

TOUCHING NATIONS TODAY, INC

Expedition Application



APPLICANT INFORMATION

Last Name		First		M.I.	DOB
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Expedition of Interest Date:		Social Security No.		Background Check Consent	Initial for release: _____
Home Church / Senior Pastor					
Do you have foreign missions experience?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, have you travelled outside of the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been part of a disaster relief team?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where & when?	
Do you have any wilderness/survival skills?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	

MINISTRY/WORK EXPERIENCE (MOST RELEVANT)

Organization		Address			
From	To	Were you in leadership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position
Organization		Address			
From	To	Were you in leadership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position
Organization		Address			
From	To	Were you in leadership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position

REFERENCES

Please list 1 personal, 1 character, and 1 professional/leadership reference. ONLY the personal reference should be a family member.

Full Name		Relationship/ Duration
Organization		Phone ()
Address		
Full Name		Relationship/ Duration
Organization		Phone ()
Address		
Full Name		Relationship/ Duration
Organization		Phone ()
Address		

DECLARATION OF FAITH

In the space below, please explain how salvation has personally changed your life.

In the space below, please explain how your salvation has changed someone else's life.

Please best state how you personally identify your faith:

Do you identify with a denomination or sect? YES NO If yes, please state their name:

In the space below, please explain how your faith has brought you through a major crisis.

In the space below, please describe the greatest spiritual breakthrough, revelation, or experience (besides salvation) you have ever had.

Are you prepared for your doctrinal opinions and spiritual beliefs to be challenged by what you may encounter on the mission field?

CHARACTER DECLARATIONS

Please initial before each statement below based on whether or not the statements are true and correct. These statements will not necessarily qualify or disqualify a candidate. However, honest disclosure on these issues is important to prevent compromise and vulnerability in teams that rely on spiritual openness and honesty to function by the Spirit of God.

I am not involved in illicit drug use, nor do I participate in any activity or use any substance that has compromised my physical or mental health or emotional state of being. This includes pornography.

I am not involved in an extramarital sexual affair or any immoral or sexual relationship outside of my marriage.

I am not involved in the occult or any spiritual practice that serves, or even recognizes, any person, force, or object other than the Father God, Jesus Christ the Son, or the Holy Spirit as a god or god-like power of any kind.

There are people in my life I am honest with and accountable to and my life is lived by faith with Biblical integrity.

I understand authority and do not have problems submitting to others.

PHYSICAL DECLARATIONS

Please state how often you participate in rigorous physical activity of at least one hour in duration.

In the space below, please explain your overall physical condition.

Do you have ANY have allergies, physical limitations, handicaps, or any other medical condition(s) which might make you or others vulnerable during even mild physical strain or exertion? If yes, please explain these in detail in the space provided below.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance on an expedition team, I understand that false or misleading information in my application could jeopardize the life and well-being of me and others on the expedition team.

Signature

Date

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MEDICAL CLEARANCE FORM

This application must be signed and dated by a medical doctor and returned to:

**Expedition Applications
c/o TNT, Inc
19387 Hidden Oaks Dr
Brooksville FL 34604**

Any medical doctor endorsing this expedition candidate must be able to certify in good faith that based on medical history, current condition, and any other known medical information, the candidate named below as a candidate on this application is physically able to perform consistent and regular intense physical activity including but not limited to climbing, hiking, swimming, digging, and various types of physical labor. It is understood by this endorsement that potential outside variables including but not limited to tropical disease, changes in diet, and other potentially radical changes brought on by a sudden shift in daily activity, climate, geography, etc. could prove dangerous, if not fatal, to any person, let alone someone in sub-standard physical health. For this reason, only healthy and capable individuals should be endorsed by a medical doctor signing this clearance.

Any doctor endorsing this medical clearance is understood as offering his/her medical opinion as a professional courtesy and is not liable for any injury, illness, or harm that may come to the candidate based on their involvement on a Touching Nations Today Missions expedition.

NAME OF CANDIDATE APPLYING (PLEASE PRINT): _____

NAME OF MEDICAL DOCTOR (PLEASE PRINT): _____

CURRENTLY PRACTICING? _____

MY SIGNATURE CERTIFIES THAT, IN MY PROFESSIONAL OPINION, THE CANDIDATE NAMED ABOVE IS MEDICALLY CAPABLE OF PARTICIPATING IN THE FOREIGN MISSIONS EXPEDITION AND ALL INCLUDED ACTIVITIES INDICATED BY THIS APPLICATION.

SIGNATURE OF MEDICAL DOCTOR: _____

DATE: _____

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PASTORAL RECOMMENDATION FORM

Please give this form to your pastor. He/she will include this completed form with a general letter of recommendation and return it DIRECTLY to:

**Expedition Applications
c/o TNT, Inc
19387 Hidden Oaks Dr
Brooksville FL 34604**

Name of Candidate: _____

Name of Pastor: _____ **Church Name:** _____

Signature of Pastor: _____ **Day Phone:** _____

Pastors:

As part of your recommendation, please answer the following questions and return this with a letter of recommendation to the address above.

Do you have a personal relationship with the candidate? If yes, can you estimate how long?

Would you consider the candidate to be of high repute, good character, and a person who lives with integrity?

Have you seen this candidate through any personal crisis or tragedy? If yes, please explain how that situation has helped you form an opinion of them, as well as how it might affect them in dealing with hardships on the mission field.

Have you ever seen the candidate operate as part of a team? If yes, can you describe their role and effectiveness in some detail?

Would you consider the candidate to have good judgment?

Would you trust this candidate with the lives of others on the line?

Have you ever known this candidate to have issues that have resulted in problems with authority? If yes, please explain why they will not jeopardize the mission or team.