

## ACTS TEAM MINISTRY IMPORTANT INFORMATION

Each ACTS Team Member must be active in a local church congregation, be 16-24 years of age (minimum age is 18 for international trips) at the time of the trip, be of sound Christian character and good mental health, be supportive of the ministries of the Churches of God, General Conference, be willing to submit to the discipline of the Churches of God, General Conference and have some demonstrated skill in Christian ministry and leadership.

Upon approval of your application, you will receive an acceptance letter as well as a confirmation form and deposit request. To reserve your spot on the ACTS Team of your choice, you will need to return the confirmation form along with a non-refundable deposit of \$100.00 payable to CGGC (the deposit will be deducted from your total balance due).

Upon receipt of your confirmation form and \$100 deposit, you will receive three important pieces of information: a trip itinerary (tentative), a sample fund-raising letter and reproducible donor cards (which will allow our office to properly credit your account as gifts are received). You will be responsible for raising the remaining balance (cost of the trip - \$25 application fee - \$100 deposit) which will be due no later than 30 days before the departure of your trip.

If you decide to cancel your trip after submitting a confirmation form, you will receive a refund of the funds received for your account minus the following: 1) \$25 application fee, 2) \$100 deposit fee, 3) the cost of any airline ticket purchase on your behalf. **All airline tickets are non-refundable and non-transferable.** In the case of cancellation, the ticket will be yours to keep and may be traded for another flight within one year of its purchase.

Please make all checks payable to CGGC and include a donor card indicating that the funds are to be applied to your ACTS Team account. Please have all contributions sent to the following address:

CGGC  
Attn: ACTS Team Ministry  
P.O. Box 926  
Findlay, OH 45839

The cost of your trip includes all transportation expenses (airfare, airport tax, rental vehicles, fuel, etc.) from Findlay, OH (or other designated meeting point) to the mission site, transportation on the mission site and transportation from the mission site back to Findlay, OH (or other designated meeting point). You are responsible for your transportation to and from Findlay, OH (or other designated meeting point). The cost also includes all meals during the trip, tips, housing, supplies, materials and typically one side trip or sight seeing excursion (when possible).

Serving others through the ACTS Team ministry can be a life-changing experience. We whole-heartedly believe that God will use your loving acts of service to bless, encourage and change the lives of those whom you serve through the ACTS Team ministry. Likewise, it is our prayer that God would use this ministry to change your life through the experience of serving others in a cross-cultural setting.

If you have questions about this application or any other information about the ACTS Team ministry, please contact Lance Finley at [disciples@cggc.org](mailto:disciples@cggc.org) or 419-424-1961 x 130. We look forward to serving with you!

## 2008 ACTS TEAM APPLICATION FORM

### APPLICATION INSTRUCTIONS:

- 1) Complete your ACTS Team application (includes the application form, applicant signature form and parental consent form (only required for those applicants under the age of 18).
- 2) Please submit a typed personal statement of 1-2 pages (single-spaced) explaining your relationship to Christ and your spiritual journey. This statement should include at least a paragraph on each of the following areas:
  - a. A brief explanation of your faith in Christ.
  - b. The effect your faith in Christ has had on your life and worldview.
  - c. The significant factors that have aided your growth as a Christian.
  - d. An understanding of your own strengths and weaknesses.
  - e. Your current struggles.
  - f. Your past and present involvement in Christian service.
  - g. An understanding of your spiritual gifts and special talents that can be utilized in Christian service.
  - h. Your personal motivation for participating in the ACTS Team ministry.
  - i. What you feel you can contribute to the team.
- 3) Select two individuals to complete your personal reference forms. One of the reference forms **must** be completed by a pastor from your church. You should give each person the reference form along with a stamped envelope (address listed below). The reference forms should be completed and returned to the CGGC by the person serving as your personal reference.
- 4) Please mail your completed application form, personal statement, a recent photo of yourself and \$25.00 non-refundable application fee to the following address:

CGGC  
Attn: ACTS Team Ministry  
P.O. Box 926  
Findlay, OH 45839

- 5) Your application will not be processed until all the application materials (completed application form, personal statement, photo, application fee and two references) have been received. All application materials are due no later than **February 15, 2008**. All teams are limited in size and team assignments will be made on a first-come, first-served basis.

### PERSONAL INFORMATION:

Name \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

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

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

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

E-mail Address \_\_\_\_\_

Gender \_\_\_\_ Male \_\_\_\_ Female T-shirt size (circle one): S M L XL 2XL 3XL

Home Church \_\_\_\_\_

Pastor \_\_\_\_\_ Personal Reference \_\_\_\_\_

Please indicate which mission trip is your 1<sup>st</sup> choice:

\_\_\_ Haiti                      May 12-20, 2008      \$1,000

\_\_\_ Southwest              June 27-July 5, 2008      \$800

\_\_\_ Pittsburgh              August 2-9, 2008      \$550

Please rate the areas of ministry you are interested in, gifted for, or prefer to do (using 1 for most preferred to 3 for least preferred):

___ Public speaking	___ Personal evangelism/witnessing
___ Working with children	___ Teaching/storytelling
___ Music performance – vocal	___ Drama/theater arts
___ Music performance – instrumental	___ Crafts
___ Photography	___ Sports/recreation
___ Leading worship	___ Computers/technical
___ Service projects	___ Other skills/talents _____

### **HEALTH INFORMATION:**

Do you have any medical problems or physical limitations? \_\_\_ Yes \_\_\_ No If YES, please explain:

Do you have any allergies or medical conditions that may be relevant to a physician in the event of an emergency? \_\_\_ Yes \_\_\_ No If YES, please explain:

