

GLOBAL AWAKENING

YOUTH POWER *Invasion*

RANDY CLARK

TOM JONES

EST.



2002

www.youthpowerinvasion.com

JUNE 27 - JULY 10, 2012

2012 APPLICATION



2012 YPI APPLICATION

FOR MORE INFORMATION GO TO WWW.YOUTHPOWERINVASION.COM
OR CALL 1-866-AWAKENING

Dear Youth Power Invasion Applicant,

Thank you for your interest in traveling with Randy Clark as a Global Awakening Ministry Team Member!

Attached is an application along with various forms and releases that **MUST** be completed to ensure your acceptance as a Ministry Team Member.

Your application can not be processed until Global Awakening has received all of these completed documents. The following documents are required:

YOUTH/YOUNG ADULT LEADERS

- Youth Power Invasion Application
- Deposit Form
- Liability Release
- Discipline Policy
- Youth Leader's Training Alternatives
- Pastor's Reference
- Email a picture of Applicant
- Color Copy of passport
- Emergency Medical Form

YOUTH/YOUNG ADULTS

- Youth Power Invasion Application
- Deposit Form
- Liability Release
- Discipline Policy
- Pastor's Reference
- Affidavit of Temporary Guardianship (If you are younger than 18 years of age)
- Email a picture of Applicant
- Color Copy of passport
- Emergency Medical Form

YOUTH/YOUNG ADULTS PREVIOUS ATTENDEES

- Youth Power Invasion Application
- Deposit Form
- Liability Release
- Discipline Policy
- Affidavit of Temporary Guardianship (If you are younger than 18 years of age)
- Email a picture of Applicant
- Color Copy of passport
- Emergency Medical Form

APPLICATION INSTRUCTIONS:

Global Awakening asks for a fair amount of information. Some information required may be rather personal to you, but is necessary considering the scope of such a ministry trip.

AGE LIMITS:

You must be at least 13 and the maximum age is 29 to attend this trip as a "Youth." If you are under 18 you are considered a minor and must follow any instructions directed to minors. All correspondence for minors will be sent to their parents.

TEAMS:

There will be up to 300 youth and youth leaders (U.S. and Brazilians) on this trip. Each youth will be assigned to a team of 6 youth led by 1 youth leader (age 22 or older) or 1 married couple. Team leaders can be requested in advance, especially when youth and leaders are traveling from the same church. **ALL YOUTH AND LEADERS MUST COMPLETE THIS APPLICATION PROCESS!**

FOR YOUTH TRAVELING WITHOUT A YOUTH LEADER:

You must be at least 16 years old to travel alone. We are glad to have youth apply that are not traveling with a youth leader. You will be placed in a group with another leader. Parents will need to sign a release giving temporary guardianship to a Global representative.

You will not meet up with Global staff and leadership until you arrive at the destination airport. As we have so many people traveling from the U.S. to Brazil, in most cases there will be others on your flight that you will be able to connect with prior to the trip. **WE CANNOT GUARANTEE THIS** and youth who sign up by themselves may need to be prepared to travel by themselves until they reach Brazil.

ADULTS ON THE TRIP

An adult (30 or older) can apply for the trip only if:

1. They have a complete team of 6 youth (29 and under);
2. If you do not have a complete team of 6 youth, you can still apply with your team and you will be put on a waiting list. When we accept youth onto the trip who are not traveling with others from their church or youth group, we will place these youth onto teams who do not yet have 6 youth. Priority will be given to teams with the greatest number of youth registered. Although the adult on a team having less than 6 youth will be placed on the waiting list, the youth on the team **WILL BE ACCEPTED FOR THE TRIP.**
3. You can also apply if you have extensive experience in the following areas - deliverance/inner healing or medical credentials with current experience (nurse, doctor, EMT) and are interested in ministering to the entire U.S. team as needed (you would not bring or lead a team).

MINISTRY CONDITIONS

Some of the churches we will visit may seem primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and at times, physically exhausting. Every youth must be able to handle this intense environment. As we minister, we will encounter spiritual warfare!

