

Innovative Mission Opportunities



"that all may hear"

Dear Mission Friend,

This application is the first step in the action-packed adventure of taking the name of Jesus to those who have never heard. We are excited that God has put this on your heart.

These are the steps in this great adventure:

1. Complete item one (three pages) and item two. Send them along with a copy of the picture page of your passport (if you already have a passport) to Innovative at the address below or via email to info@tamh.net. It is crucial that you do this as quickly as possible.
2. You should be sure your passport is valid for more than six months after the date of the trip or apply for a new passport as quickly as possible.
(see http://travel.state.gov/passport/passport_1738.html for details.)
3. You will be contacted by an Innovative representative who will discuss with you the needs of the mission trip in which you are interested and any special requirements of that trip.
4. After this initial conversation you will need to complete and send items three and four and send these along with a \$300 deposit to the address below. This deposit is non-refundable by IRS rules. If you cannot make the trip, any cancellation penalties/costs/etc. will be deducted. The balance will remain in your account for a future trip, which must be taken within one year.
5. You will be given a payment schedule for the trip costs. If you have questions or need to make other arrangements, let our staff know.
6. No later than two weeks before departure you will need to send item 5. This item can be sent along with the others or as soon as you have them ready.

Again, we thank God for the heart He has given you for those who have never heard.

That all may hear,

Jerry Squyres

Innovative Missions Opportunities, Inc.
P.O. Box 84327
Pearland, TX 77584
Phone: 713-498-3727
info@tamh.net

ITEM # 1

**APPLICATION FOR SHORT-TERM MISSIONS
INNOVATIVE MISSION OPPORTUNITIES, INC.**

Country to be visited: _____ **Trip Leader:** _____
Approximate date of trip: _____

General Information: (print your name as it appears on your passport)

Mr. Miss. Mrs. Ms.

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

Email address: _____ Date of Birth: _____

Travel Information: (if application is being processed, leave this blank)

Passport Number: _____ Citizenship: _____

Date of Issue: _____ Date of Expiration: _____

(Must be valid six months after last day of trip.)

Preferred Airport for domestic departure: _____

Church Affiliation:

Church Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Please have a pastoral staff member of your church affirm your participation on a mission trip and the church's prayer support.

I recommend _____ to represent Jesus Christ and our church on a foreign mission trip with Innovative Mission Opportunities.

Date: _____

Signature: _____

Emergency Information:

Name of Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

Email address: _____

Name of Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

Email address: _____

Personal Health Information

Do you have any particular health problems? Yes No

If yes, please briefly describe: _____

List chronic diseases/allergies: _____

Are you currently taking medication(s)? Yes No

List medications: _____

Your trip cost includes life and medical and life insurance for the duration of the trip. Please provide the name and relationship of your primary beneficiary:

Name: _____

Relationship: _____

Date of Birth of beneficiary: _____

Trip Preparation

What ministry involvement and/or training have you had? _____

What learned or professional skills or abilities do you have? _____

Do you speak a foreign language? Yes No

If yes, which language/s? _____

Degree of proficiency: Excellent Good Fair

How did you first hear about Innovative Mission Opportunities? _____

Applicant's Signature: _____ Date: _____

ITEM # 2

PERSONAL TESTIMONY

For _____

Please write a brief testimony. This is not necessary if you have traveled with Innovative previously and/or have shared your testimony with a member of the staff.

My life before becoming a Christian: _____

How I realized I needed God to save me: _____

How I became a Christian: _____

Now my life as a Christian: _____

My goal/s on this trip: _____

Personal prayer requests I have during this trip: _____

Please do not feel obligated to use all of the space provided in each of the areas; but also, feel free to use more space if necessary.

ITEM #3

**MISSION TRIP CONTRACT
INNOVATIVE MISSION OPPORTUNITIES, INC.**

By signing this contract I am indicating that I would like to participate in an Innovative Mission Opportunity, Inc. mission trip and I plan to obtain the funds necessary to do so. I realize that all checks should be made payable to Innovative Mission Opportunities, Inc. and sent to P. O. Box 84327, Pearland, TX 77584, and that all monies will be administered as a personal "support account" set up in my name on the books of Innovative Mission Opportunities, Inc. I understand that this account will be established with the submission of my initial \$300 non-refundable deposit. Innovative Mission Opportunities, Inc. may increase costs upon notice to participants.

If I am able to participate in the mission trip, the cost established by Innovative Mission Opportunities, Inc. and any expenses incurred by Innovative Mission Opportunities, Inc. to assist me in obtaining financial support for this mission trip will be deducted from my account. I will submit:

- 50% of remaining mission trip costs(after the \$300 deposit) 60 days prior to the departure date or by date communicated by leader
- All remaining costs at least 30 days prior to the mission trip departure date unless approved by leader

In the event that I do not participate in the mission trip, any charges incurred for me or on my behalf (i.e. airline cancellation fees when applicable, etc.) will be deducted from my account, and I will be responsible for any deficit. I will pay any deficit within fifteen (15) days following notice to me of the amount of such deficit.

In the event that mission trip funds raised exceed trip costs, I understand that I may request such funds be applied toward a future Innovative Mission Opportunities, Inc. mission trip during the next twelve months. No interest will accrue for funds left in the account. Twelve months after the conclusion of the mission trip, any remaining amount in my account will become the property of Innovative Mission Opportunities, Inc. and all records of my account may be discarded.

In making a tax-deductible contribution, my gift becomes the sole property of Innovative Mission Opportunities, Inc. A gift to Innovative Mission Opportunities, Inc. is a charitable contribution for federal income tax purposes to the extent permitted by law. Tax-deductible gifts cannot be refunded.

The parties to this contract are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church(see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this Contract or any mission trip in which I participate shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Houston, Texas. Judgment upon an arbitration award may be in any court otherwise having jurisdiction. I understand that these methods shall be the sole remedy for any controversy or claim arising out of this Contract or any such campaign and I expressly waive any rights I have to file a lawsuit in any civil court for such disputes, except to enforce an arbitration decision.

Mission Trip Date

Mission Trip Destination(country)

Printed Name

Signature

Date

ITEM # 4

**MISSION TRIP RELEASE
INNOVATIVE MISSION OPPORTUNITIES, INC.**

I, _____ desire to participate in a mission trip with Innovative Mission Opportunities, Inc. I release and forever discharge Innovative Missions Opportunities Inc., my church, and any other ministry/organization involved and each of their respective members, employees, officers, directors and representatives from any and all claims for any and all injuries, losses or damages I might have on or in any way relating to such mission trip, including without limitation, those relating to me leaving the United States of America and visiting other countries, including my stay in any such country and my trip to and from any such country.

I am eighteen (18) years of age or older, and this RELEASE is binding on me and my executor, administrators, and heirs.

I give Innovative Mission Opportunities, Inc. and its representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such mission trip, including, without limitation, while traveling to and from any other country. I agree to pay for all such treatment and to reimburse Innovative Mission Opportunities, Inc. for all costs and expenses incurred by it with respect to such treatment.

The parties to this RELEASE are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this RELEASE shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Houston, Texas. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

I have fully read the above and understand it.

Signature: _____

Notary acknowledgment

STATE OF: _____

COUNTY OF: _____

The foregoing RELEASE was acknowledged before me this _____ day of _____, 20____

by _____

Notary Public in and for the State of Texas

My Commission expires: _____

