



For official use only: Date \_\_\_\_\_

Approval \_\_\_ yes \_\_\_ no      Impact Journey Acct. #: \_\_\_\_\_

## Local/Global Journey Application for The People’s Church

A Journey to: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

### Personal Information

Full Name (as it appears on identification): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact’s Phone Number: \_\_\_\_\_

Beneficiary’s Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

### Church Involvement

Church Member:    \_\_\_ The People’s Church    \_\_\_ Other (Name of Church) \_\_\_\_\_

Regular Attendee:    \_\_\_ The People’s Church (TPC)

Are you an active member of a TPC Home Group or Sunday Morning Adult Bible Fellowship?    \_\_\_ Yes    \_\_\_ No

If yes, what is your group leader’s name so we may ask them for a reference? \_\_\_\_\_

Please list the ministries with which you have been involved at your church: \_\_\_\_\_

Have you ever been involved in any other mission initiative(s)?    \_\_\_ Yes    \_\_\_ No

If yes, briefly describe your involvement and where you served: \_\_\_\_\_

Have you attended the Discovery Class Four – “Discovering My Life Mission”?    \_\_\_ Yes    \_\_\_ No  
*(This class is required as part of the preparation for all “global” journeys)*



## References

Please list one name of a church member (other than your group leader) who knows you and a peer who has known you for at least one year.

1. Name: \_\_\_\_\_ Email (or phone): \_\_\_\_\_

2. Name: \_\_\_\_\_ Email (or phone): \_\_\_\_\_

## Biographical Information

Please share your salvation testimony. Include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Please explain briefly how and why you believe God is leading you to participate in this journey. Also, describe how you hope to see the Lord work in and through you during this time.

## Health Information:

How would you describe your present health?     Excellent     Good     Average     Poor

List any major illness(es) you have had in the last five years: \_\_\_\_\_

Are you presently under the care of a physician?     Yes     No    If yes, please explain \_\_\_\_\_

List any medication you are taking: \_\_\_\_\_

List any allergies you have: \_\_\_\_\_

Blood Type: \_\_\_\_\_

**Commitment:**

If selected to be a team member on this journey, I commit to:

- Go through the entire journey process:  
Prepare (*before leaving*), Encounter (*at location*), Change (*after return*)
- To conduct myself in a way that honors Christ while serving Him on the journey
- Submit to the authority of the team leader and/or the host on-the-field
- Refrain from behavior which may compromise my witness (abusive language, drug use, smoking, etc.)

Additionally, if at any time while on the journey my behavior becomes a problem, the team leader has the right to ask me to return home. Any additional costs incurred as a result of this action will be at my own expense.

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

**Release Agreement:**

I agree to release, discharge and hold harmless The People’s Church, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above-referenced journey.

I hereby authorize the church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

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

Printed Name \_\_\_\_\_

*Please return this application to Ken Morris, 615.465.5000 x5003, kmorris@thepeopleschurch.org*