



Cristo Vive International

P.O. Box 527
Big Lake, MN 55309

Dear Applicant:

Thank you for expressing an interest in joining the Cristo Vive Team as a participant with the camp ministries for children and youth with disabilities. Please read and complete the entire application. Completion of this application does not obligate you to this ministry nor does it guarantee your acceptance to be a member of any Cristo Vive International ministry team. However, this is your next step in the process of being available to serve with a team in ministry. Upon receipt of your application we will carefully review it and begin the process to find a position for you on a team using your references provided, experiences, desires, talents and availability.

It is very important for you to agree with the terms stated at the end of the application and personally sign (or for under 18 years old have parent/guardian sign) it and all attached forms.

Return the completed application along with a nonrefundable \$20.00 deposit to: Cristo Vive International, P.O. Box 527, Big Lake, MN 55309.

Upon receipt of the completed application, we will contact you with pertinent information required to have you join the team and prepare for your ministry program. In most cases there will be a meeting scheduled for all team members prior to the actual ministry event, plan to attend. The dates of each meeting will be forwarded to you once they are scheduled.

If you have any questions concerning the application process, do not hesitate to contact us soon.

Looking forward to serving with you soon,

A handwritten signature in cursive script, reading "Gene & Jordana".

Gene & Jordana Engebretsen
Directors



Cristo Vive International MINISTRY TEAM MEMBER APPLICATION

**Please fill out on your computer, then print out
and sign in all required areas and mail in.**

Camp(s) you are applying for: Country(ies): _____

Dates (see schedule or contact CVI for more information): _____

Personal Information

Name (full name on passport): _____

Passport #: _____ Expiration Date: _____

Social Security Number _____ (Optional for children under 18yrs.)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Age: _____ Date of Birth: _____ ☐ M ☐ F ☐ Married ☐ Single

T-shirt size? (adult sizes) ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ Other _____

Physical Limitations: _____

Medications: _____ Allergies: _____

Special Dietary Requirements: _____

Physical Strength/Abilities: _____

Do you speak any language other than English? ☐ Yes ☐ No

If yes, identify the language and level of fluency: _____

Are you currently a student? ☐ Yes ☐ No

Special talents, skills, etc. _____

Name of church you attend: _____

Address of church: _____

*Name of Pastor: _____ Phone # _____

Emergency Contact _____

Name: _____ Phone # _____

Relationship: _____ Address: _____

*Please have your pastor (may be youth pastor) complete and return to CVI the referral included with this application. It is important that we have a means to contact the pastor before your acceptance to the team.

Special Information

Have you had previous experience with persons of special needs? ☐ Yes ☐ No

If yes, please explain: _____

Have you been involved in ministries with a local church? ☐ Yes ☐ No

If yes, please explain: _____

Have you been with a team on an international missionary trip? ☐ Yes ☐ No

If yes, please explain: _____

Are you a born again Christian? ☐ Yes ☐ No

If yes, please share your testimony (if more space is needed, please attach to application): _____

Briefly explain your expectations and/or fears concerning participation with this ministry: _____

What talents or gifts will you offer as a team member? _____

How do you anticipate handling the expenses of your team participation (travel, daily cost, misc.):

Will you make yourself available to attend workshops and team building activities conducted prior to trip? ☐ Yes ☐ No

What areas will you prefer to serve with this ministry?

☐ Crafts

☐ Music

☐ Activities

☐ Puppets

☐ Drama

☐ Nursing

☐ Health

☐ Counseling

☐ Athletics

☐ Teaching

☐ Devotions

☐ Prayer

☐ Administration

☐ Sign Language

☐ Meal Preparations

☐ Any Capacity Needed

Will you participate in any role when asked to by the Ministry leadership while on trip? ☐ Yes ☐ No

Please explain: _____

Are you submitted to the leadership of the ministry during all phases of the trip; preparations, conduct and return? ☐ Yes ☐ No

