

2021 ACTS TEAM MINISTRY IMPORTANT INFORMATION

Each ACTS Team Member must be active in a local church congregation, 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 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, we will not be able to issue a refund of the funds received for your account (as tax deductible receipts are issued for each gift received). **All airline tickets are non-refundable and non-transferable.** In the case of cancellation (this will require some advanced notice – at least 7 days or more), the ticket will be yours to keep and may be exchanged for another ticket (per the airlines rules regarding such situations).

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 sightseeing excursion (when possible). **Except for the New Mexico and Southern California trips, all other ACTS teams require you to obtain a passport to travel out of the country. This will be an extra expense and is your responsibility. Begin this process as soon as 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 Don Dennison at missions@cggc.org or 419-424-1961 X 132. We look forward to serving with you!

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 explaining your relationship to Christ and your spiritual journey. This statement should make every attempt to address 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 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. Your application process isn't complete until we receive these reference forms, so please stress a timely return with the individuals serving as your personal references.
- 4) Please return your completed application form, personal statement, and a recent photo of yourself either by scanning and emailing to missions@cggc.org or by mailing 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, and two references) have been received. All application materials are due for 2021 trips no later than **March 15, 2021**. 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 _____

(Please **NOTE** this address will be used to keep you informed about donations received and trip details)

Gender: ____ Male ____ Female

Home Church _____

Pastor _____

Personal Reference _____

Please check (✓) the trip for which you are applying:

APPLY	COUNTRY	DATE	PRICE
	Gamerco, New Mexico	June 19 – July 1, 2021	\$995
	Palmas, Brazil	July 9 – 17, 2021	\$1,995
	Chinandega, Nicaragua	July 14 – 21, 2021	\$1,095

*Please note that dates are subject to change.

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):

- | | |
|---|---|
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Personal evangelism/witnessing |
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Teaching/storytelling |
| <input type="checkbox"/> Music performance – vocal | <input type="checkbox"/> Drama/theater arts |
| <input type="checkbox"/> Music performance – instrumental | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Painting/staining |
| <input type="checkbox"/> Construction skills | <input type="checkbox"/> Sports/recreation |
| <input type="checkbox"/> Leading worship | <input type="checkbox"/> Computers/technical |
| <input type="checkbox"/> Service projects | <input type="checkbox"/> Other skills/talents _____ |

PHOTO/VIDEO CONSENT:

I give permission for photographs and videos in which I appear to be used for publications and public relations activities by Churches of God, General Conference.

This may include use in print and electronic media, social media, etc.

Signature

Date

Parent/Guardian Signature (if applicant is a minor)

Date

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:

Please list any emotional, social or psychological concerns (anxiety, stress, depression, etc...):

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** _____

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment with Churches of God, General Conference (CGGC), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

_____		_____	
Applicants Full Name		Signature	
_____		_____	
Social Security Number		Date of Birth	Gender
_____		_____	
Driver’s License Number		Driver’s License State	
_____		_____	
Current Address		Date	

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 _____

REFERENCE FORM 2021 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 (____) _____ Cell 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

EVALUATION 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.

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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** _____

Please either scan and email this form to missions@cggc.org or mail it to the following address by March 15, 2021):

CGGC
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P.O. Box 926
Findlay, OH 45839