



## Missions Team Application Instructions

Thank you for your interest in traveling on a Compassion Acts Missions Trip. Please read instructions carefully. **Your Application cannot be processed until we have received all completed forms.**

***If you will be traveling as a first time team member***, please complete and return the following:

1. Team Application (if you are a pastor, please clearly indicate)
2. Deposit Form
3. Liability Release Form
4. Discipline Policy
5. Pastoral Reference Evaluation Form
6. Affidavit of Temporary Guardianship (if you are younger than 21 years of age)

***If you have traveled with Compassion Acts before***, please complete the following:

- Updated contact information and note that you are a returning team member
- Deposit Form and/or Credit Card Form
- Liability Release Form
- Discipline Policy
- Affidavit of Temporary Guardianship (if you are younger than 21 years of age)

### **Location Conditions**

Some of the city and hotel conditions we visit may seem primitive in comparison to what you are accustomed to. The pace required on these trips can be rigorous, emotionally draining, and often, physically exhausting. Every team member must be able to stand through long days and continue functioning autonomously under what can sometimes be trying conditions. We ask that you be prepared to run and not grow weary, to walk and not faint! On the positive side, the rewards of being a part of God pouring out His Spirit on the poor are immeasurable!

**The key word is flexibility.** Meetings are most often held in local churches but sometimes are held in open-air arenas or large tents. We work side-by-side with and honor local church and ministry leaders.

### **Application Process**

Receipt of your deposit tentatively holds your spot pending review and final payment. Space is limited and acceptance is based on a first come, first serve basis. Applications will not be processed without a deposit. If you experience any uncertainty about the application process, or if you have any questions, you may email Leon and Paula Hoover. Please, mail or fax completed forms to the address below.

May the Lord bless you and may you receive His guidance and direction in this Harvest Time Encounter with Compassion Acts.

**Leon Hoover**

**Compassion Acts**

**Harvest Time Encounters**

[leonh@encountersnetwork.com](mailto:leonh@encountersnetwork.com)

309 Walnut Street  
Jackson, TN 38301

FAX: 731.427.5908



## Ministry/Missions Team Application

Name \_\_\_\_\_ (Exactly as it appears on passport) Birth Date \_\_\_\_\_

Passport # \_\_\_\_\_

Occupation \_\_\_\_\_

Nickname \_\_\_\_\_ Gender  Male  Female Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you traveled with Compassion Acts before?  Yes  No If Yes, Dates & Destination: \_\_\_\_\_

Are you born again?  Yes  No  Unsure Are you Spirit-filled?  Yes  No  Unsure Do you tithe?  Yes  No

Please list any physical limitations and medications that you are presently taking

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your temperament? \_\_\_\_\_

What spiritual gift mix do you believe God has given you?

\_\_\_\_\_

Have you ever been treated for any mental or emotional condition? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What languages do you speak other than English?

\_\_\_\_\_

Name emergency contact person: \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ (If possible, NOT the 800 or toll free number.)

Local Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination \_\_\_\_\_ Length of Attendance? \_\_\_\_\_ Do you attend regularly?  Yes  No

Pastor's Name \_\_\_\_\_ Pastor's Phone  
Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In what areas of church life have you served and/or are currently serving?

\_\_\_\_\_  
\_\_\_\_\_

What prophetic/intercessory/healing/deliverance or other ministry training have you been through? \_\_\_\_\_

Have you previously traveled abroad?  Yes  No If "Yes", where and when?

\_\_\_\_\_  
\_\_\_\_\_

What experience do you have working with internationals?

\_\_\_\_\_

Explain why you would like to participate as a Compassion Acts Team member?

\_\_\_\_\_  
\_\_\_\_\_

I have read, understand, and agree with the Ministry/Missions Team Application and accompanying information.

Date \_\_\_\_\_

Signed \_\_\_\_\_



## Deposit & Credit Card Authorization Form

I wish to apply as a Compassion Acts Team member on the following trip & date:

Name of City/Country \_\_\_\_\_ Dates of Trip \_\_\_\_\_

Amount Included \$ \_\_\_\_\_ (\$500.00 minimum per person)

**Please note: Your application for Compassion Acts Ministry / Missions Team participation cannot be processed unless the deposit amount is included with this form. Make checks payable to: Compassion Acts or fill out the credit card info below.**

### Cancellation & Refund Policy

**THE DEPOSIT FOR MOZAMBIQUE IS TOTALLY NON-REFUNDABLE NO MATTER WHEN THE CANCELATION.**

**A 3% processing fee is added to credit card payments.**

Attendee Name (please print) \_\_\_\_\_

Credit Card —Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Three digit code on back of card \_\_\_\_\_

Billing address of Credit Card \_\_\_\_\_

Amount to be charged to the card \$ \_\_\_\_\_

I understand and agree to the above cancellation and refund policy. I authorize the above amount to be charged to my credit card.

Date \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Please mail this completed form to:  
Leon Hoover 309 Walnut St Jackson, TN 38301  
email: [LeonH@encountersnetwork.com](mailto:LeonH@encountersnetwork.com) fax: (731) 427-5908

**\*\*\* DO NOT EMAIL YOUR CREDIT CARD NUMBER \*\*\***



## Liability Release Form for Ministry / Missions Outreach

### WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my being accepted by Compassion Acts for participation on a Ministry/Missions Team Outreach to \_\_\_\_\_ dated \_\_\_\_\_ through \_\_\_\_\_,  
(location) (beginning date) (ending date)

I meet the representations and undertakings set out below:

I am 21 years of age or older (If not yet 21, both youth and parents/legal guardians must initial and sign).

