



**INTERNATIONAL  
MESSENGERS**

# YOUTH APPLICATION

(17 & under – accompanied  
by a parent or guardian)

Attach  
**PHOTO**  
Here

Please do not staple

MINISTRY \_\_\_\_\_ DATES \_\_\_\_\_

LOCATION \_\_\_\_\_

►If you are serving as part of a church team, please enclose a \$100 commitment donation, payable to International Messengers, with this application. This will be applied to your account. Thank you!

Office Use Only:

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

FULL LEGAL NAME \_\_\_\_\_  
*(as it is or will be on your passport)*

PASSPORT # \_\_\_\_\_ PASSPORT EXPIRATION DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

MALE OR  FEMALE CITIZENSHIP \_\_\_\_\_

**ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL \_\_\_\_\_ SKYPE NAME \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN:**

NAME \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-MAIL \_\_\_\_\_ SKYPE NAME \_\_\_\_\_

*-please turn over and complete second page-*

**HEALTH:**

List any chronic ailments, physical disabilities or limitations that could be an issue during this ministry trip:

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Describe any treatment you have had for emotional problems: \_\_\_\_\_

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**PERSONAL EXPERIENCES:**

1. Briefly describe how and when you came to know Jesus Christ as your personal Savior and Lord and how you have grown since then.

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2. Why do you want to go on this trip?

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**INTERNATIONAL  
MESSENGERS**

**TO: Parents of Minor(s)**

**FROM: International Messengers**

**RE: Travel Consent Form**

In order to prevent the transport of runaways and children involved in custody disputes, the US Immigration & Naturalization Service (INS) has tightened enforcement of regulations covering children traveling internationally without parents or with a single parent.

Most countries require a notarized letter from the non-traveling parent(s) granting permission to travel, which includes details such as the dates of travel and accompanying adult's name. Airlines are now enforcing this requirement at check-in and travel agents are required to notify passengers about this requirement.

Please note that if both parents are living, the affidavit that follows must be signed by BOTH parents (whether married, separated or divorced). **It must also be notarized.**

**Please place the original with your child's airline ticket and send a copy back to the office. Thank you!**



# TRAVEL CONSENT FORM

## FOR CHILD UNDER 18 YEARS OF AGE

(Please keep this original and return a copy with your application)

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to confirm that we are the parent(s) of \_\_\_\_\_  
MINOR'S FULL NAME (TYPED OR PRINTED)

who is less than 18 years of age, and that we give permission for him/her to travel to:

\_\_\_\_\_ as a tourist from \_\_\_\_\_ to \_\_\_\_\_  
COUNTRY DATE OF ENTRY DATE OF EXIT

He/She will be in the care of \_\_\_\_\_  
NAME OF ADULT SPONSOR (IF OTHER THAN PARENT)

We will be responsible for any expenses that may occur during this trip.

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
MOTHER'S NAME (TYPED OR PRINTED)

\_\_\_\_\_  
MOTHER'S ADDRESS

\_\_\_\_\_  
MOTHER'S ADDRESS

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
FATHER'S NAME (TYPED OR PRINTED)

\_\_\_\_\_  
FATHER'S ADDRESS

\_\_\_\_\_  
FATHER'S ADDRESS

***If both parents are living, this affidavit must be signed by both parents (whether married, separated, or divorced) and it MUST BE NOTARIZED.***

State of {	}
County of {	}
This instrument was acknowledged before me on _____ Date	
By _____ Name of person(s)	
Signature of Notary Public	Stamp/seal



**INTERNATIONAL  
MESSENGERS**

Camp Code: Office Use

## Health Insurance/Emergency Contact Information

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

[ ] ***I DO NOT CURRENTLY HAVE HEALTH INSURANCE.***

I have had all the recommended childhood vaccinations Yes [ ] No [ ]

None [ ] \_\_\_\_\_  
Allergies or medical conditions.

None [ ] \_\_\_\_\_  
Medications being taken or have been taken in the past month.

