



Lift Up Your Eyes

The harvest is plentiful. Believe it.

Please provide recent photograph

Trip ID#

Application #:

Completely fill out the application form, sign, date and submit along with your deposit/payment. Families participating must submit applications separately. Children under 18yrs old must have notarized parental permission. Previous participants may fill out Section I only and sign the last page.

ALL PARTICIPANTS MUST HAVE A VALID PASSPORT

Section I: Personal Information

Name _____
 Mr./Mrs./Miss/Ms. First Middle Last Nickname or preference

Current Address _____
 Street Address or P.O. Box City State / Province Zip

Phone () () ()
 Home Phone Cell Phone Work Phone

E-mail _____

Date of Birth ____ / ____ / ____ Country of Birth _____ Citizenship _____

Do you have a passport? ____ Yes ____ No Place of Issue _____ Expiration Date _____

Passport Number _____ Name on Passport _____

Emergency Contact _____
 Name Relationship to you

Street Address City State Zip / Postal Code

Phone () () ()
 Home Phone Cell Phone Work Phone

Have you ever served with us before? ____ Yes ____ No Where? _____

How did you hear about this project? _____

Section II: Family and Health

Marital Status: ___ Single ___ Engaged ___ Married ___ Widowed ___ Separated ___ *Divorced ___ Remarried ___

*Please explain the circumstances of your divorce on a separate sheet of paper

If married or engaged, please give wedding date: _____ Ages of children _____

Check your answer for each of the following, giving a full explanation on another sheet for any marked “yes”.

1. Are you taking medication under a doctor’s direction? Yes No
2. Do you require a special diet? Yes No
3. Do you have any chronic health problems or physical limitations? Yes No
4. Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.? Yes No
5. Have you ever sought counseling (marital, depression or other)? Yes No
6. Have you ever received treatment for drug or alcohol dependency? Yes No

Section III: Education and Ministry Experience

What is your current occupation? _____

List any specialized skills, training or certifications. _____

What is the highest level of education you have attained? _____

What college, if any, did you attend/are you attending? _____

Do you speak any foreign languages? Yes No

If Yes, please list:

Language: _____ Beginner Intermediate Fluent

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Briefly describe any overseas travel experience you have had _____

Have you raised financial support in the past? Yes No

Section IV: Christian Life Information

Current Church Fellowship Name: _____

Current Address _____
 Street Address or P.O. Box City State / Province Zip

Phone () () _____
 Phone Fax E-mail

How Many Years Attended: _____

If necessarily, will you supply us a reference from the Pastor or authorized church leader? _____

Ministry Experience

Children's Ministries Evangelism Construction Woman's Ministry
 Medical / Health Preaching Office Administration
 Youth Ministry Music Technical Training
 Teaching Drama Micro-Business

Other: _____

List and comment on your three greatest personal strengths and weaknesses.

Strengths	Weaknesses
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Section V: References

To assist us in evaluating your application, we need references from people who know you well. Please provide us with names of appropriate individuals and forward the enclosed reference forms to them. **Do not list relatives.**

Pastor / Elder Name _____
 Mr./Mrs./Miss/Ms. First Last Title
 _____ ()
 Street Address State Zip / Postal Code Phone

Christian Friend Name _____
 Mr./Mrs./Miss/Ms. First Last Title
 _____ ()
 Street Address State Zip / Postal Code Phone

Employer / Teach Name _____
 Mr./Mrs./Miss/Ms. First Last Title
 _____ ()
 Street Address State Zip / Postal Code Phone

Statement of Faith

1. We believe the Bible to be the inspired, infallible and authoritative Word of God.
2. We believe that there is only one God, eternally existent in three persons, Father, Son and Holy Spirit.
3. We believe in our Lord Jesus Christ (God the Son), who is fully human and fully God, in his virgin birth, his sinless life, his miracles, his vicarious and atoning death through his shed blood, his bodily resurrection, his ascension to the right hand of the Father, and in his personal return and glory.
4. We believe that regeneration by the Holy Spirit through faith in Jesus Christ is essential for the salvation of lost and sinful man.
5. We believe in the present ministry of the Holy Spirit by whose indwelling all Christians are enabled to live a godly life and proclaim the Gospel.
6. We believe in the resurrection of the saved to the resurrection of life and of the lost to the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

I agree with Lift Up Your Eyes Statement of Faith:

Signature

Date

Checklist

Before mailing your application have you:

Signed the Application

Completed and attached all essay questions on a separate piece of paper

Included a check for the established Deposit, written to Crossroads Community Church: Ukraine Outreach

Attached a recent photo

Read the Statement of Faith and signed indicating you agree.

Mail completed application to:
Lift Up Your Eyes
Short-Term Outreach
P.O. Box 2144
Longview, Texas 75606
Phone: (903.452.2223)
E-mail: bruce@liftupyoureyes.org
Website: www.liftupyoureyes.org