



Welcome to JMMissions, San Pedro Sula Honduras 2016!

PLEASE READ EVERYTHING BELOW CAREFULLY!

Dear Applicant,

Enclosed you will find all the information you will need to go on a life changing missions trip!
Your life and the lives of the thousands of people you touch will never be the same! July 16th – 24th, 2016.
You will need to plan an extra day off before and after for unexpected travel delays/changes!

There will be many opportunities available on this trip. We are planning 3 nights of crusade, along with conferences for Pastors, Leaders, Youth, and Women. We will also be doing drama and street ministry along with schools, orphanages and more during the 9 days! ***You must have an email address to apply!***

The cost of the trip is \$2350: Included: airfare, meals, bottled water, transportation and hotel.

\$150 application fee is due ***on or before August. 31st*** 2015. (First come first available! Only 75 seats!)
(40 for State of Texas Embarkation / 35 for Sate of Florida Embarkation)

The 76th applicant will be notified via email that they are on a waiting list!

(NOTE: Applications cannot be processed without fee's and a pastor's recommendation.)

if you attended the 2015 trip you do not need the recommendation forms, you all have been invited back!

The payment schedule is as follows:

First Installment of \$450 is due ***on or before*** Oct. 31st 2015.

Second Installment of \$400 is due ***on or before*** Dec. 31st 2015.

Third Installment of \$675 is due ***on or before*** March 31st 2016.

Final Installment of \$675 is due ***on or before*** June 12th 2016.

(Partial payments will not be processed and all monies are non-refundable)

We are looking forward to having you with us in Honduras!

Passport Information: Due no later than Jan. 1st 2016!

if you already have your passport, you must attach a photocopy of your passport to this application!

Please note on applications, if you are applying for a U.S. passport, fees and applications must be filled out and taken to your local passport or post office, please allow 10 weeks or more to process.

Short Term Missions Trip **Insurance Information: Due no later than April 1st, 2016**

When filling out the medical and accident insurance please send the payment and application directly to the company; send: only your policy # and company name & company phone number to us via email.

If you have any questions please email Pastor Marie Myers at: mm.missions@gmail.com

See you in the Harvest Fields of our King!

Dr. Jack and Pastor Marie Myers

JMMissions: DISCIPLINE, LIABILITY, & MEDICAL RELEASE FORM

Mail to: Jack Myers Ministries Missions, P.O. Box 2178, Plant City, FL 33564

This form must be completed by **ALL ADULTS** and **TEENS**, and mailed **with the application**.

JMM CANNOT ALLOW ANYONE TO ATTEND WITHOUT THIS NOTARIZED FORM, NO EXCEPTIONS!

I myself or the parent or legal guardian of the applicant listed on this form, certify that I, he or she has my full approval to participate on a Jack Myers Ministries Missions Trip. The applicant identified on the form understands that all applicants are expected to abide by the JMM rules, (which I have read), and be directly responsible to the JMM team leaders. JMM leaders assume responsibility for discipline on trips, and if necessary, may because of misconduct, require an applicant to be dismissed. In such instances, applicant or guardian will assume full responsibility for returning the applicant home. Further, I do release and hereby agree to hold blameless, JMM and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated the JMM Missions trip.

I also release the lessor of properties on which the mission trip is held. Further, I do authorize the JMM staff member, senior pastor, or host missionary, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment or for transportation home if necessary.

Further, I give JMM permission to use photo and video taken on the mission trip in promotional materials. In the event of political unrest, natural disaster, or a problem with the hosting missionary, Jack Myers Ministries may alter the itinerary. Jack Myers Ministries or the hosting missionaries, will not be responsible for personal injury or loss of valuables of any kind. Jack Myers Ministries, does not carry medical insurance for mission participants. You are required to purchase your own.