None [ ] \_\_\_\_\_  
Food restrictions.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Relationship: _____	Relationship: _____

(The information on this form will be shared with IM Staff and Team Leaders)



**INTERNATIONAL  
MESSENGERS**

\_\_\_\_\_  
Camp Code: Office Use

**CONSENT FOR EMERGENCY CARE  
(for team members under age 18)**

Team Member Name: \_\_\_\_\_

Team Member Date of Birth: \_\_\_\_\_

Short Term Missions Trip To: \_\_\_\_\_

Short Term Mission Trip Dates: \_\_\_\_\_

As the parent or guardian of this minor team member, I hereby give permission for this minor team member to participate in this short team mission trip.

I understand that if this team member participates *without* a parent or legal guardian accompanying him/her on the trip, s/he will pay the full price of an adult instead of a child's rate.

And BE IT KNOWN that I, the undersigned parent or legal guardian, do hereby give and grant unto any medical doctor or hospital, may it be required, my consent and authorization to render such aid, treatment or care to said minor team member as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said minor team member should be injured or stricken ill while participating in the above specified mission trip.

Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Printed name of Parent or Legal Guardian \_\_\_\_\_

Present Address:

Street \_\_\_\_\_

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

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

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

Family Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Signature of Witness \_\_\_\_\_



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## Liability Release

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release International Messengers (hereafter IM), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse IM, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.
2. I give permission to IM to share my application information with IM staff and team leaders.
3. I give permission to IM to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.
4. I give permission to IM to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge IM, its Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
5. I understand that participation in this conference/project may involve the risk of hostage taking or extortion. I release and discharge IM, its Trustees, employees, and agents from any and all liability should I be taken hostage. I further release and discharge IM, its Trustees, employees and agents from any and all liability for failure or refusal to comply with any demand or demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.
6. If I am under age 18 (if you are, please check here ● ), I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release.

\*For persons under the age of 18 (19 in Alabama) and not living away from parent/guardian:

I, the undersigned parent or legal guardian of the above person, consent to the below named person's participation in this activity and agree to the terms of this release.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Print Name of Parent or Guardian**

\_\_\_\_\_  
**Date**

7. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation, 1537 Avenue D, Suite 352, Billings, MT 59102. I certify that I am competent to sign this Release, and have done so voluntarily.

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Print name of participant**

\_\_\_\_\_  
**Date**

# TRAVEL PREFERENCE FORM

IM requests that you arrange your own travel unless you are traveling to Egypt, East Germany, Jordan, Lebanon or Uganda. If you are traveling to any of these countries, please read and fill out this form COMPLETELY. **If you will be arranging your own travel, please fill out and complete only *these entries*\* and send with application.** We recommend our travel agency, Raptim, for your travel arrangements (Attn: Claudia Ford; ServeTeam2.us@raptim.org, 719-385-3302) and offer assistance upon request.

*\$1000 per person is needed in the IM office prior to purchasing your airline ticket.  
If you personally purchased your ticket, IM will reimburse you—upon request—the amount of support raised up to the cost of your tickets. There is no administration fee for this service.*

Preferred departure airport(s): \_\_\_\_\_

Ground travel time to airport(s): \_\_\_\_\_

Frequent Flyer #(s): \_\_\_\_\_ Airline(s): \_\_\_\_\_

Seating preference (*circle*): aisle middle window (If you have other seating needs, please comment below)

Airline food restrictions (*ie: gluten or dairy free, vegan, etc*): \_\_\_\_\_

Additional comments: \_\_\_\_\_

**\*Check box if:** (does not apply to those traveling to Egypt, East Germany, Jordan, Lebanon or Uganda)

- I will be arranging and purchasing tickets on my own. **Before purchasing tickets**, please contact Hannah (hannah@im-usa.org) with your travel plans.
- I may want to travel before or after the camp on my own. (*Please contact IM office to ensure there are no travel security concerns with your personal travel*)
- I request IM to purchase Emergency Medical Insurance for my personal travel (*see note below for more information*).

