



### **Application Process**

Please read each step and carefully follow these directions to ensure each application is complete when submitted to Caroline's Promise.

1. Each applicant must fill out an individual application. If you are applying for a family team then children do not need to apply. However the family team information page must accompany the parent(s) individual application. If you have been on a trip with CP in the past two years you only need to complete pages 2, 6, 7, 8 (if children are going), 10, 13, 14, and 15.
2. Please send your completed application and \$100 non-refundable deposit to:  
Caroline's Promise  
1950 Beeson Rd  
Kernersville NC, 27284
3. Please give your pastor the Caroline's Promise reference form, included in this packet, with the following instructions.
  - Supply your reference with a stamped envelope addressed to the Caroline's Promise office. Completed reference form should **not** be mailed in by applicant.
  - Instruct your reference to mail his or her completed form in the stamped envelope provided.
  - Your application and therefore your acceptance on a team will not be complete until this form is received.

Once your application and reference form are received, you will be notified by email or phone of your acceptance to a Caroline's Promise Mission Team.

### **If you have any questions, please contact us:**

Phone: 336-669-7340

Email: [LisaHolbrook@Carolinespromise.net](mailto:LisaHolbrook@Carolinespromise.net)

Website: [www.CarolinesPromise.net](http://www.CarolinesPromise.net)



## Short-Term Mission Application

Return to: Caroline's Promise- 1950 Beeson Rd Kernersville NC, 27284

I am applying for: Guatemala Mission Trip

Dates: \_\_\_\_\_

### General Information [Please print clearly with blue or black ink]

Please give name *as it appears on your passport*:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Male  Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Passport number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place Issued \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ If not, Country of Citizenship \_\_\_\_\_

Birth place \_\_\_\_\_ Birth date \_\_\_\_\_

Do you speak any languages besides English? \_\_\_\_\_

Please list any medical conditions or problems that you have currently (i.e. diabetes, asthma, allergies).

\_\_\_\_\_

Are you taking any medications regularly? \_\_\_\_\_ Please list medications. \_\_\_\_\_

\_\_\_\_\_

Please check marital status: Single  Engaged  Married  Widowed  Divorced

Please circle shirt size:      SM      M      L      XL      XXL



# Mission Team Application 2016

## Education and Experience

Last Name: \_\_\_\_\_

Have you participated on a Caroline's Promise mission team before? \_\_\_\_\_ If yes, where/when?

\_\_\_\_\_

High school name \_\_\_\_\_ Year Graduated \_\_\_\_\_

College/University name \_\_\_\_\_ Year Graduated \_\_\_\_\_

Educational degrees, specializations, licenses, certifications

\_\_\_\_\_

Employment Status: Student  Part-time  Full-time  Retired  Not employed

Explain your work experience for the last 5 years.

\_\_\_\_\_

\_\_\_\_\_

Check any of the skills below that apply to you. Briefly explain your skill level and experience.

\_\_\_\_\_ Carpentry

\_\_\_\_\_ Masonry

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Electrical

\_\_\_\_\_ Teaching Children

\_\_\_\_\_ Teaching Adults

\_\_\_\_\_ Business

\_\_\_\_\_ Computers

\_\_\_\_\_ Medical

\_\_\_\_\_ Community Health

\_\_\_\_\_

How have you been involved in your local church? \_\_\_\_\_

\_\_\_\_\_

How have you been involved in your community [Civic organizations, sports league, etc.]?

\_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_



**Cross Cultural Familiarity**

Last Name: \_\_\_\_\_

How often do you experiment with eating a very different cuisine from your normal fare?

\_\_\_\_\_Almost never \_\_\_\_\_Once or twice a year \_\_\_\_\_Once or twice a month \_\_\_\_\_Habitually

How would you define culture?

\_\_\_\_\_  
\_\_\_\_\_

Have you traveled or lived overseas before? Yes  No  Were you part of a team? Yes  No

Where and When? \_\_\_\_\_

Please describe the purpose of your time abroad [missions work, vacation, study, work, etc.].

