of the one who has custody of you. Some foreign countries require this.)

Father's signature: _____ Date: _____

(if applicant is under 18 years of age)

Mother's signature: _____ Date: _____

(if applicant is under 18 years of age)

Guardian's signature: _____ Date: _____

(if applicant is under 18 years of age)

Participant's signature: _____ Date: _____

(if applicant is over of 18 years of age)

Pastor's Recommendation "Never the Same" Missions Trip

(This form must be completed and turned into Big World Ventures before you can be officially accepted by "Never the Same Missions" to participate in our summer mission venture.)

Applicant's name (PLEASE PRINT): _____

Applicant's address: _____

Applicant's

email: _____

Applicant's phone: (____) _____

Pastor's name: _____

Church name and address: _____

Church phone number: (____) _____

The purpose of this recommendation is to find out as much as possible about the applicant's character, spiritual standing and emotional stability. This particular mission's trip has a variety of ministry opportunities, team involvement, discipleship, physical demands and spiritual intensity. It is a ministry/service trip for teens that are serious about their faith and have a desire to share the gospel to needy people. It is not meant to be an opportunity for a student who is emotionally or spiritually troubled or has walked away from God to straighten their life out. Your honest evaluation is appreciated and held in strict confidence.

How long have you known the applicant? _____

How well do you know him/her? ___ Not really well ___ casually ___ Quite well

3. Which of the following best describes the applicant? E=Excellent AA=Above Average A=Average
P=Poor U=Unknown Flexibility _____ Dependability _____ Response to authority _____ Servant hood
_____ Spiritual influence _____ Leadership skills _____ Maturity _____ Spiritual life _____

All teens are sometimes irritable, sarcastic and even domineering. But check any words that define something we need to be aware of—more than what the average teen would display. Irritable _____
Procrastinator _____ Inclined to crushes _____

Depressed _____ Rebellious _____ Argumentative _____ Domineering _____

Sarcastic _____ Emotionally Unstable _____

5. Will this teen have problems getting along with others? _____

6. Any information you can give us regarding family situations, health concerns, and emotional instability is most appreciated to help us in our selection process. Please be honest—you know the applicant, we don't.

Please return this form to: Never the Same Missions, Big World Ventures, P.O. Box 703203, Tulsa, OK 74170-3203 or **fax to: 918-481-5257.**

Pastor, if you'd like information about being an adult leader on this trip, please contact Big World Ventures at venture@bigworld.org or call 918-481-5223.