



## 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**

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 a goal of excellence in everything we do. Approved applicants will be responsible to read the information packet in full. 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, 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.

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 parent or legal guardian because I am under the age of 18) signifies my approval of all limitations listed above.

_____	____/____/____
Signature	Date
_____	____/____/____
Signature	Date

**AMOUNT OF FUNDS TO RAISE: (Please fill in blanks below)**

Funds to raise for the 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:**

- Non-refundable Application Fee and Airfare Reservation \$100.00 (*Make checks payable to Mentor Leaders*)
- Personal Bio (*for new applicants only*)
- Recommendation (*Be sure to give the form to your reference and ask him/her to send it as soon as possible*)
- Travel insurance form

**RETURN THIS FORM TO:**

**Mentor Leaders – P.O. Box Crawfordville, FL 32326**

For more information please email us at [peter@mentorleaders.org](mailto:peter@mentorleaders.org) or [charity@mentorleaders.org](mailto:charity@mentorleaders.org) and we will get back with you promptly.

# 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 missions. 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 ministry 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.**

1. How long have you known this applicant? \_\_\_\_\_
2. How well do you know him/her? \_\_\_by name/face \_\_\_casually \_\_\_fairly well \_\_\_very well
3. Which of the following best describes the applicant?  
 Adaptable       Dependable       Willingness to serve  
 Spiritual       Mature       Responds to Authority  
 Has Spiritual Influence on Peers       Displays Leadership Ability
4. Please mark any of the following characteristics which you observe in this individual:  
 Procrastinator       Critical       Irritable  
 Inclined to crushes       Depressed       Argumentative  
 Domineering
5. Please comment on the activity and role (if any) of the applicant in the church: \_\_\_\_\_
6. 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
7. Are you aware of any mental or emotional illness or instability in the applicant?      \_\_\_Yes \_\_\_No
8. To your knowledge, has the applicant ever abused tobacco, alcohol, or illegal drugs?      \_\_\_Yes \_\_\_No
9. Have you ever had any reason to question the applicant's morals?      \_\_\_Yes \_\_\_No
10. Do you have any reason to lack confidence in this applicant?      \_\_\_Yes \_\_\_No
11. 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

\_\_\_\_\_  
**Reference's Signature**