GETTING STARTED

Please send all completed forms to Global Awakening. Receipt of your deposit tentatively holds your spot pending review and approval of your application package. Space is limited and acceptance is based on a first come, first served basis. **DON'T WAIT UNTIL THE LAST MINUTE!!** If a deposit is not received, we regret that we cannot process your application. Make checks or money orders payable to Global Awakening. You can also pay your deposit or for your whole trip by credit card. All amounts must be in U.S. dollars.

An application and \$350.00 deposit are needed to reserve a place for you. Final payment must be received by the early bird date in order to avoid the \$200 increased price and the possibilities of additional flight costs even if you are traveling from a hub city.

We will call or email you within 2 weeks of receiving your application to confirm whether or not we have a complete application package. When you are accepted, we will email you an Acceptance Letter which will include your visa and trip information. If for some reason you are not accepted, we will notify you within 3 weeks of our receipt of your application. Your Acceptance Letter email will include, among other things, information regarding how to prepare and pack for your trip as well as immunization guidelines and resources. **PLEASE DO NOT ATTEMPT TO ACQUIRE YOUR BRAZILIAN VISA PRIOR TO RECEIVING OUR INFORMATION!** You do not have to be concerned about your visa until 7-9 weeks before the trip. If you don't have a passport...apply NOW! If you do not have your passport by March 31st. **EXPEDITE IT!!!** (Forms are available at the Post Office or <http://travel.state.gov/passport>)

If you experience any uncertainty about the application process, or if you have any questions, you may call our office at 717-796-9866 or email us at missions@globalawakening.com.

Terms and Conditions

What is covered? The cost of the trip includes round trip airfare from one of twelve major airports in the US (Atlanta, Boston, Chicago, Dallas, LAX, Miami, JFK, Raleigh, San Francisco, Seattle, St. Louis, Washington Dulles) when flights are booked by the early bird date. After this date you are responsible for any increase in airfare costs from the hub city as well. Also included is your hotel room (based on double occupancy), three meals per day, all internal transportation (unless otherwise noted), and emergency medical insurance. The deposit reserves your spot on the trip based on completed application and acceptance. Global Awakening reserves the right to deny any application.

What is not covered? You will be responsible for your travel cost to and from the hub city airport, personal spending money, the cost of snacks and meals on travel days, gratuities where appropriate (waiters, bus drivers, housekeeping, etc.), passport and visa fees, country exit tax, and immunizations where required. Please note that Global Awakening works diligently to obtain optimum prices. However, because there are many variable costs beyond our control, we are forced to set a final cost adjustment date (the Early Bird Date) for each trip at which point there may be a “trip cost increase” of up to 15%.

Important payment info:

- The full trip payment and completed application must be received in our office by the “early bird date” to avoid the \$200 increased price.
- For trips that are sold out, your full payment must be received 9 weeks prior to the beginning of the trip or your place on the trip will be given to the next person on the wait list. \$150 of your deposit will be refunded.

IMT Scholarship Fund:

Tax deductible donations can be applied towards your trip. Donations should be sent to Global Awakening, Attn: IMT Scholarship Fund. Checks should be made out to A.N.G.A. Please have donors include your name and trip by attaching a note. Donation receipts will be mailed at the end of the year. As you raise support, please notify donors that all donations will go to Global Awakening’s IMT Scholarship Fund and are non-refundable. Global Awakening will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to the IMT Scholarship Fund and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, cancellation of the individual’s trip. A one-time transfer of funds may apply for individuals transferring to a trip within one year of the original trip.

Discounts: The “Can’t Get Enough” discount, Senior or Associate Pastor Special, and Partner discounts do not apply to this trip.

Traveling From Another Country:

If you would like to be on the Global Awakening Ministry team, we ask that you fill out an application. You would make and pay for your own flight reservations to the host city and then we will give you the rate for the trip excluding airfare. Please ensure you book your flights according to our directions or you may miss the bus ride, and you would be responsible for your own transportation.

