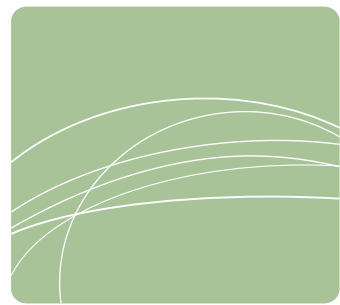


TRIP APPLICATION

Would You Like the Opportunity to GO?



GLOBAL ADVENTURES

Join Global Adventures as we "Go into all the world and preach the gospel" (Mark 16:15) and share the love of Jesus Christ through the following types of outreaches: Medical, Educational, Bible Studies, Friendship/Street Evangelism, Children's Programs, Vacation Bible Study, Seminars (Business or Medical related), Women's Studies and Events, Sports, and Construction.

Our trips are open to anyone 16 years of age and over unless otherwise specified. Trips may require people with certain skills and licenses such as contractors, medical/dental personnel, artists, musicians, or athletes. Some trips are designed specifically for Velocity, Vertical, or Renovate ministries or for the School of Ministry.

Trip costs include training, transportation, and in-country expenses, such as lodging, meals, and ministry supplies. Personal contributions to the cost of your trip are not tax deductible. However, second party donations to the cost of your trip are tax deductible for the donor.

Important note: Change from prior travel requirements

As of January 1, 2007, a valid, current passport is required for all air and sea travel to or from Canada, Mexico, Central and South America, the Caribbean, and Bermuda. As of January 1, 2008, all land-border crossings to Canada and Mexico will require a valid passport (a birth certificate will no longer be accepted in 2008).

COMPLETE THIS APPLICATION AND RETURN IT WITH DEPOSIT TO CALVARY OF ALBUQUERQUE'S FRONT DESK, FAX IT TO 505.345.9140, OR MAIL IT TO: GLOBAL ADVENTURES, 4001 OSUNA RD NE, ALBUQUERQUE, NM 87109.

I. MISSION TRIP DESTINATION

COUNTRY _____ TRIP DATES _____ TRIP COST _____
CURRENT PASSPORT: YES NO

II. GENERAL INFORMATION

WHAT IS YOUR CITIZENSHIP? _____ DO YOU HAVE A CURRENT/VALID UNITED STATES PASSPORT? YES NO
PRINT YOUR FULL NAME AS IT APPEARS ON YOUR PASSPORT _____
EMAIL _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ IF LESS THAN 5 YEARS IN NEW MEXICO, INDICATE PREVIOUS CITIES AND STATES

HOME PHONE # _____ CELL/OTHER # _____
MALE OR FEMALE DOB ___/___/___ HEIGHT ___ WEIGHT ___ OCCUPATION _____
SINGLE ENGAGED MARRIED DIVORCED WIDOWED LIST ANY PREVIOUS NAMES _____

III. PAYMENT INFORMATION

PLEASE ATTACH THE DEPOSIT TO THIS APPLICATION (PAYABLE TO GA).

DEPOSIT PAID \$ _____ (A NON-REFUNDABLE DEPOSIT IS REQUIRED UNLESS OTHERWISE STATED)
FORM OF PAYMENT: CHECK [# _____] MONEY ORDER CASH VISA MASTERCARD DISCOVER
CREDIT CARD # _____ EXP DATE _____
NAME ON CARD [PLEASE PRINT CLEARLY] _____
TOTAL AMOUNT I WANT CHARGED TO MY CREDIT CARD \$ _____
SIGNATURE _____

IV. MISSION, OUTREACH TRIPS, OR MINISTRY INVOLVEMENT [LIST YEAR AND COUNTRY]

V. PERSONAL ASSESSMENT

LANGUAGE(S) YOU SPEAK OR UNDERSTAND: ENGLISH SPANISH FRENCH ARABIC SWAHILI OTHER: _____

ARE YOU ABLE TO TRAVEL/STAND/WALK/SIT FOR SEVERAL HOURS AT A TIME? YES NO

ARE YOU INTERESTED IN PARTICIPATING IN CHILDREN'S ACTIVITIES? YES NO

DO YOU HOLD CURRENT CPR/FIRST AID CERTIFICATION? YES NO

DO YOU HAVE ANY MUSICAL ABILITIES? GUITAR PIANO DRUMS SING OTHER _____

HAVE YOU BEEN ARRESTED, CONVICTED OF, OR PLEADED NO CONTEST TO A CRIME? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU RECEIVED THE BAPTISM OF THE HOLY SPIRIT: YES NO IF NO, WOULD YOU LIKE TO? YES NO

**CIRCLE THE GIFT(S) OF THE SPIRIT THAT IS (ARE) EVIDENT IN YOU: WISDOM KNOWLEDGE FAITH HEALING PROPHECY TONGUES
INTERPRETATION OF TONGUES APOSTLES TEACHING MIRACLES HEALING HOSPITALITY HELPS ADMINISTRATION**

**WHICH FRUIT OF THE SPIRIT ARE EVIDENT IN YOUR LIFE? LOVE JOY PEACE PATIENCE KINDNESS GOODNESS
FAITHFULNESS GENTLENESS SELF-CONTROL**

VI. BIOGRAPHICAL INFORMATION

BRIEFLY SUMMARIZE HOW AND WHEN YOU BECAME A CHRISTIAN:

