



Dear Friend,

We are honored that you would consider joining the team of Mentor Leaders in wrapping the globe with the Gospel of Jesus Christ. Only God knows of the lasting changes He will make in the lives of those who come into contact with the message you will be carrying to the nations. You are now holding the information to make the first step toward this great adventure.

Step 1: of Phase 1 is to pray that God would open up doors for you to obey His command to spread the Gospel as you go throughout your community and to other nations. As you pray about this mission, I would highly recommend you also seek godly counsel from your pastor, friends and those you have spiritual confidence in.

Step 2: Fill out the Project Application form and send it back to us along with the \$100.00 registration fee that secures your spot on the team.

Step 3: Have your pastor fill out the Recommendation Form and send it in himself.

Upon the completion of these 3 simple steps you will immediately be an important Team Member the Lord is joining together to accomplish His plan and purpose for us. You may say, "Financially there is no way." I encourage you to know that God's heart is blessed at the fact you would take a step with your faith for His will to be done through you. God is able to do more abundantly above all that we ask or think according to Ephesians 3:20. Keep your eyes on the prize mentioned in Philippians 3:14 and do NOT look back, allowing Satan to discourage you! Soon you will praise the Lord for His greatness and provision in allowing you to take this journey with Him.

Remember, you are not alone! God is with you as well as the Mentor Leaders Team which is dedicated to helping you every step of the way. We believe in you and in your generation. It is our prayer that God will use us to be a blessing and encouragement to you as you seek to step out by faith.

Standing Strong, but not Still!

David A. Whetstone



## PROJECT APPLICATION

### General Information

Name (First, Middle, Last) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Male Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_ T-Shirt Size \_\_\_\_  
Marital Status Single Married  
Passport Number \_\_\_\_\_  
Citizenship \_\_\_\_\_ Visa Number and classification (if not a US citizen) \_\_\_\_\_  
Father/Guardian's name/address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother/Guardian's name/address(if different) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
If Parents are divorced or separated, who has legal custody? Father Mother Joint Other

### Personal Health

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
Rate your general health Excellent Good Fair Poor  
Are you under a doctor's care for any medical conditions or on any medications? Yes No  
Please explain \_\_\_\_\_  
Have you ever had Diabetes Seizures Fainting Spells Eating Disorders Psychiatric Care  
Respiratory problems Phobias Please explain \_\_\_\_\_  
Do you have any allergies or eating restrictions? Yes No  
Please explain \_\_\_\_\_

### Project Interest Survey

*(please explain your answer with as much detail as possible)*

How did you hear about Mentor Leaders? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your interest/goals in going on a trip with Mentor Leaders?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider to be your personal strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider to be your personal weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you fluent in any foreign languages? Yes/No Please explain \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

Special Limitation: The purpose of Mentor Leaders is to mentor people to advance the Kingdom of Jesus Christ and His Church. Sightseeing and shopping will be permitted only as it coincides with the team's main purpose. These activities could be canceled if Mentor Leaders deems they are not convenient for travel, time, or if they hinder the primary purpose.

Involvement expenses, based upon current quotes, are subject to increase. Date, travel arrangement, and schedules are subject to change. At the sole discretion of Mentor Leaders, travel destinations may be changed, cancelled, or switched in the event of a political, natural, or mission-related crisis. All application fees and contributions are non-refundable and non-transferable. In the event of cancellation of any trip, Mentor Leaders reserves the right to reassign team members to another project.

Mentor Leaders is a highly disciplined organization with regulations in many areas, including conduct, dress, and Christian life-style. These are explained in the packet of information sent to approved applicants. Team members, leaders, and staff must adhere to Mentor Leaders policy and are subject to dismissal, without refund or reimbursement, for disobedience. Team members, leaders, volunteers, and staff serve at their own risk, and Mentor Leaders is not liable in the event of sickness, accident, death, or terrorist acts, or for transportation or any other expense beyond that of the normal involvement. Mentor Leaders' projects include intense physical activity including hiking, continuous walking, and other strenuous activity. All participants are required to be in good physical condition.