YOUTH POWER INVASION APPLICATION

NAME _____ NICKNAME* _____
(EXACTLY AS IT APPEARS ON YOUR PASSPORT) NOTE: *ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH ___/___/___ AGE _____ GENDER Male Female

OCCUPATION (or STUDENT) _____ MARRIED _____ YES _____ NO

STREET ADDRESS _____

CITY* _____ STATE* _____ ZIP _____

PHONE NUMBERS

HOME (_____) _____ CELL (_____) _____

EMAIL _____ PARENT'S EMAIL _____

PASSPORT NUMBER _____ COUNTRY OF ISSUE _____

PARENTS INFORMATION

MOTHER'S NAME _____ HOME # _____ CELL# _____

FATHER'S NAME _____ HOME # _____ CELL# _____

EMERGENCY CONTACT NAME _____
(parent, spouse or legal guardian)

RELATIONSHIP _____ PHONE NUMBER (_____) _____

ACCEPTANCE INFO

ARE YOU BORN AGAIN? Yes No Unsure ARE YOU SPIRIT-FILLED? Yes No Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH GLOBAL AWAKENING MINISTRY GUIDELINES? Yes No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? Yes No

HAVE YOU PREVIOUSLY TRAVELED WITH GLOBAL? Yes No IF SO, GIVE DATES _____

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF SO, PLEASE DESCRIBE _____

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? Yes No IF SO, PLEASE DESCRIBE _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

IT IS HIGHLY RECCOMENDED THAT YOU CARRY OR OBTAIN PRIMARY MEDICAL INSURANCE TO COVER POSSIBLE ADDITIONAL MEDICAL NEEDS THAT MAY ARISE DURING INTERNATIONAL TRAVEL.

MEDICAL INSURANCE INFO

DO YOU HAVE PRIMARY MEDICAL INSURANCE? Yes No IF SO, WHAT IS THE NAME OF YOUR INSURANCE

CARRIER? _____

CHURCH INFO

CHURCH NAME _____ DENOMINATION _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE (____) _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR _____

DO YOU TITHE REGULARLY? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No
HAVE YOU BEEN WATER BAPTIZED? Yes No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? Yes No

LEADERSHIP INFO

I understand that there will be up to 300 people traveling with Global Awakening on this trip. Each youth will be assigned to a group of 6 youth led by 1 youth leader (age 22 or older). Group leaders can be requested in advance, especially when youth and leaders are traveling from the same church. **ALL YOUTH AND LEADERS MUST COMPLETE THIS APPLICATION PROCESS!**

I am a (PLEASE CHECK ONE):

Youth traveling without a youth leader. I understand one will be assigned to me.

Youth traveling with a youth leader. I would like to request to be in a group led by

Name: _____

Youth Leader (age 22 or older) and would like the following youth to be in my group.

I understand that if I do not have 6 youth in my group, other youth may be assigned to my care.

Youth Leader (age 22 or older) traveling with no youth but I would like to lead a group. I understand that since this is primarily a youth trip, I may not be accepted if there are enough leaders to lead the teams.

HELP NEEDED! (OPTIONAL)

We may need youth leaders over 29 years old to help escort unaccompanied minors (those that are not traveling with a youth leader and who are under 18) into Brazil. If you are willing to help, we will get more info to you if you check YES here. YES NO

SIGNATURES

I have read the application and accompanying information. I understand and agree with it.

Youth Signature _____ Date _____

Parent's Signature _____ Date _____
 (required for all youth 18 or younger)

*In order for Global Awakening to provide a safe environment and to protect children, students and staff, we have instituted a **mandatory background check** for all team leaders. This is a safeguard that has become a common volunteer practice at churches and other institutions.

DEPOSIT FORM

PLEASE NOTE: YOUR APPLICATION FOR GLOBAL AWAKENING MINISTRY TEAM PARTICIPATION CAN NOT BE PROCESSED UNLESS THE DEPOSIT AMOUNT IS INCLUDED WITH THIS FORM.