Please explain: _____

(Please sign) **X**

By signing this application I am stating that the information on this application is accurate and truthful to the best of my knowledge. My signature also makes a statement that I will submit to the leadership of CVI while participating in any role. It is absolutely essential for all team members participating in any function of the ministry to strictly comply with the guidelines of personal conduct and behavior outlined by the Director, CVI. I agree that while on any ministry function, meeting, camp, trip or other events of which I am participating with or on behalf of Cristo Vive International that I will not engage in any dishonorable conduct, drink any alcoholic beverages, consume or engage in the use of tobacco or any illegal drug. I agree to maintain an attitude of personal ministry at all times while in the host nation, and to not give an impression that I am just on vacation. I understand that CVI will not be responsible for medical expenses incurred during my participation with ministry or traveling in conjunction with the ministry. The ministry will be responsible to be sure emergency medical assistance is available at my expense. I am responsible to provide my own medical or health insurance should I desire to have medical coverage during participation with the ministry.

Signed: **X** _____ Date: _____

Please mail this application immediately to: Cristo Vive International
P.O. Box 527
Big Lake, MN 55309
(763) 263-1526

Note: If you have any questions concerning Cristo Vive International, please contact us at the address above or at our email: cvi@cristovive.net. We will provide any answers to you concerning the short-term missions' opportunities, ministry affiliations with denominations or churches, statements of faith, or any other concerns you may have.

Each applicant must complete the release of liability statement included with this application. If you have not received a release of liability form please contact us and we will get it to you as soon as possible.

I authorize Cristo Vive International (representative thereof) to conduct a review and criminal background check through the civil organizations and legal entities that may have information concerning my criminal behavior.

Signed: **X** _____ Date: _____

Have you been convicted of any felony or misdemeanor relating to domestic abuse or sexual misconduct? ☐ Yes ☐ No
If yes, please provide information concerning date of conviction, city/county/state of conviction, the program of recovery and any other information that may be used to determine your acceptance to this ministry.

WAIVER FOR LIABILITY FOR MINORS (UNDER 18 YRS OF AGE)

I, _____ residing at _____
(Guardian's Name, Please Print) (Complete Address)
 am the _____ of _____
(Father / Mother / Legal Guardian) (Child's Full Name)
 in the event all reasonable attempts to contact me at _____
(Phone No.)
 or _____ have been unsuccessful, I hereby give my consent to
(Alternate Phone No.)

the Director, Cristo Vive International Ministries or designated representative to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed in the country of participation to practice such medical care, and (2) the transfer of the minor child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians, concur in the necessity of the surgery. I agree to release Cristo Vive International or any of its designated representatives from all financial responsibility for any medical expense which may be incurred in the event such action needs to be taken as, I either have medical insurance or, I intend to furnish payment at my own expense.

Pertinent facts to which a physician should be alerted, ie: allergies, medication being taken, physical impairments:

PERMISSION FOR A MINOR CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AND MINISTRY

Travel to and participate in a camp activity for persons with a disability. The child/minor will be functioning in a ministerial role as an assistant, counselor and friend. As a part of this ministry, the child/minor will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing and other typical children's activities normally conducted at summer camps. The child/minor will also be accompanying adults on sightseeing trips throughout various locations in the country of the ministry,

It is important for parents/legal guardians to understand that their minor child must be sponsored/accompanied by an adult. _____ is the designated adult to take
(Name of Adult Sponsor)
 supervisory responsibility for above said child.

WAIVER FOR LIABILITY: I hereby affirm that I am the lawful guardian, and give my consent for the minor named above to participate in the event described in the application accompanying this form with Cristo Vive International. I am acquainted with CVI ministries. I will not hold this ministry liable or responsible for any injury to my child beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries which my child may receive.

A photocopy of this authorization for medical care shall be as valid as the original, and in effect until revoked in writing.

This signed release form signifies my agreement to all of the above:

/ / **X**

(Date)

(Signature)

(Printed name of parent/legal guardian)

Note: Cristo Vive International requires a form for each minor child to be completed and signed by the minor's parent or legal guardian before travel begins and acceptance on the ministry team or participation with the ministry event. No minor will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International. Thank you for your cooperation.