Although donations received by Mentor Leaders go toward exempt project expenses, IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the nonprofit organization. For this reason money cannot be refunded or designated to a person. Each team member will get credit for raising the funds equal to the cost of his/her trip.

I/We give Mentor Leaders, Inc. the right to use my picture, voice, and testimony in any type of promotional or advertising materials. My enclosed signature (or enclosed signature of my parents or legal guardian because I am under the age of 18) signifies my approval of all limitations listed above.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**COSTS: (Please fill in blanks below)**

Cost of desired Project	\$ _____
Cost of transportation between my hometown & departure airport	\$ _____
<b>TOTAL AMOUNT TO BE RAISED FOR MY PROJECT</b>	<b>\$ _____</b>

**BE SURE TO SIGN AND ENCLOSE:**

- Project Application with three(3) passport photos
- Non-refundable Application Fee and Airfare Reservation \$100.00 *(Make checks payable to Mentor Leaders)*
- One-page essay *(for new applicants only)*
- Reference's recommendation. *(Be sure to give the form to your reference's and ask him/her to send it as soon as possible)*
- Travel insurance form

**RETURN THIS FORM TO:**

**Mentor Leaders / P.O. Box 1441 / Crawfordville, FL / 32326**  
**For more information please contact our office at 877-806-1555.**

# TRIP INSURANCE FORM

Mentor Leaders provides each mission team member with international travel insurance. Please provide the information below and return with application.

Trip Destination: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Passport # \_\_\_\_\_

## Beneficiary Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# RECOMMENDATION

To be completed by a non family member that is 18 years or older. (Teacher, Employer, Pastor etc)

Applicant, please fill out the first two lines, then ask your Reference to complete and forward to us.

Applicants Name \_\_\_\_\_ Applicant's Phone ( ) \_\_\_\_ - \_\_\_\_\_

Applicant's Project Choice \_\_\_\_\_

Reference's Name \_\_\_\_\_ Reference's Phone ( ) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Reference's Relationship to Applicant \_\_\_\_\_

*Serious consideration will be given to your evaluation. We value you as a reference concerning the applicant's character and fitness for this mission. We need to know as much as possible about our applicants to make fair appraisals of their qualifications, matching all applicants with the best possible mission opportunities for them. Your response will be held in strict confidence. We appreciate your prompt completion and return of this form to:*

**Mentor Leaders / P.O. Box 1441 / Crawfordville, FL / 32326**

**For more information please contact our office at 877-806-1555.**

## How long have you known this applicant? \_\_\_\_\_

1. How well do you know him/her?  by name/face  casually  fairly well  very well

2. Which of the following best describes the applicant?

Adaptable  Dependable  Has a Servant's Attitude  
 Spiritual  Mature  Responds to Authority  
 Has Spiritual Influence on Peers  Displays Leadership Ability

3. Please mark any of the following characteristics which you observe in this individual:

Procrastinator  Critical  Irritable  
 Inclined to crushes  Depressed  Argumentative  
 Domineering

4. Please comment on the activity and role of the applicant in the church: \_\_\_\_\_

5. To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as a family problem or financial struggles?  Yes  No

6. Are you aware of any mental or emotional illness or instability in the applicant?  Yes  No

7. To your knowledge, has the applicant ever used tobacco, alcohol, or illegal drugs?  Yes  No

8. Have you ever had any reason to question the applicant's morals?  Yes  No

9. Do you have any reason to lack confidence in this applicant?  Yes  No

10. We would appreciate any additional comments you might have concerning the applicant. Please use this space or additional paper to describe: \_\_\_\_\_

\_\_\_\_\_

Based on the information above, the applicant is:

Strongly Recommended  
 Recommended  
 Recommended with Reservation  
 Not Recommended at this time

\_\_\_\_\_  
**Signature**