



MOWTEAM INTERNATIONAL TRIP PREPARATIONS

Please make sure the following are completed/ or scheduled to be completed/ 2-3 weeks before the planned trip.

IMMEDIATELY

1. We MUST have your email for contact information (in order to contact you ASAP with updates)
2. We MUST have your phone number
3. We MUST have your address

AS SOON AS POSSIBLE

4. We MUST have your passport number (apply NOW to get it – can take 2-4 months)
5. You MUST apply for a VISA (Australia is online, very easy)
6. You MUST get required shots/vaccinations/malaria etc for the country(s) you will be going to. (do it early... some require time between vaccinations)
7. You MUST complete these forms and have the required recommendation sent in unless you have received a waiver of that from Danny Steyne.

ON DESIGNATED DATES

8. We MUST have your full ticket amount by the date specified in the email in order for your ticket to be reserved. (Your only other option would be for you to purchase your own ticket to match ours at a likely higher rate)
9. We MUST have any deposits required when specified in order to proceed (no money will be refunded that has been dispersed for accommodations, food, transportation in the designated country)

BEFORE WE LEAVE

10. All participants will be subject to the same opportunities to “abound” and “abase” while on a missions trip. Please be flexible.
11. In some countries we will require MEDIVAC Insurance that will cover emergency medical care.
12. VERY IMPORTANT! Pull together at least 7 people who will pray for you daily in preparation and while you are on your missions trip!

THE MOUNTAIN

P.O. Box 212204

Columbia SC 29221

Phone: (803) 665-8990 FAX: (803) 753-9114

Email: mowgo@TheMountain.org



MINISTRY TEAM APPLICATION

I AM APPLYING FOR ACCEPTANCE AS A MOW MINISTRY TEAM MEMBER FOR:

DESTINATION (CITY, COUNTRY) _____ DATES _____

NAME _____ NICKNAME* _____
(EXACTLY AS IT APPEARS ON YOUR PASSPORT) NOTE: *ASTERISKED FIELDS WILL APPEAR ON NAMETAG

DATE OF BIRTH ___/___/___ GENDER Male Female OCCUPATION* _____

STREET ADDRESS _____

CITY* _____ STATE* _____ ZIP _____

PHONE NUMBERS

HOME (_____) _____ WORK (_____) _____

FAX (_____) _____ CELL (_____) _____

EMAIL _____ PASSPORT NUMBER _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE NUMBER (_____) _____

HAVE YOU PREVIOUSLY TRAVELED WITH MOW? Yes No IF SO, GIVE DATES _____

ARE YOU BORN AGAIN? Yes No Unsure ARE YOU SPIRIT-FILLED? Yes No Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH MOWMINISTRY GUIDELINES? Yes No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? Yes No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? Yes No SPOUSES NAME _____

DO YOU HAVE ANY PHYSICAL DISABILITY? Yes No IF SO, PLEASE DESCRIBE

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? Yes No IF SO, PLEASE

DESCRIBE _____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE

CURRENTLY TAKING _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

MEDICAL INSURANCE PROVIDER _____ POLICY # _____

PHONE (_____) _____ (IF POSSIBLE, OTHER THAN TOLL FREE NUMBER)

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? _____

CHURCH NAME _____ DENOMINATION _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE (_____) _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR/SENIOR LEADER _____ PHONE (_____) _____

DO YOU GIVE OFFERINGS REGULARLY? Yes No DO YOU ATTEND CHURCH REGULARLY? Yes No

HAVE YOU BEEN WATER BAPTIZED? Yes No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? Yes No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? Yes No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? _____

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? Yes No

IF SO, PLEASE DESCRIBE _____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TRAINING? Yes No

IF SO, PLEASE DESCRIBE _____

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? Yes No

IF SO, NAME LANGUAGE(S) _____

I, _____, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE MOWTO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X _____ DATE ____/____/____

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Evaluation of applicant's skills, training, profession, or trade. (Answer only if you have first hand info)
 ___ Incompetent
 ___ Doubtful
 ___ Adequate
 ___ Superior in competence

In what other skills or areas is he/she well qualified?

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

- | | | | |
|----------------------|---------------------|-------------------|----------------------------|
| Impatient | Argumentative | Domineering | Cocky |
| Easily offended | Critical of others | Anxious | Easily embarrassed |
| Easily discouraged | Frequently worried | Nervous or tense | Given to moods |
| Intolerant | Lacking in humor | Can't take a joke | Unable to cope with stress |
| Erratic in attitudes | Racially Prejudiced | Self-absorbed | |

If the applicant seems relatively free from all such tendencies, check here _____

Please comment briefly on the family and social background of the applicant.

Is the applicant financially responsible? Yes No

Please describe any physical limitations the applicant may have.

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- Has the applicant had psychiatric treatment?
- Are you aware of any unresolved problems in their life? (Ex: Unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c) d), and e) above are all "no", please check here _____

What is your overall evaluation of the applicant's promise as a Mountain Ministry Team participant?