WAIVER FOR LIABILITY FOR ADULTS (OVER 18 YRS OF AGE)

I, _____ a Legal Adult residing at _____
(Name, Please Print) (Complete Address)

_____ desire to participate in Cristo Vive International ministries camp and other activities as stated on the application accompanying this form.

PARTICIPATION WITH CRISTO VIVE INTERNATIONAL INCLUDES BUT NOT LIMITED TO THE FOLLOWING ACTIVITIES AND MINISTRY

Travel to and participate in a camp activity for persons with disabilities. Participants will be functioning in a ministerial role as a staff member, ministry assistant, counselor, friend or other roles as needed to conduct the ministry. As a part of this ministry, the participant will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing, and other typical activities normally conducted at summer camps. The participant will also be accompanying others on sightseeing trips throughout various locations in the country of ministry.

Waiver For Liability I am acquainted with Cristo Vive International ministries. I will not hold this ministry liable or responsible for any injury to myself beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries, which I may receive.

A photocopy of this authorization for medical care shall be as valid as the original, and in effect until revoked in writing.

This signed release form signifies my agreement to all of the above:

/ / **X**

(Date)

(Signature)

Printed name: _____

Note: Cristo Vive International requires a separate form for each adult person to be completed and signed before travel begins and acceptance on the ministry team or participation with the ministry event. No adult person will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International.

Thank you for your cooperation.

AUTHORIZATION FOR USE OF PHOTOS

I _____ ☐ DO ☐ DO NOT give permission for
(name of self or parent/legal guardian) (check one)

Cristo Vive International to use any photographs taken of myself or my child
_____ while participating in activities with Cristo Vive International.

I agree to allow Cristo Vive International to use these photos for advertising, marketing, publicity and other legal purposes for the ministry of Cristo Vive. Use of this photo will be limited to a period not to exceed five years beyond the date of this release, without prior written approval from me.

I further agree that I will not receive any compensation for the use of these photos, nor will I receive any royalties or monies received by Cristo Vive International as these photos are used.

I also understand that these photos will not be released or sold to any other party for use of any purpose without my specific written consent.

Signature (Self or Parent/Legal Guardian)  _____

Printed Name (Self or Parent/Legal Guardian) _____

Date _____

Pastor's Referral for CVI Applicant

Re: _____ Date: _____

(Name of Applicant)

For the Record:

By signing below, I agree (to the best of my knowledge) the areas checked below are accurate:

(Please check each that apply.)

- ☐ I know the applicant personally.
- ☐ I have met the applicant however I could not say that I know him/her very personally.
- ☐ I have observed the applicant's behaviors and I am confident that he/she is living a life exemplary of a Christian example.
- ☐ I have not observed the applicant's life beyond attendance to church.
- ☐ I have observed the applicant serving in ministry with children, youth, or adults.
- ☐ I have not observed the applicant serving in ministry with children, youth or adults.
- ☐ There is nothing I have observed in the applicant's character that would cause me to be concerned about his/her motive to serve.
- ☐ My observation of the applicant would make me question his/her ability to serve children, youth or adults in any form of ministry.
- ☐ To the best of my knowledge the applicant has never been involved in any domestic, child, or other abusive behavior.
- ☐ The applicant serves in ministry within our congregation. Please list what he/she does, such as youth leader, nursery, etc. _____
- ☐ From what I have observed and spoken with the applicant, I believe the applicant has accepted Jesus as his/her Savior.
- ☐ I fully recommend the applicant to serve in ministry.
- ☐ With the following conditions, I recommend the applicant to serve in ministry: _____
- ☐ I do not recommend this applicant to serve in ministry at this time.

Comments: _____

Signed,

Signature: **X** _____

Printed Name: _____

Position in Ministry: _____

Name of Church/Ministry: _____

Please send to: Cristo Vive International • P.O. Box 527 • Big Lake, MN 55309
Note: The name of your church must match the reference identified on the application.