

# CHANGE[D]

BEING CHANGED BY GOD TO REACH ALL PEOPLE



## 2018 GROVE TREK TEAM MEMBER APPLICATION

Please email your completed application to [cniermann@thegrove.cc](mailto:cniermann@thegrove.cc), or you may drop it off or mail it to:

The Grove  
Attn: Outreach  
19900 Grove Community Dr.  
Riverside, CA 92508

Please include a color copy of your passport with your application.

Trek Destination – 1<sup>st</sup> Choice:

Trek Destination – 2<sup>nd</sup> Choice (if applicable):

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### PERSONAL INFORMATION:

Name (as it appears on your passport): Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one):      Male                      Female

Marital Status:       Single       Married       Widowed       Separated       Divorced

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### PASSPORT INFORMATION:

Passport Number: \_\_\_\_\_ Place of Issue (City, State, Country): \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**CHURCH INVOLVEMENT:**

Do you regularly attend a Grove Weekend Service?       Yes       No      For how long? \_\_\_\_\_

Are you a member of The Grove Community Church?       Yes       No      For how long? \_\_\_\_\_

If no, are you involved in another church?       Yes       No      Where? \_\_\_\_\_

Are you involved in a ministry at The Grove?       Yes       No  
If yes, which ministry? \_\_\_\_\_ For how long? \_\_\_\_\_

Are you a part of a small group?       Yes       No  
If yes, which? \_\_\_\_\_

List three Grove pastors, staff or small group leaders who can serve as a reference.

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

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**PERSONAL SPIRITUAL INFORMATION:**

When and how did you become a Christian, or what is your current spiritual status?

Describe your personal relationship with Jesus Christ (practice of Bible study, prayer, and/or devotions, etc.).

What is one area of sin you struggle with? In what ways does it currently manifest itself in your life?

Describe a time you demonstrated a servant's heart.

When was the last time you were out of your comfort zone? Share about your experience.

Why do you feel God is leading you to service on this trek?

What expectations do you have for this trek?

What cross-cultural experience have you had other than mission trips (ministry/business/background/educational)?

Describe how a past mission trip or ministry experience has caused lasting change in you.

How do you handle highly stressful or crisis situations?

Describe how OTHERS view your personality.

Describe your STRENGTHS.

Describe your NON-STRENGTHS.

Please describe your present employment and any pertinent information regarding work experience related to missions. (Students: What school do you go to and what activities are you involved in?)

Please rate yourself honestly in the following areas (1 for weaknesses – 5 for strengths)

Flexible:	1	2	3	4	5	Teachable:	1	2	3	4	5
Open-minded:	1	2	3	4	5	Prayerful:	1	2	3	4	5
Organized:	1	2	3	4	5	Resourceful:	1	2	3	4	5
Submissive:	1	2	3	4	5	Perseverant:	1	2	3	4	5
Bold:	1	2	3	4	5	Team player:	1	2	3	4	5

**SKILLS & TALENTS:**

What are your spiritual gifts?

Describe your experience with the following. Please write “N” for none, “S” for some, or “E” for extensive.

**Construction**

<input type="checkbox"/> Carpentry	<input type="checkbox"/> CPR
<input type="checkbox"/> Painting	<input type="checkbox"/> Therapy (PT, OT, other)
<input type="checkbox"/> Masonry	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Roofing	_____
<input type="checkbox"/> Electrical	<b>Business</b>
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Computers
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Accounting
_____	<input type="checkbox"/> Other (please specify)

**Ministry Experience:**

<input type="checkbox"/> Teaching
<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Children’s Ministry
<input type="checkbox"/> Prison Ministry

**Medical**

<input type="checkbox"/> Nursing
<input type="checkbox"/> Physician
<input type="checkbox"/> Dental
<input type="checkbox"/> EMT

**Music**

<input type="checkbox"/> Instrument (please specify)
_____
<input type="checkbox"/> Vocal
<input type="checkbox"/> Leading Worship
<input type="checkbox"/> Other (please specify)
_____

**Other:**

<input type="checkbox"/> Photography
<input type="checkbox"/> Videography
<input type="checkbox"/> Video editing
<input type="checkbox"/> Acting
<input type="checkbox"/> Teaching ESL
<input type="checkbox"/> Sports

**Language Fluency** – besides English (For Conversational Fluency, please write either “Fluent,” “Fair,” or “Poor.”)

Language: _____	Number of Years: _____	Conversational Fluency: _____
Language: _____	Number of Years: _____	Conversational Fluency: _____
Language: _____	Number of Years: _____	Conversational Fluency: _____

**HEALTH CHECK:**

1. Briefly describe your level of physical fitness. \_\_\_\_\_  
 \_\_\_\_\_

2. Do you participate in or exercise regularly? Yes No

3. Are you currently taking any medication? Yes No  
 If yes, please list and explain. \_\_\_\_\_  
 \_\_\_\_\_

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

5. Do you have any allergies to medicine, food, or anything else? Yes No  
 If yes, please list and explain. \_\_\_\_\_  
 \_\_\_\_\_

6. Do you have any special diet needs? Yes No  
 If yes, please list and explain. \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever been convicted of a felony? Yes No  
 If yes, please list and explain. \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have a blood disease? Yes No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

If you prefer to explain privately, please email Pastor Joe at [jhobbs@thegrove.cc](mailto:jhobbs@thegrove.cc).