- | | |
|---|---|
| ___ He/she is definitely unsuited | ___ He/she is an average prospect |
| ___ At this time I feel he/she is not suited | ___ He/she is an above average prospect |
| ___ He/she is a good prospect, but I do have reservations | ___ He/she is an unusually exceptional prospect |

Check any of the following that you feel are motivating the applicant to become involved with a Mountain Of Worship Ministry Team:

- | | | |
|-----------------------|--------------------------------------|------------------|
| ___ Christian Service | ___ Desire to spread the gospel | ___ Other: _____ |
| ___ Travel | ___ Desire to help others | |
| ___ Adventure | ___ Receive help, ministry | _____ |
| ___ Discipleship | ___ Escape unpleasant home situation | |

REFERENCE NAME _____

ADDRESS _____

PHONE (_____) _____

SIGNATURE: X _____

PLEASE MAIL DIRECTLY TO:

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DISCIPLINE POLICY

“If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector.” –Matthew 18: 15-17

It is the intent of Mountain Of Worship to follow the biblical patterns of discipline within the confines of all international ministry trips. Mountain Of Worship ministry trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. *1 John 2:1- “My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous.”* The goal of Mountain Of Worship is to create a safe, healthy environment, in order to minister to the people of the country visited.

We recognize that Ministry Team Members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one’s sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come along side each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by Mountain Of Worship is greatly appreciated.

Below are procedures that will be followed by Mountain Of Worship leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to Mountain Of Worship. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Mountain Of Worship leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.

1. If you have a problem with any individual, you are to lovingly approach that person first, without going to any other Ministry Team Member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but can not hear your conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.
2. If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.
3. If the Ministry Team Leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the Ministry Team Leader, and the Trip Coordinator in order bring closure to the difficult situation.

<<<<<<< OVER >>>>>>>

4. If the Ministry Team Leader and Event Coordinator find any individual to be in *rebellion to correction*, a senior Mountain representative will be informed. A senior Mountain representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may include an individual returning home within 24 hours or being brought before the whole Ministry Team for public correction. If absolutely necessary, the Ministry Team will be informed not to have any personal contact with the individual throughout the remainder of the trip. The individual will not be permitted to eat, sleep, or travel with any Ministry Team Member.

5. If any individual is involved in any sin that can not, at the discretion of leadership, be taken care of in a timely manner or would affect the team in an adverse way, leadership reserves the right to put procedure (4) into action immediately.

I AGREE TO FOLLOW THE DISCIPLINE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY MOWLEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

SIGNED: X _____ DATE ____/____/____



MEDIA RELEASE

Mountain Of Worship often takes photographs and video footage on ministry trips using them in Mountain Of Worship advertising, promotional materials, web page, and publications. In signing below, you fully authorize Mountain Of Worship to use video or photographs taken of you in any or all of the above mentioned materials.

I AUTHORIZE MOWTO USE ANY PHOTOGRAPHS OR VIDEO FOOTAGE TAKEN OF MYSELF IN ANY AND ALL PUBLICATIONS MENTIONED ABOVE.

SIGNED: X _____ DATE ____/____/____

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MINISTRY TEAM TRAINING

IN ORDER TO PARTICIPATE IN ANY MOW MINISTRY TRIP, ALL MINISTRY TEAM MEMBERS WILL BE EXPECTED TO COMPLETE ONE OF THE FOLLOWING OPTIONS. ALL OPTIONS MUST BE COMPLETED WITHIN TWO WEEKS BEFORE THE TRIP DEPARTURE DATE. PLEASE MARK ONE OF THE OPTIONS BELOW AND RETURN.

OPTION 1. I HAVE ALREADY ATTENDED MOW MINISTRY TEAM TRAINING OR MOW SCHOOL OF MINISTRY TAUGHT BY _____ APPROX. DATE _____

OPTION 2. ATTEND "MOW REGIONAL" EQUIPPING CONFERENCE.

OPTION 3. SCHEDULE A MOWTEAM MEMBER TO PROVIDE A MINISTRY TRAINING IN YOUR AREA AND ATTEND THE TRAINING!

I UNDERSTAND THAT I AM RESPONSIBLE TO COMPLETE THE MINISTRY TRAINING OPTION CHOSEN ABOVE, WITHIN TWO WEEKS OF THE MINISTRY TRIP DEPARTURE DATE.

SIGNED: X _____ DATE ____/____/____

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LIABILITY RELEASE

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, _____, IN CONSIDERATION OF MY BEING
ACCEPTED BY MOUNTAIN OF WORSHIP FOR PRATICIPATION AS A MINISTRY TEAM MEMBER

FOR _____,
DESTINATION (CITY, COUNTRY) DATES

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I am in good health and have received all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.

I acknowledge that Mountain Of Worship* does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I acknowledge that Mountain Of Worship* does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that Mountain Of Worship* has advised me that does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Mountain Of Worship* has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

Please carefully read and sign the other side of this page

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A MOUNTAIN OF WORSHIP* MINISTRY TEAM MEMBER ON THE ABOVE MINISTRY TRIP: *(Please initial each paragraph)*

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY MOUNTAIN OF WORSHIP*, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initial: _____

I AUTHORIZE MOUNTAIN OF WORSHIP* TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR _____

SIGNATURE OF MINOR _____

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____

FULL ADDRESS _____

Form Updated 06/09/05

** (including any of it's affiliates- including but not limited to The Mountain, Merge, MOW, MOWMI- any MOW related ministries, MOW related staff, MOW related team)-throughout the document*