DESCRIBE YOUR CURRENT WALK WITH THE LORD:

VII. HEALTH AND MEDICAL HISTORY

PLEASE MARK ALL CONDITIONS YOU NOW HAVE OR HAVE EVER HAD WITH "C" = CURRENT OR "P" = PAST:

**___ DIABETES ___ EATING DISORDERS ___ SEIZURES ___ RESPIRATORY PROBLEMS ___ FAINTING SPELLS ___ FOOD ALLERGIES
___ MIGRAINES ___ PSYCHIATRIC ___ ALLERGIES TO MEDS ___ MOOD DISORDERS
___ OTHER: PLEASE LIST ANY OTHER SPECIAL NEEDS OR PROBLEMS**

PLEASE LIST ALL MEDICATIONS AND THE REASON(S) FOR TAKING THEM

ARE ALL OF YOUR CHILDHOOD SHOTS AND IMMUNIZATIONS CURRENT? YES NO

IF YOU ARE INTERESTED IN VOLUNTEERING AS A VAN/CAR DRIVER FOR TRIPS, PLEASE INCLUDE THE FOLLOWING:

DRIVER LICENSE # _____ STATE ISSUED _____ EXP. DATE _____

VIII. EMERGENCY CONTACT INFORMATION (PLEASE LIST SOMEONE WHO IS NOT ON THE TRIP WITH YOU.)

NAME _____ **RELATIONSHIP** _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE () _____ **OTHER** () _____ **EMAIL** _____

IX. REFERENCES

CALVARY MINISTRY LEADER _____ **PHONE** _____

PERSONAL _____ **RELATIONSHIP** _____ **PHONE** _____

PERSONAL _____ **RELATIONSHIP** _____ **PHONE** _____

X. MEDICAL TREATMENT CONSENT/LIABILITY, CERTIFICATION, AND BACKGROUND CHECK RELEASE

I ACKNOWLEDGE THAT WHILE I (MY CHILD) PARTICIPATE(S) AS A TEAM MEMBER WITH CALVARY OF ALBUQUERQUE, TRAVELING TO AND STAYING IN _____ (COUNTRY) AND UPON RETURN TO THE UNITED STATES, THAT CERTAIN CIRCUMSTANCES AND SITUATIONS MAY OCCUR RESULTING IN MY (MY CHILD'S) NEED FOR MEDICAL/DENTAL CARE OR TREATMENT. IN CONSIDERATION OF MY (MY CHILD'S) PARTICIPATION IN THE SAID MISSION, I, BEING OF LEGAL AGE, AUTHORIZE CALVARY OF ALBUQUERQUE OR ANY REPRESENTATIVE OF CALVARY OF ALBUQUERQUE TO ACT ON MY (MY CHILD'S) BEHALF SHOULD I BE UNABLE TO DO SO.

I CONSENT TO REASONABLE MEDICAL/DENTAL CARE AND TREATMENT WHICH MAY BE DEEMED NECESSARY BY ANY MEDICAL CAREGIVER, INCLUDING BUT NOT LIMITED TO DIAGNOSTIC TESTING, X-RAY EXAMINATION, ANESTHESIA, SURGERY, OR OTHER PROCEDURES WHICH MAY BE DEEMED NECESSARY FOR MY (MY CHILD'S) MEDICAL WELL BEING FOR THE DURATION OF THE TRIP. I AM AWARE THAT ANY SERIOUS ILLNESS REQUIRING MY (MY CHILD'S) RETURN BY AIR AMBULANCE COULD COST MORE THAN \$10,000 AND I AGREE THAT I AM SOLELY RESPONSIBLE FOR ANY AND ALL EXPENSES THAT MAY ARISE FROM MY (MY CHILD'S) RETURN BY AIR AMBULANCE OR OTHER EXTRAORDINARY MEANS.

BY MY SIGNATURE BELOW, I HEREBY RELEASE CALVARY OF ALBUQUERQUE, ITS OFFICERS, PASTORS, EMPLOYEES, REPRESENTATIVES, AND VOLUNTEERS FROM ALL LIABILITY FOR PERSONAL INJURY INCLUDING DEATH, AS WELL AS ALL PROPERTY DAMAGE OR LOSS ARISING OUT OF MY (MY CHILD'S) PARTICIPATION IN THIS TRIP AND FROM ANY LIABILITY FROM COMMUNICATION WITH REFERENCES OR CONTACT NAMED ABOVE.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I AUTHORIZE CALVARY OF ALBUQUERQUE TO CONDUCT A CRIMINAL BACKGROUND INVESTIGATION AT THEIR REQUEST.

APPLICANT'S SIGNATURE _____ **DATE** _____

IF YOU ARE UNDER THE AGE OF 18 A PARENT OR LEGAL GUARDIAN'S SIGNATURE IS REQUIRED ALONG WITH A NOTARY PUBLIC SIGNATURE AND SEAL:

PARENT'S SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____

NOTARIZE UNDERAGE PARTICIPANT APPLICATION BELOW:

SUBSCRIBED, SWORN TO, AND ACKNOWLEDGED BEFORE ME THIS _____ DAY OF ____ 20____ BY (NAME OF PERSON APPLYING).

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

FOR OFFICE USE ONLY: Yes No INITIALS _____

GA