\_\_\_\_\_

Please describe a situation, either in the US or abroad, in which you encountered another culture.

Please explain where it took place, how you adapted, how you related to the person(s), and how you responded to differences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motivation**

What prompted you to apply for a Caroline's Promise mission trip? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual Foundation**

Please attach a 300—1000 word personal testimony that describes your relationship to Jesus Christ.

Would you be open to sharing your testimony publicly on the mission field, if asked? Yes  No

**Reference**

Name of Pastor \_\_\_\_\_ Church \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



# Mission Team Application 2016

## Self-Evaluation Form

Last name \_\_\_\_\_

Applicants: Please evaluate your own attitudes and abilities

	Poor	Fair	Average	Good	Excellent
Display of optimism					
Display of tact					
Evidence of enthusiasm					
Sense of humor					
Friendliness					
Self-Confidence					
Submission to Authority					
Attitude toward work					
Flexibility					
Ability to be part of a team					
Ability to communicate					
Attendance and punctuality					
Commitment to God					
Ability to instruct groups					
Ability to make decisions					
Degree of integrity					
Consistency of Christian Life					
Reliability					
Initiative					
Quality of work					
Degree of energy					
Mental alertness, logic, wisdom					

Is there anything else you would like us to know about your strengths and weaknesses?

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Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## Short Term Mission Agreement

Last name \_\_\_\_\_

Caroline's Promise recognizes that we all come from different perspectives. We also recognize that individuals are at different points on the Christian journey. Knowing this, we have chosen these items based on two criteria. First, our basis for these rules comes from the culture we will serve in and what it means to be a Christian there. Second, is the standard we have for Caroline's Promise representation in other cultures as we represent Christ.

1. I will represent Caroline's Promise by acting appropriately in all situations, refraining from loud and showy behavior that would draw negative attention.
2. I will remove any body piercings before I leave the USA. If I have more than two earrings, I will take them out so as not to offend my temporary host culture. Male team members will remove all piercings.
3. I will refrain from drinking alcohol at all times.
4. If you use tobacco and plan to do so on this trip please notify your team leader so that they may direct you to the appropriate areas. Tobacco use will be allowed for persons 18 or older outside of the dorm only, and is not permitted at Carlos & Delmi's home, church, or at any CP projects.
5. I will abide by all clothing standards without complaint.
6. I will pray and spend time with the Lord as part of my preparation for all God wants to do in me and through me as I prepare and engage in this mission trip.
7. I will invest in this team by participating in meetings, activities and relating to all team members in Christian love and good will.
8. I will seek to understand differences in a proactive way that builds our team and ministry. These differences may arise from within through team personalities or through culture shock upon entering our host country.
9. I will prepare myself physically for this experience by regular exercise and conditioning if I am not in the best of shape now.
10. I will refrain from public displays of affection with my spouse while serving on this team.
11. I will refrain from romantic relationship with any other team member while I am serving on this team.

I have read and understand these conduct guidelines and will honor the standards of Caroline's Promise without complaint or reservation.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



**Office Copy**

Last name \_\_\_\_\_

**Code of Conduct**

As a volunteer with Caroline's Promise short term mission program, I agree to pay all costs related to my trip, such as immunizations, travel, food, lodging and miscellaneous costs to missionaries or nationals and serve without remuneration. All of my debts will be paid in full before I leave the field.

I will be responsive to the counsel and suggestions of mission authorities and abide by the standards of conduct and ethics of the field wherein I serve and the policies of Caroline's Promise.

I will abstain from any alcoholic beverages, tobacco, illegal drugs, and any form of conduct unbecoming to conservative Christian example.

I also affirm that before my departure, I have contracted for overseas health insurance and overseas accident insurance (to be purchased by Caroline's Promise).

I will not hold Caroline's Promise, and all of its departments, segments, officers, agents and employees responsible for any accident, injury, or illness resulting from my visit to the field nor for the loss of or damage to personal property while on this assignment, and will indemnify and hold harmless Caroline's Promise from and against any and all liability occasioned by my short term mission participation.