(Specify dates and cities for additional travel) \_\_\_\_\_

**Emergency Medical Insurance:** International Messengers secures **emergency medical insurance** for your *IM trip dates*. The \$20 cost is included in your ministry cost and the paperwork for this insurance will be taken care of by office staff. If you already have insurance coverage for outside of the US, the IM coverage will be secondary. We *do not* secure insurance for any additional personal travel you may do, either ahead of or after your IM trip dates. If you are interested in obtaining an insurance quote for your personal travel, please contact Hannah.

**STEP Program:** If you are traveling to Egypt, East Germany, Jordan, Lebanon or Uganda, IM will be registering you on Smart Traveler Enrollment Program ([step.state.gov](http://step.state.gov)). The information will be sent to the nearest U.S. Embassy or Consulate in the country you are traveling to, in case of an emergency and evacuation is needed. **All other travelers are responsible to register their trip on the STEP website.**

**Questions?** Please contact Hannah: 800-243-6763 or hannah@im-usa.org





**International Messengers  
Summer Shirt Order Form  
MAY - SEPTEMBER**

Please return form to IM  
or email size and color to:  
office@im-usa.org

Every International Messengers Summer Team Member will receive a **free** T-shirt or long sleeve T-shirt. **Please CIRCLE the SIZE and COLOR you would like.** (Note: We are in the process of changing IM's shirt order form, shirt design and color selection. These changes will begin fall of 2017)

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**T-SHIRT \$13.00** (GILDAN 100% Heavyweight Cotton 6.1 oz) Adult sizes: **S M L XL 2XL 3XL 4XL**  
 Royal Blue - Berry - Sport Gray Youth sizes: **XS=2/4 S=6/8 M=10/12 L=14/16 XL=18/20**

**LONG-SLEEVE T-SHIRT \$14.00** (GILDAN 100% Heavyweight Cotton 6.1 oz) Adult sizes: **S M L XL 2XL 3XL 4XL**  
 Royal Blue - Maroon - Sport Gray Youth sizes: **XS=2/4 S=6/8 M=10/12 L=14/16**

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**CREW NECK SWEATSHIRT \$22.00** or **HOODED PULLOVER SWEATSHIRT \$26.00** (JERZEES 9oz Heavyweight 50/50)  
**S M L XL 2XL 3XL 4XL**  
 Ash<sup>4,Y</sup> - Black<sup>4,Y</sup> - Forest Green<sup>3,Y</sup> - Maroon<sup>3,Y</sup> - Navy<sup>4,Y</sup> - Purple<sup>Y</sup> - Red<sup>4,Y</sup> - Royal Blue<sup>4,Y</sup> - Sport Gray<sup>4,Y</sup> - White<sup>3,Y</sup>  
 (Youth sizes<sup>Y</sup> for sweatshirts: **XS=2/4 S=6/8 M=10/12 L=14/16**)

**SHORT-SLEEVE POLO SHIRT w/Embroidered Logo \$23.00** (6.1 oz Cotton Jersey Knit) **S M L XL 2XL**  
 Ash - Black - Forest Green - Maroon - Navy - Red - Royal - Sport Gray - White

**SHORT-SLEEVE SHIRT w/Embroidered Logo \$27.00** (Mens and Womens sizes) **S M L XL 2XL 3XL**  
 Denim (100% Cotton): Faded Blue  
 Twill (55/45 Cotton/Poly): Black - Brown - Forest Green - Khaki - Navy

**LONG-SLEEVE SHIRT w/Embroidered Logo \$31.00** (Mens and Womens sizes) **S M L XL 2XL 3XL**  
 Denim (100% Cotton): Faded Blue<sup>MT</sup> **Mens tall = <sup>MT</sup>, Womens tall = <sup>WT</sup>**  
 Twill (55/45 Cotton/Poly): Black<sup>M/WT</sup> - Brown<sup>MT</sup> - Forest Green<sup>MT</sup> - Khaki<sup>M/WT</sup> - Navy<sup>M/WT</sup> **LT XLT 2XLT 3XLT**