I, _____, WISH TO BE CONSIDERED AS A GLOBAL AWAKENING MINISTRY TEAM MEMBER FOR:

DESTINATION (CITY, COUNTRY)

DATES

DEPOSIT AMOUNT INCLUDED: \$ _____ (\$350 PER PERSON PER TRIP)

Make checks payable to: A.N.G.A. If paying by credit card please provide your credit card information below. Your deposit can be made by credit card at no extra charge. All payments must be made in U.S. Dollars.

IMT Scholarship Fund: Tax deductible donations can be applied towards your trip. Donations should be sent to Global Awakening, Attn: IMT Scholarship Fund. Please have donors include your name and trip by attaching a note. Donation receipts will be mailed at the end of the year. As you raise support, please notify donors that all donations will go to Global Awakening's IMT Scholarship Fund and are non-refundable. Global Awakening will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to the IMT Scholarship Fund and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, cancellation of the individual's trip. A one-time transfer of funds may apply for individuals transferring to a trip within one year of the original trip.

CANCELLATION & REFUND POLICY

If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to 8 weeks prior to your departure date in order to receive a \$150 refund of this deposit or you can move the total deposit to another trip date within 6 months of your scheduled trip for a \$50 transfer fee. If for any reason, a team member cancels after 8 weeks prior to the departure date; the full deposit will be forfeited. Final payment must be received by the early bird date in order to avoid the \$200 increased price. If for some reason you cancel your trip within 4 weeks of your departure date or after we have paid for your air flights, you will not be refunded for your ticket price. However, it is often the case that the ticket can be reused in the future less a change fee (varies between \$75-\$200+). Also, you will forfeit your deposit and there will be an additional \$100 late cancellation penalty. In addition, you will not be refunded monies that Global Awakening has paid out on your behalf to secure hotel, bus, and food service reservations. Any amount over and above the deposit, airline ticket, late cancellation fee, and reservation monies spent on your behalf will be refunded to you by check! I understand and agree to the above cancellation and refund policy. If paying the deposit by credit/debit card, I authorize the above amount to be charged to my credit/debit card.

Signed: _____ Date _____ / _____ / _____

ENCLOSED IS A CHECK IN THE AMOUNT OF \$ _____ CHECK # _____

~ OR ~

PLEASE CHARGE MY CREDIT CARD:

Name _____
 (Exactly as it appears on the Credit Card)

Credit Card# _____ CVC# _____ (3 digits on back) Exp. Date _____ / _____

Billing Address _____

Phone _____ Amount to be Charged \$ _____

I AUTHORIZE THE ABOVE AMOUNT TO BE CHARGED TO MY CREDIT CARD BY GLOBAL AWAKENING.

Signed: X _____ Date _____ / _____ / _____

YOUTH LEADER TRAINING ALTERNATIVES

(Required for Youth Leaders, Optional for youth)

To prepare for this trip, we are highly recommending that each person study the materials below. Although it is not required for youth (it is required for youth leaders), familiarity with concepts, principles, and terminologies will greatly enhance the training sessions.

YOUTH:

- I AM A YOUTH AND I AM NOT REQUIRED TO DO THE TRAINING PRIOR TO THE TRIP

YOUTH LEADERS: (please check one)

- OPTION 1.** I HAVE ALREADY ATTENDED A GLOBAL AWAKENING HEALING SCHOOL
TAUGHT BY _____ APPROX. DATE _____

- OPTION 2.** ORDER THE FOLLOWING CDs OR MP3s AND ORDER THE TRAINING MANUAL BY CALLING
GLOBAL AWAKENING PUBLISHING (717)796-9866 OR VISIT OUR ONLINE BOOKSTORE AT:
www.globalawakening.com.