This agreement covers the term of service of less than one month as authorized by Caroline's Promise and the field of service. Said appointment is not valid without the completion of this agreement.

I understand that willful neglect of this covenant may result in my being SENT HOME EARLY at my OWN expense and I will forfeit all other funds that have been paid.

\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Date



# Mission Team Application 2016

## Family Team Information

Last name \_\_\_\_\_

*Required for family teams only\**

### Children:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

**Please circle shirt size:      SM    M    L    XL    XXL    Please Indicate: Youth or Adult**

Please indicate any allergies or medical conditions: \_\_\_\_\_

Is this a first time experience for the child? \_\_\_\_\_ If No, Briefly explain previous experience

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

**Please circle shirt size:      SM    M    L    XL    XXL    Please Indicate: Youth or Adult**

Please indicate any allergies or medical conditions: \_\_\_\_\_

Is this a first time experience for the child? \_\_\_\_\_ If No, Briefly explain previous experience

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

**Please circle shirt size:      SM    M    L    XL    XXL    Please Indicate: Youth or Adult**

Please indicate any allergies or medical conditions: \_\_\_\_\_

Is this a first time experience for the child? \_\_\_\_\_ If No, Briefly explain previous experience



Financial Support

Last Name: \_\_\_\_\_

Support money for mission trips is raised in various ways like support letters, special projects, speaking opportunities, or through personal investment. Briefly describe what you feel you would need to do to raise funds for this trip.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During our training and orientation, we will further educate you on how to raise your funds and the role Caroline’s Promise will play as you join us to Reclaim Hope for Orphans through mission trips. Finances have never stopped anyone who God has called to go. In every circumstance, He has provided and deepened the faith of everyone involved. We look forward to celebrating all God will accomplish in you and through you. As you serve and represent Caroline’s Promise, it is important that you understand and effectively communicate the following information to your supporters:

- ◆ Caroline’s Promise is a member of ECFA
- ◆ Caroline’s Promise is a 501[c]3 organization thus all gifts are tax deductible to the extent allowed by law.
- ◆ The use of each gift is subject to the discretion and control of Caroline’s Promise.
- ◆ Gifts can be given by personal check and mailed to Caroline’s Promise or they can be given online after you are accepted and establish your online fund-raising page.

It is your responsibility to communicate with your supporters that all checks are made payable to Caroline’s Promise and should have a note attached indicating if they have a preference for their gift.

For Example:

*We believe in the work of Caroline’s Promise and are sending our gift of \$\_\_\_\_\_. We would like our gift to benefit the ministry of \_\_\_\_\_. We understand that the use of the gift is subject to the discretion and control of Caroline’s Promise.*

Checklist

- I have attached my personal testimony with this application
- I have attached my Self-Evaluation Form with this application
- I have attached my Family Information Form [If applying for the family team]
- I have prepared my pastoral reference form including a self-addressed envelope & delivered it
- I have attached my \$100 deposit made payable to Caroline’s Promise
- I have included the personal profile and travelers insurance information sheet
- I have marked the mandatory training date in my calendar and cleared all schedule conflicts

**Signature:** The information I have provided in this application is true and accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Personal Profile**

Date \_\_\_\_\_

This information is needs to be on file with Caroline’s Promise for insurance purposes and with the team leader while you are in country in the case of an emergency situation.

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Expires \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Email Address \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship of Beneficiary \_\_\_\_\_



Caroline's Promise Pastoral Reference Form

Return to: Caroline's Promise 1950 Beeson Rd, Kernersville, NC 27284

Applicant's Name: \_\_\_\_\_ has applied to be a part of a mission team to \_\_\_\_\_ for the week of \_\_\_\_\_. One of our critical components in considering potential team members is an evaluation by you. As their pastor we believe you can help us understand how they can play a valuable role on this team and grow in their walk with God. If this is the first time you have heard about Caroline's Promise we invite you to learn more about us at [www.carolinespromise.net](http://www.carolinespromise.net)