Check with you insurance company to verify overseas coverage. Further, I do certify that said applicant is covered by adequate accident insurance. My consent and signature are given below. I have read and agree to the information given in this form, in which is constituted and notarized as a legal document. **PLEASE PRINT NEATLY AND LEGIBLY, THANK YOU!**

Your Name **EXACTLY** as it appears on Your **Passport!** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Age: _____, (M) or (F) _____, T-Shirt Size – Check one, XXL _____ XL _____ L _____ M _____ S _____

Name of your emergency contact person _____

Phone # of your emergency contact person _____

Your Passport # _____ Exp. Date: _____

Name of your home Church: _____

City: _____ State: _____

Medical/Travel Insurance Company Name: _____

Company Phone # _____ Policy# _____

MEDICAL INFORMATION

Do you have any physical limitations such as weight problems or chronic injuries that would hinder your ability to participate in vigorous activities? **If so, please explain.**

Do you have any medical problems, emotional disorders, substance abuse addictions?

If so please explain: _____

Are you currently taking any prescription or non-prescription medicine(s)? **If so please list:**

Are you allergic to anything? _____

IMPORTANT NOTES:

1. You must be **18** or older to attend this trip unless your parent is with you.
2. You must have a letter or email of recommendation from your Pastor sent separately and confidentially to JMM, **before** your application can be approved.
3. You must have a letter or email of recommendation from one other individual not related to you or employed by you also sent confidentially to JMM, **before** your application can be approved.
4. **All** paperwork must be received **before** your application can be processed or approved.
5. You will be notified of acceptance via email.
6. **All correspondence with YOU will be done via email, please check it twice weekly & reply promptly!!**

INSURANCE:

Insurance is **not** optional, if you are not covered thru your employer it is easy and inexpensive to obtain a short term trip policy for overseas.

Short Term Trip, Medical/Accident Coverage can be purchased from www.IMglobal.com or any other company you choose.

Send **only** the company name, phone number and policy number to us at, mm.missions@gmail.co

Insurance information due no later than April 1st. 2016!

As an ambassador of Jesus Christ I will conduct myself according to the following scriptures which I have studied prior to coming on this trip. Eph. Chapters 4 & 5 Amplified Version.

I commit to pray for this trip and prepare myself to be a vessel God can work through.

I agree to follow and support all guidelines and leadership provided me by the JMM leadership team.

I not come to be served, I have come to serve!

*The fruit of the uncompromisingly righteous is a tree of life,
and he who is wise captures human lives for God,
as a fisher of men-
He gathers and receives them for eternity.*

We are excited to be with you on this adventure for SOULS!

Love and Blessings to you all!

See you soon!

Dr. Jack and Pastor Marie

All applicants must have this document **notarized**.

I have read and understand, and will abide by **all** policies set forth by Jack Myers Ministries.

I also understand that non-compliance my result in my immediate dismissal, without refund or reimbursement, and I will be sent home at my own expense.

Please Print Clearly

Applicant Name: _____

Applicant Signature: _____

Today's Date: _____

Notary Public Name: _____

My Commission Expires on: _____

Signature of Notary: _____

Notary, Please Affix Notary Seal below.

Personal or Pastoral Recommendation Form

(Print one for each separately)

JMM Missions

PLEASE PRINT NEATLY

Applicant Section:

Name: _____

Phone: _____

Email: _____

(Fill above section out **before** giving this document to your recommender.)

Recommender Section:

Name: _____

Are you a Pastor: _____

Phone: _____

Email: _____

How long have you known the applicant: _____

What is your opinion of their ability to be effective on the mission field at this time?

How long have they been saved? _____

When were they filled with the Holy Spirit with the evidence of speaking in tongues? _____

Does the applicant smoke _____ drink _____ use controlled substances _____ use pornography _____
use foul language _____?

I recommend this applicant, _____ Yes, or _____ No.

Why: _____

Signature: _____

Thank you!

Mail/Email **Separately** from Application To:

Jack Myers Ministries Missions

P.O.Box 2178

Plant City, FL 33564

www.JackMyersMinistries.com mm.missions@gmail.com