I am in good health and have informed myself about all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip. I know that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, all terrain vehicle, bicycle, and on foot; travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, civil unrest, terrorists or acts of war, and forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel. I know that Compassion Acts does not carry medical insurance as secondary insurance, and that Compassion Acts does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I know that Compassion Acts does not carry any insurance, and I acknowledge that Compassion Acts has advised me that Compassion Acts does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Compassion Acts has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Compassion Acts has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

**Please read the following very carefully and sign the other side of this page.**

**IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A COMPASSION ACTS MEMBER ON THE ABOVE MINISTRY/MISSIONS TRIP: (Please initial each paragraph)**

**I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED IN THIS APPLICATION.**

Initials \_\_\_\_\_

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY Compassion Acts, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initials \_\_\_\_\_

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initials \_\_\_\_\_

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initials \_\_\_\_\_

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initials \_\_\_\_\_

I AUTHORIZE Compassion Acts TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initials \_\_\_\_\_

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initials \_\_\_\_\_

I HAVE READ THIS RELEASE CAREFULLY, INCLUDING THIS PAGE AND THE PRIOR PAGE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Full Address

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHELF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

Name of minor child \_\_\_\_\_

\_\_\_\_\_  
Signature of minor child

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian





## Pastor's Reference Evaluation Form

APPLICANT, Please fill in this section and give it to your Pastor/Church Leader along with an addressed, stamped envelope, or have him email, or FAX it to Leon Hoover.

Name of Applicant \_\_\_\_\_

Applying to (destination) \_\_\_\_\_ on (dates) \_\_\_\_\_

I give my full consent that my pastor complete this Reference Evaluation and release it to Compassion Acts.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Dear Pastor/Church Leader:

The applicant above has applied to be on a Compassion Acts Ministry / Missions Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's release and confirmation of the applicant's fitness for service. Therefore the screening committee greatly appreciates your supplying the information requested on this form. Please return this form **DIRECTLY TO OUR OFFICE** upon completion. Thank You!

Length of time of your acquaintance with applicant: \_\_\_\_\_ years \_\_\_\_\_ months

**1. In which areas of church life has the applicant previously and is currently serving?**

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**2. Please comment briefly on the family and social background of the applicant.**

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**3. Please comment briefly on the family and social background of the applicant.**

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**4. Please comment briefly on the family and social background of the applicant.**

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**5. Please describe any physical limitations the applicant may have.**

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**6. Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following questions:**

- 7. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- 8. As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- 9. To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
- 10. Has the applicant had psychiatric treatment?
- 11. Are you aware of any unresolved problems in their life? (unrepentance, anger, unforgiveness, impurity)

Please initial here if your answers to a), b), c) d), and e) are all “no” \_\_\_\_\_

**8. Other (please specify):**

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Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

Please mail or fax this completed form to:  
Leon Hoover 309 Walnut St Jackson, TN 38301  
email: [LeonH@encountersnetwork.com](mailto:LeonH@encountersnetwork.com) fax: (731) 427-5908



# AFFIDAVIT OF TEMPORARY GUARDIANSHIP CONSENT TO TRAVEL

TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN OF APPLICANT

I, (We) \_\_\_\_\_ and \_\_\_\_\_  
(father) (mother)

of \_\_\_\_\_,  
(name of minor) do hereby grant TEMPORARY GUARDIANSHIP

to \_\_\_\_\_. I further do hereby  
(Youth Leader or, for youth traveling alone, please put Leon Hoover)

consent that my/our son/daughter travel to \_\_\_\_\_ with Compassion Acts  
for the period of time beginning at 12:00am on (departure date) \_\_\_\_\_  
and continuing through 11:59 p.m. on (return date) \_\_\_\_\_.

Said named person shall have all the powers and authority over my/our son/daughter that I/we  
would have if I/we were present. Said person shall also have authority to send my child home,  
for any reason, upon telephone notification to me/one of us at my/our own expense.

\_\_\_\_\_  
(Parent Signature) (Parent Signature)

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2005.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

Please mail or fax this completed form to:  
Leon Hoover 309 Walnut St Jackson, TN 38301  
email: [LeonH@encountersnetwork.com](mailto:LeonH@encountersnetwork.com) fax: (731) 427-5908



## Ministry Team Training

Completion of the Compassion Acts Ministry Team Training includes reading each of the 6 Lessons in the manual and listening to each of the accompanying CD's or tapes.

**I have completed all the Compassion Acts Ministry Team Training:** Yes \_\_\_\_ No \_\_\_\_  
**I will comply with all ministry team directions and guidelines:** Yes \_\_\_\_ No \_\_\_\_

- |  |                       |
|--|-----------------------|
| 12. Compassion: A Necessary Ingredient | Completion Date _____ |
| 13. Fire On The Altar                  | Completion Date _____ |
| 14. Intimacy in the Prophetic          | Completion Date _____ |
| 15. Prophecy Life!                     | Completion Date _____ |
| 16. Five Stage Healing Model           | Completion Date _____ |
| 17. Exercising Kingdom Authority       | Completion Date _____ |

**NOTE:** This form must be received 2 weeks prior to the departure date or the application process could be voided and the full deposit lost.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please email , mail , or FAX this completed form to:  
Leon Hoover 309 Walnut St Jackson, TN 38301  
email: [Leon@encountersnetwork.com](mailto:Leon@encountersnetwork.com) fax: (731) 427-5908