1. How long have you known the applicant? \_\_\_\_\_

2. In your opinion is the applicant able to adapt to new situations? \_\_\_\_\_

3. In your experience, does the applicant accept direction and guidance from others? \_\_\_\_\_

4. Please give examples of the applicant's interaction with people. \_\_\_\_\_

5. From your perspective, what is the applicant's most distinguishing characteristic or quality? \_\_\_\_\_

6. Please comment on the applicant's work ethic, if you are in a position to do so. \_\_\_\_\_

7. Please list evidences of the applicant's Christian life. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_



Caroline's Promise Pastoral Reference Form

Applicant's Name \_\_\_\_\_

Please evaluate the applicant's attitudes and abilities

	Poor	Fair	Average	Good	Excellent
Display of optimism					
Display of tact					
Evidence of enthusiasm					
Sense of humor					
Friendliness					
Self-Confidence					
Submission to Authority					
Attitude toward work					
Flexibility					
Ability to be part of a team					
Ability to communicate					
Attendance and punctuality					
Commitment to God					
Ability to instruct groups					
Ability to make decisions					
Degree of integrity					
Consistency of Christian Life					
Reliability					
Initiative					
Quality of work					
Degree of energy					
Mental alertness, logic, wisdom					

Is there anything else you would like us to know about the applicant? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



**Adult Waiver, Release of Liability,  
Indemnification and Consent Form**

In view of the fact that Caroline's Promise has developed opportunities for short-term overseas ministry;

And, since Caroline's Promise is a non-profit organization, and in the nature of the case does not and cannot assume responsibility in case of sickness and/or accidents involving voluntary participants in the short-term ministry program;

Now, therefore, I, the undersigned, being over 18 years of age, desire to voluntarily participate in the program, do undertake to provide for my financial needs and support, and acknowledge that I am not an employee, servant or agent of Caroline's Promise, and as a volunteer, do not want to burden the organization with any responsibility for sickness, accidents, or other mishaps, serious bodily injury, permanent disability or death (whether or not caused in whole or in part by the negligence or the misconduct of the organization or individual mentioned above) and understand that I must make my own provision for such eventualities, release Caroline's Promise and any and all of its departments, segments, officers, agents, and employees from all claims and demands in connection with my participation in or attendance upon said short-term missions program. This agreement is binding upon the heirs, executors, and assigns of the persons signing this form.

Invalidity/Unenforceability: If any provision of this form is held to be invalid or unenforceable, this form shall be construed as if such invalid or unenforceable provision was not contained herein.

I have carefully read this waiver, release of liability, indemnification and consent. I understand that by signing this agreement I am giving away substantial rights, and I am indicating that I fully understand, agree to and accept all of its provisions.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_



Last Name \_\_\_\_\_

**Caroline's Promise Short Term Mission Program**

**Insurance and Medical Release**

**Insurance Information**

Traveler's Insurance is required. Caroline's Promise offers coverage through Adams & Associates International. This is covered in your trip cost.

Any alternate travel insurance (personal insurance) arrangements must be cleared in advance with the Caroline's Promise Office.

**Health Insurance Information:**

Name of Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Name of Insurance Representative/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Adult Health Release/Permission for Treatment**

**Authorization for adults – Please read carefully and sign**

I, \_\_\_\_\_ the undersigned,

Address of \_\_\_\_\_,

City of \_\_\_\_\_,

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

State of \_\_\_\_\_ hereby agree as follows:

In the event of any accident, sudden illness, or medical emergency involving myself in connection with a Caroline's Promise Short Term Mission Team, I hereby authorize leadership and staff members of Caroline's Promise to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services. All information on this form is correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## Mission Team Application 2016

Last Name \_\_\_\_\_

### Minor Health Release/Permission for Treatment

#### Authorization for Minor-Parent/Guardian

Please Read Carefully and Sign

The Health History Information is correct and up-to-date to the best of my knowledge. My child has permission to engage in all activities, except as listed. \_\_\_\_\_

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the team directors to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I also give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child \_\_\_\_\_, and agree to accept full responsibility for these services.

Signed \_\_\_\_\_ Date \_\_\_\_\_