- A. Global Awakening Ministry Training Manual by Randy Clark
- B. Biblical Basis For Healing & Words of Knowledge CD Series by Randy Clark
- C. Deliverance CD Series by Pablo Bottari
- D. Healing/Deliverance Prayer Card
- E. Thrill of Victory & Agony of Defeat CD Set

Package Special- ALL FIVE FOR \$45.00! (+S&H)

(PLEASE NOTE THAT AN ADDITIONAL CHARGE FOR SHIPPING & HANDLING WILL APPLY TO ALL PURCHASES
(35% for international shipments))

- OPTION 3.** DOWNLOAD THE MP3'S AND ORDER THE TRAINING MANUAL IN PDF FORMAT

- A. Global Awakening Ministry Training Manual PDF by Randy Clark \$14.95
- B. Biblical Basis For Healing MP3 \$1.99
- C. Healing/Deliverance Prayer Card PDF \$2.00
- D. Words of Knowledge MP3 \$1.99
- E. Deliverance: And Dark Became Light Part 1 MP3 by Pablo Bottari \$1.99
- F. Deliverance: And Dark Became Light Part 2 MP3 by Pablo Bottari \$1.99
- G. Thrill of Victory MP3 \$1.99
- H. Agony of Defeat MP3 \$1.99

Package Special- ALL EIGHT FOR \$25.00!

***I UNDERSTAND THAT I AM RESPONSIBLE TO COMPLETE THE MINISTRY TRAINING OPTION CHOSEN ABOVE,
WITHIN TWO WEEKS OF THE MINISTRY TRIP DEPARTURE DATE.***

SIGNED: X _____ **DATE** _____ / _____ / _____

**FOR MORE INFORMATION GO TO WWW.YOUTHPOWERINVASION.COM
OR CALL 1-866-AWAKENING**

LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

TO BE COMPLETED BY APPLICANT IF 18 OR OLDER OR BY PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS UNDER 18.

In consideration of my being accepted by Global Awakening for participation on a Ministry/Missions team to Brazil on June 27 – July 10, 2012, I make the representations and undertakings set out below:

I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I know that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.

I know that Global Awakening carries medical insurance as secondary insurance, that Global Awakening does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I know that Global Awakening does not carry any insurance other than the secondary medical insurance noted above, and I acknowledge that Global Awakening has advised me that Global Awakening does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Global Awakening has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Global Awakening has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A GLOBAL AWAKENING MEMBER ON THE ABOVE MINISTRY/MISSIONS TRIP: (Please initial each paragraph)

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initials: _____

**FOR MORE INFORMATION GO TO WWW.YOUTHPOWERINVASION.COM
OR CALL 1-866-AWAKENING**

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY GLOBAL AWAKENING, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initials: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initials: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initials: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initials: _____

I AUTHORIZE GLOBAL AWAKENING TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initials: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initials: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHELF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR _____

SIGNATURE OF MINOR _____

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____

FULL ADDRESS _____

MEDIA RELEASE

Global Awakening often takes photographs and video footage on ministry trips using them in Global Awakening advertising, promotional materials, web page, and publications. In signing below, you fully authorize Global Awakening to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use. Photographs are not to be used for any publication, website, advertisement or any other means without the permission of Global Awakening. The exception to this is that the undersigned may use the photographs for showing to their personal church group and/or affiliation. Global Awakening reserves the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

I AGREE TO THE MEDIA RELEASE POLICY STATED ABOVE AND WILL ABIDE BY THE TERMS AS STATED.

SIGNED: X _____ DATE ____ / ____ / ____

Print Name _____

Full Address _____

I HAVE READ THIS RELEASE CAREFULLY, INCLUDING THIS PAGE AND THE PRIOR PAGE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL. (TO BE COMPLETED BY APPLICANT IF 18 OR OLDER OR BY PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS UNDER 18.)

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

Name of minor child _____

DISCIPLINE POLICY

We are going to have a great time on this mission trip! At the same time, we are going to war! The enemy will hate the fact that we are bombarding his territory! And he will do everything he can to sidetrack us and keep us from staying focused... which brings us to the reason for this discipline policy. Every person on this trip must agree to the following. If anyone is consistently resisting leadership or not submitting to correction, it will not be tolerated.