Are you currently under a physician's care for any condition? \_\_\_ Yes \_\_\_ No If YES, please explain:

Do you have any special dietary needs? \_\_\_ Yes \_\_\_ No If YES, please explain:

Please list any medications you are currently taking:

Do you have health insurance? \_\_\_ Yes \_\_\_ No

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

Policy Number \_\_\_\_\_ Name of the Insured \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship \_\_\_\_\_

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

**APPLICANT SIGNATURE FORM**

**APPLICANT’S STATEMENT:**

*The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for an ACTS Team short-term mission trip. In consideration of the receipt and evaluation of this application by the ACTS Team ministry of the Churches of God, General Conference, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.*

*Should my application be accepted, I agree to be bound by the Bylaws and policies of the Churches of God, General Conference and refrain from unscriptural conduct in the performance of my services on behalf of ACTS Team ministries. By signing this form, I also give the Churches of God, General Conference the permission, right, title and interest in any and all photographic images and video or audio recordings made during the ACTS Team ministry.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**ADDITIONAL STATEMENT FOR APPLICANTS OVER THE AGE OF 18:**

*I hereby authorize ChoicePoint Services, Inc., on behalf of the Churches of God, General Conference, to procure a consumer report (known as an investigative report in California) which I understand may include information regarding character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.*

\_\_\_\_\_  
Applicant’s Full Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Social Security Number

\_\_\_\_\_  
Applicant’s Date of Birth

If you have lived at your current address for less than 5 years, please provide (on the back of this form) the addresses of all the places you’ve lived over the past 5 years.

**PARENTAL CONSENT FORM**

Required for team members under 18 years of age

We, \_\_\_\_\_, the parents/guardians of  
Parents or guardians  
\_\_\_\_\_, give our child, a minor of \_\_\_\_\_  
Name of Child Address  
\_\_\_\_\_,  
Address  
permission to accompany a Churches of God, General Conference ACTS Team to \_\_\_\_\_  
\_\_\_\_\_, and participate as a member of the group.  
Location

We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the ACTS Team and participate in the short-term mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release and forever discharge the ACTS Team leaders, the Churches of God, General Conference, its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the ACTS Team short-term mission trip, to consent to allow the ACTS Team leaders to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presences of:

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

State of \_\_\_\_\_

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

Date \_\_\_\_\_

**PERSONAL REFERENCE FORM  
2008 ACTS TEAM MINISTRY**

This is a personal reference for \_\_\_\_\_ who has applied to participate in an ACTS Team Ministry short-term mission trip with the Churches of God, General Conference. Please take a moment to answer the following questions regarding the applicant's readiness for short-term mission experience. The applicant has waived his/her right to examine this form and your responses will be held in strict confidence. The applicant's file will not be considered until this form is received.

**GENERAL INFORMATION:**

Name \_\_\_\_\_

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

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

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

E-mail Address \_\_\_\_\_

Are you the applicant's pastor?      \_\_\_ Yes \_\_\_ No

**CHARACTER REFERENCE:**

- |                       |  |  |  |
|-----------------------|--|--|--|
| Industry              | <input type="checkbox"/> Conscientious             | <input type="checkbox"/> Starts but doesn't finish | <input type="checkbox"/> Lazy              |
| Socially              | <input type="checkbox"/> Well-liked                | <input type="checkbox"/> Tolerated                 | <input type="checkbox"/> Obnoxious         |
| Responsibility        | <input type="checkbox"/> Assumes Responsibility    | <input type="checkbox"/> Dependable                | <input type="checkbox"/> Unreliable        |
| Team work             | <input type="checkbox"/> Works well with others    | <input type="checkbox"/> Independent               | <input type="checkbox"/> Causes friction   |
| Spiritual status      | <input type="checkbox"/> Deep commitment           | <input type="checkbox"/> Shows growth              | <input type="checkbox"/> Little interest   |
| Morals/Honesty        | <input type="checkbox"/> High Christian principles | <input type="checkbox"/> Average                   | <input type="checkbox"/> Questionable      |
| Leadership            | <input type="checkbox"/> Good leadership           | <input type="checkbox"/> Leads at times            | <input type="checkbox"/> Always a follower |
| Reaction to authority | <input type="checkbox"/> Obedient                  | <input type="checkbox"/> Questions authority       | <input type="checkbox"/> Rebellious        |
| Willingness to serve  | <input type="checkbox"/> Eager                     | <input type="checkbox"/> Average                   | <input type="checkbox"/> Reluctant         |
| Emotional stability   | <input type="checkbox"/> Good control              | <input type="checkbox"/> Fluctuates at times       | <input type="checkbox"/> Unstable          |
| Creativity            | <input type="checkbox"/> Imaginative               | <input type="checkbox"/> Offers some new ideas     | <input type="checkbox"/> Uninspired        |
| Flexibility           | <input type="checkbox"/> Open                      | <input type="checkbox"/> Allows some change        | <input type="checkbox"/> Needs a schedule  |

**EVAUATION QUESTIONS:**

Please answer the following questions to help assess the applicant's readiness for ministry:

1) How long have you known the applicant? Describe your relationship with him/her.

2) Please evaluate his/her ability to function within a group or community.

3) How would you describe his/her Christian development and commitment?

4) What, in your opinion, are his/her strengths and gifts?

5) In what areas does this individual have room for growth?

6) Followers of Jesus Christ are responsible to demonstrate a lifestyle consistent with His character and the standards set forth in Scripture. Do you believe this applicant is presently living by these standards? If “no,” please explain:

7) Other Comments?

Please check one of the following:

- Highly recommend
- Recommend
- Recommend with reservation
- Do not recommend

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

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