

SEE THE HARVEST
SEE ♦ LEARN ♦ DO

TRIP APPLICATION

Name: _____ Date of Birth: _____

Email Address: _____ Cell Phone: _____

Address: _____ State _____ City _____ Zip _____

Gender: Male Female If you are under 18, please include parental contact information below:

Parent(s) Name(s): _____

Parent's Email Address: _____ Parent's Phone: _____

Marital Status: Single Engaged Married Separated Divorced Divorced & Remarried

Which See the Harvest trip are you interested in? _____

What year did you / will you graduate from High School? _____

Are you currently enrolled in College? Yes No Date of Expected College Graduation: _____

What college are you attending, or did you graduate from? _____

Date Saved: _____ Date Baptized: _____ Are you active in a local church? Yes No

What is your home church, including city and state? _____

Pastor's Name: _____ Pastor's Phone: _____

What church do (did) you attend in college, including city and state? _____

Pastor's Name: _____ Pastor's Phone: _____

What type of Christian work have you done in the local church? _____

List any prior Missions Trips you have taken, including location, approximate dates, and sponsoring organization(s): _____

Do you believe the Lord has called you to pursue full time missions? Yes No Unsure

If yes, what location(s) are you pursuing, if any, at this point? _____

List any foreign languages you speak: _____

List any musical instruments you play: _____

List any specialized training or certificates you have: _____

Do you have any physical limitations that may affect your participation on this trip? Yes No

If yes, please describe: _____

Are you currently or have you ever been addicted to the following? If yes, please attach a brief

explanation: Drugs: Yes No Alcohol: Yes No Tobacco: Yes No

Have you ever been arrested, convicted, sentenced, or jailed due to any law violation? Yes No

If yes, please attach a brief explanation _____

How do you hope this trip will benefit you? _____

What specific goals do you have for this trip? _____

What are your strengths? _____

What are your weaknesses? _____

How would you describe your personality? _____

What are your interests? _____

What are you passionate about? _____

General Doctrinal Position of See the Harvest:

- The complete and divine verbal inspiration of the Bible
- The Triune Godhead - Father, Son, and Holy Spirit
- The deity of Jesus Christ - His virgin birth, physical life, death, and bodily resurrection
- Salvation by grace through faith in the substitutionary death and blood of Christ
- A regenerate, immersed church membership
- The resurrection of the saved to heaven with Christ and the unsaved to eternal punishment
- Christ's great commission to believers to go into all the world preaching the Gospel
- The autonomy of the local church

Do you agree with the above Doctrinal Position statements? Yes No
Are you an independent, fundamental Baptist in polity and practice? Yes No

About the See the Harvest Program:

- Attendees must participate in a Zoom conference call at a designated date/time to go over orientation for the trip. If the attendee is under 18 years of age, at least one parent must also be on this call.
- Attendees must agree to abide by all published guidelines, and to follow the instructions of all leaders on the trip in a quick and courteous manner.
- If accepted, applicants agree to submit the following along with the initial payment:
 - Parental Permission Form (if under 18)
 - Liability Release Form (if 18 or older)
 - Copy of a Driver's License
 - Copy of a Passport (Required for international trips only.)
 - Copy of primary insurance coverage documents
 - Shirt size

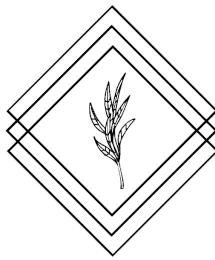
Please submit this application by email to trip@seetheharvest.com. Please include the following with your application:

- Typed testimony including your salvation, how the Lord led you to your current college or is leading you concerning future education, and any plans or desires you may have for future ministry. This should be one to two pages in length.
- Photograph of yourself, similar to a yearbook photo.
- Please have your pastor submit the Pastoral Recommendation Form directly to us at trip@seetheharvest.com. (Note: If your pastor is related to you, please have the form completed by a deacon or other church leader who is not related to you.)

By submitting this application I certify that the above answers are true and complete to the best of my ability, and I agree to follow the above guidelines if I am accepted to participate in the trip.

Signature of applicant: _____ Date: _____

Signature of parent, if applicant is under 18: _____ Date: _____



SEE THE HARVEST
SEE ♦ LEARN ♦ DO

Pastoral Recommendation

Applicant: _____ Trip: _____

Dear Pastor or Deacon,

The individual whose name is listed above has made application to travel on a missions trip with our agency. The goal of this trip is to provide an opportunity for young people to see missions opportunities in a culture that is different from their own, to learn ministry from missionaries with experience, and to do personal evangelism and community outreach. Please take a few moments to complete this form and share your recommendations concerning this individual and their testimony. Your confidential answers will not be shared with the applicant. Information collected will be shared with members of the applicant's review committee.

General Information

Name of Church: _____

Your Name: _____

Your Phone Number: _____ Email: _____

How long has the applicant been a member of the church? _____

What evidence does the applicant give of an interest in serving the Lord? _____

Is the applicant's record as a church member satisfactory? Yes No

Does the applicant have an acceptable record as a Christian worker? Yes No

Is the applicant consistent in doing personal work and witnessing to the lost? Yes No

Is the applicant willingly subject to constituted authorities? Yes No

Does the applicant willingly participate in activities of the church? Yes No

Other Information

Please grade the following by selecting the choice that best represents the applicant in these areas:

E - Excellent, G - Good, F - Fine, P - Poor

Personality:

- Friendly E G F P
- Well Mannered E G F P
- Optimistic E G F P
- Dependable E G F P
- Mature E G F P
- Passionate E G F P
- Poise E G F P
- Judgment E G F P
- Sense of Humor E G F P

Work Habits:

- Efficient E G F P
- Economical E G F P
- Capacity E G F P
- Energetic E G F P
- Cheerful E G F P
- Integrity E G F P

Social Habits:

- Cooperative E G F P
- Tolerant E G F P
- Tactful E G F P
- Influence E G F P
- Ethics E G F P
- Attitude E G F P

Mental Aptitude:

- Knowledge E G F P
- Wisdom E G F P
- Performance E G F P
- Speed E G F P
- Balance E G F P
- Persistence E G F P

Other:

What is your impression of the applicant's personal appearance? (Check all that apply.)

- Extravagant Appropriate Untidy Other: _____

What is your impression of the applicant's health? (Check all that apply.)

- Robust Normally Healthy Chronically Ill Delicate

Additional Information

Please provide any additional observations you think would be helpful to us in evaluating this applicant:

Signature

Title/Position

Date

Please submit the completed form to trip@seetheharvest.com.

Thank you for your help!