We expect every leader and youth to:

****Be on time at every meeting.**

****Abide by the guidelines we communicate to you in either handouts or during meetings.**

****Pay attention during all training sessions.**

****Have lights out and quiet at the determined time. (You will need all the sleep you can get!)**

****Respect the Brazilian culture, people, and property. We are not to make fun of or abuse it/them!**

****Abide by the dress code.**

****Not be alone with the opposite sex. Pairing off is not allowed on the trip.**

****Never wander from the group without the permission of your leader. Even if permission is given, you are not to go anywhere by yourself.**

If any youth disobeys any of these guidelines or any others that will be given during the course of the trip, there will be correction. Depending upon the size of the infraction, the consequences could range from not participating in the ministry, calling parents, or even returning early to the US. If a decision is made for a youth to return to the US early, there would be no refund given as the money would have already been spent on the airfare, hotel and meals. Also, the youth would be responsible for any additional airline charges. In signing below, both youth and parents are authorizing Global Awakening and its leadership to use its discretion in determining the degree of consequences. As was stated earlier, because of the seriousness of our mission, we may err on the side of protecting the unity and stability of the group.

Youth Signature _____ Date Signed _____

Print Name _____

Parent Signature _____ Date Signed _____

Print Name _____

PASTORAL REFERENCE EVALUATION

THIS FORM MAY NOT BE COMPLETED BY AN IMMEDIATE FAMILY MEMBER (SPOUSE, PARENT, SIBLING)

DEAR PASTOR:

WE WOULD LIKE YOUR CONFIRMATION THAT _____ IS EQUIPPED FOR THE
 (print name here)

GLOBAL AWAKENING MISSION TRIP TO SAO PAULO, BRAZIL. WOULD YOU FAMILIARIZE YOURSELF WITH THE DETAILS OF THE TRIP AND THEN READ OVER THIS APPLICANT'S INFORMATION?

AFTER PRAYERFUL CONSIDERATION ARE YOU CONFIDENT THAT THIS APPLICANT IS READY FOR THE RESPONSIBILITIES FACING HIM OR HER ON THIS TRIP?

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THE APPLICANT? _____

IN WHICH AREA(S) OF CHURCH LIFE HAS THE APPLICANT SERVED, AND IN WHICH AREA(S) IS HE/SHE CURRENTLY SERVING?

Evaluation of Applicant's Emotional & Spiritual Maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- Frequently incapacitated
- Somewhat below par
- Fairly healthy
- Good health

EMOTIONAL RESILIENCE

- Gets angry; impulsive
- Withdrawn
- Gets discouraged easily
- Meets constructively
- Unusual ability to lead

ACHIEVEMENT

(Ability to formulate, execute & carry plans to conclusion)

- Starts but doesn't finish
- Does only what is assigned
- Meets average expectations

SOCIAL INTERACTION

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve as needed

LEADERSHIP

(Ability to inspire others & maintain their confidence)

- Makes an effort to lead
- Tries but lacks ability
- Has some leadership promise
- Has shown good leadership skills

TEAMWORK

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others
- Energized by teamwork

INTELLIGENCE

- Learns and thinks slowly
- Average mental ability
- Alert; has a good mind
- Brilliant, exceptional

CHRISTIAN EXPERIENCE

- Relatively superficial
- Over-emotional
- Genuine but mild
- Rich and growing
- Warmly contagious

RESPONSIVENESS

(To the feelings and needs Of others)

- Slow to sense how others feel
- Reasonably responsive
- Understanding &
- Thoughtful Extremely responsive

PRAYER MINISTRY

(Praying for inner and physical healing)

- Has had much experience and expertise
- Has some training and experience
- Has not been trained and is very new at this

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please circle any words or descriptions which pertain to applicant:

- | | | | |
|----------------------|---------------------|-------------------|----------------------------|
| Impatient | Argumentative | Domineering | Cocky |
| Easily offended | Critical of others | Anxious | Easily embarrassed |
| Easily discouraged | Frequently worried | Nervous or tense | Given to moods |
| Intolerant | Lacking in humor | Can't take a joke | Unable to cope with stress |
| Erratic in attitudes | Racially Prejudiced | Self-absorbed | |
- If the applicant seems relatively free from all such tendencies, check here _____

Please comment briefly on the family and social background of the applicant.