10. Please explain any other pertinent health information that trek leaders should know before or during a trek.  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINAL QUESTIONS:**

Is there anything else you need to tell us in confidence? Yes No

If there are other who would like to attend your selected trek who can't afford it,  
 are you willing to help them out financially? Yes No

If yes, how much are you willing to give? \_\_\_\_\_

Is there anyone in particular to whom you would like to donate? \_\_\_\_\_

**INFORMATION & RELEASE FORM:**

I, \_\_\_\_\_, am participating in the trek described above, and I hereby release and discharge The Grove Community Church and its constituent organizations and its officers, agents, and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals named or described above.

- I, hereby, warrant and represent that I am physically fit and capable of taking part in this trek. I make this warranty and representation on the basis of advice given me by a dully licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.
- I agree to abide by the rules and regulation governing this trek and to obey any instructions given by the leadership or persons having supervision and control over the activity.
- I, hereby, authorize the making pf photographs, motion pictures, videotapes, recordings, or other memorializing or said event and that my participation therein, and the publication or other use thereof. I, herby, waive any right to compensation that I otherwise might have limit or control such.
- I understand and accept any risks involved in traveling outside the United States and participating as a team member on a trek.
- I accept full financial responsibility of any additional transportation and travel costs if I return home for any reason at a time other than the originally scheduled time.
- All trip costs are my responsibility, if full support is not raised, the balance is my responsibility.
- Final payment- All funds must be turned in according to the schedule that is assigned by Global Outreach which is due 2 weeks prior to trip departure.
- If I am unable to participate on the trip, I will provide a cancellation notice to the team leader as soon as possible. I will responsible for all trek costs incurred at time of cancellation, including the non-refundable deposit.
- In the event of having to cancel the trip, refunds cannot be given to donors. It is my responsibility to call my donors and notify them of the changes. Monies put towards treks are contributions and the IRS prohibits the refund of contributions.
- All monies raised are trek specific and cannot be used towards any other expenses or events. In the event you are unable to go, your support raised will be put towards expense of that trek. In the event you raise over your trek’s cost, monies cannot be put towards any other events. While individuals and teams are working to raise funds, the funds are essentially to support an entire team
- Passport and vaccination costs are not included in the trip costs and are my responsibility. I assume the responsibility and the liability for my personal health decisions.
- I have read and fully understand these polices. I also understand that not abiding these policies may force me to withdraw from the scheduled trek. I also understand that if I withdraw from a trek, or am asked to withdraw due to not meeting above stated requirements, I will still be responsible for certain costs; this includes, but is not limited to airline tickets.
- I will attend all team meetings and follow up meetings. And will give proper notice if I am not able to attend.
- I will comply with all logistical requirements, including those dealing with visa, finances, passports and such.
- I agree to distribute the attached references and insure that they are filled out and returned to The Grove; ATTN: Outreach.

By signing below, I certify that all of the information I have provided on this application is true and correct and I agree to above statements:

Applicant’s Name: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## TEAM MEMBER CONFIDENTIAL REFERENCE [#1]

Confidential Reference for (Name of Applicant): \_\_\_\_\_

Reference Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Our desire at The Grove Community Church is to tell the truth all the time. Keeping in line with our values, please remember we would like the most honest and clear representation of who this person is. Overseas ministry projects are different than ones that take place in America due to many stresses dealing with culture, language, team conflict, strenuous schedule, and restrictions. Please keep these things in mind as you fill out this evaluation.

1. How do you know the applicant, and for how long have you known them? \_\_\_\_\_

\_\_\_\_\_

2. What level of communication have you had in the past six months?  None  Surface  Personal

3. If you were leading a trip overseas, would you want this person on your team? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How does the applicant interact with other people? (Friendly, distant, warm, abrasive, etc.) Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please describe two things about the applicant that you think will be a blessing to the team or team leader. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe two things about the applicant that you think could be difficult for the team or team leader to appreciate or adjust to (this could include personality traits, lifestyle issues/activities, or emotional well-being).

Note: PLEASE do not write “none”— everyone has something that can be difficult for at least a few people to deal with. Your comments to this question do not prevent anyone from being accepted.

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7. From your perspective how would you describe the applicant’s current spiritual growth and relationship with God?

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8. Can you identify a sin struggle the applicant is dealing with and how it is handled in their relationship with God?

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9. If you have any sensitive information you would prefer to share by telephone, please check this box.

10. Please return this reference by mail, fax, or email:

Mail to:	The Grove Attn: Outreach 19900 Grove Community Drive Riverside, CA 92508
Fax to:	951-571-9091 Attn: Outreach
Email to:	cniermann@thegrove.cc

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## TEAM MEMBER CONFIDENTIAL REFERENCE [#2]

Confidential Reference for (Name of Applicant): \_\_\_\_\_

Reference Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. How do you know the applicant, and for how long have you known them? \_\_\_\_\_

\_\_\_\_\_

2. What level of communication have you had in the past six months?  None  Surface  Personal

3. If you were leading a trip overseas, would you want this person on your team? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How does the applicant interact with other people? (Friendly, distant, warm, abrasive, etc.) Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Fax to:	951-571-9091 Attn: Outreach
Email to:	<a href="mailto:cniermann@thegrove.cc">cniermann@thegrove.cc</a>