Please describe any physical limitations the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- Has the applicant had psychiatric treatment?
- Are you aware of any unresolved problems in their life? (Ex: unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c), d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant's promise as a Global Ministry Team participant?

- | | |
|--|--|
| <input type="checkbox"/> He/she is definitely unsuited | <input type="checkbox"/> He/she is an average prospect |
| <input type="checkbox"/> At this time I feel he/she is not suited | <input type="checkbox"/> He/she is an above average prospect |
| <input type="checkbox"/> He/she is a good prospect, but I do have reservations | <input type="checkbox"/> He/she is an unusually exceptional prospect |

REFERENCE NAME _____ TITLE _____

ADDRESS _____

PHONE (_____) _____

SIGNATURE: X _____

PLEASE MAIL DIRECTLY TO:
GLOBAL AWAKENING - ATTN: IMT
 1451 Clark Street
 MECHANICSBURG, PA 17055
 Phone: (717) 796-9866 FAX: (717) 796-9867
 EMAIL: missions@globalawakening.com

EMERGENCY MEDICAL SERVICES AUTHORIZATION

Participant Full Name: _____
 Age: _____ Birth Date: _____ Telephone: (____) _____ - _____
 Address: _____
 City: _____ State: _____ Zip: _____

I hereby authorize any representative of Apostolic Network of Global Awakening, Inc., (ANGA) who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as a team member on an ANGA ministry trip from the dates of _____ to _____. I authorize any medical provider to disclosure my individually identifiable health information or other medical records as necessary to the bearer of this authorization. This authorization applies, but is not limited to, to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C .1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to ANGA, without restriction, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this Authorization to the extent not covered by any travel insurance secured by me or on my behalf. Should it be necessary for me to return home due to medical reasons or otherwise, I will assume all transportation costs incurred.

Health Insurance: Yes _____ No _____
 Insurance Co: _____
 Policy No: _____

 Participant Signature

Emergency Contact: _____

 Parent/Legal Guardian Signature (minors only)

Relationship: _____
 Emergency Telephone No: _____

 Witness Signature

State of _____
 County of _____

 Witness Signature

Sworn and subscribed to me by the Participant and Witnesses this the _____ day of _____, 2012.

 NOTARY PUBLIC

My commission expires: _____.



International Ministry Trips

**Global Awakening
International Ministry Trips**

1451 Clark Street
Mechanicsburg, PA 17055
1-866-AWAKENING

missions@globalawakening.com
imt.globalawakening.com

AFFIDAVIT OF TEMPORARY GUARDIANSHIP AND CONSENT TO TRAVEL

**TO BE COMPLETED BY BOTH PARENTS OR LEGAL GUARDIAN OF APPLICANT AND
RETURNED TO GLOBAL AWAKENING**

I/We _____ and/or _____
(Father) (Mother)

of _____, do hereby grant TEMPORARY GUARDIANSHIP
(Name of minor)

to _____. I further do hereby consent that my/our
(Youth Leader or, for youth traveling along, please put Pat Bock)

son/daughter travel to _____ with Global Awakening for the period of time
(Destination)

beginning at 12:00AM on June 27, 2012 and continuing through 11:59PM July 10, 2012.
(Departure date) (Return date)

Said named person shall have all the powers and authority over my/our son/daughter that I/We would have if I/We were present. Upon telephone notification to me/one of us, said person shall also have authority to send my/our child home, for any reason.

_____/_____
(Parent's Signature) (Parent's Signature)

State of _____

County of _____

On this, the _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____ / _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that _____ executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

NOTARY PUBLIC