**FULL-ZIP FLEECE JACKET** or **HALF-ZIP PULLOVER JACKET w/Embroidered Logo \$40.00** (100% Polyester Fleece)  
 Red - Black - Charcoal - Navy - Forest Green **S M L XL 2XL**

If you would like to order additional items, please indicate size and color above and fill out the form below.  
**\*\*Items will be ordered if payment is received with order form, so please also include a check payable to International Messengers for the proper amount.**

ITEM (do not include free item here - circle free item above)	COLOR	SIZE		PRICE
			TOTAL	**

**NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_



**International Messengers  
Winter Shirt Order Form  
OCTOBER - APRIL**

Please return form to IM  
or email size, color and type to:  
office@im-usa.org

International Messengers Winter Team Members will receive a **free** sweatshirt, T-shirt or long-sleeve T-shirt. **Please CIRCLE the SIZE and COLOR you would like.** (Note: We are in the process of changing IM's shirt order form, shirt design and color selection. These changes will begin fall of 2017)

**SWEATSHIRTS \$22.00** (JERZEES 9oz Heavyweight 50/50) **S M L XL 2XL 3XL<sup>3</sup> 4XL<sup>4</sup>**

Ash<sup>4,Y</sup> - Black<sup>4,Y</sup> - Forest Green<sup>3,Y</sup> - Maroon<sup>3,Y</sup> - Navy<sup>4,Y</sup> - Purple<sup>Y</sup> - Red<sup>4,Y</sup> - Royal Blue<sup>4,Y</sup> - Sport Gray<sup>4,Y</sup> - White<sup>3,Y</sup>

**HOODED PULLOVER SWEATSHIRT \$26.00** (JERZEES 9oz Heavyweight 50/50) **S M L XL 2XL 3XL**

Ash<sup>4,Y</sup> - Black<sup>4,Y</sup> - Forest Green<sup>3,Y</sup> - Maroon<sup>3,Y</sup> - Navy<sup>4,Y</sup> - Purple<sup>Y</sup> - Red<sup>4,Y</sup> - Royal Blue<sup>4,Y</sup> - Sport Gray<sup>4,Y</sup> - White<sup>3,Y</sup>

**T-SHIRT \$13.00** (GILDAN 100% Heavyweight Cotton 6.1 oz) Adult sizes: **S M L XL 2XL 3XL 4XL**

Royal Blue - Berry - Sport Gray Youth sizes: **XS=2/4 S=6/8 M=10/12 L=14/16 XL=18/20**

**LONG-SLEEVE T-SHIRT \$14.00** (GILDAN 100% Heavyweight Cotton 6.1 oz) Adult sizes: **S M L XL 2XL 3XL 4XL**

Royal Blue - Maroon - Sport Gray Youth sizes: **XS=2/4 S=6/8 M=10/12 L=14/16**

**LONG-SLEEVE SHIRT w/Embroidered Logo \$31.00** (Mens and Womens sizes) **S M L XL 2XL 3XL**

Denim (100% Cotton): Faded Blue<sup>MT</sup> **Mens tall = <sup>MT</sup>, Womens tall = <sup>WT</sup>**  
 Twill (55/45 Cotton/Poly): Black<sup>M/WT</sup> - Brown<sup>MT</sup> - Forest Green<sup>MT</sup> - Khaki<sup>M/WT</sup> - Navy<sup>M/WT</sup> **LT XLT 2XLT 3XLT**

**FULL-ZIP FLEECE JACKET w/Embroidered Logo \$40.00** (100% Polyester Fleece) **S M L XL 2XL**

Red - Black - Charcoal - Navy - Forest Green

**FULL-ZIP FLEECE VEST w/Embroidered Logo \$38.00** (100% Polyester Fleece) **S M L XL 2XL**

**HALF-ZIP PULLOVER JACKET w/Embroidered Logo \$40.00** (100% Polyester Fleece) **S M L XL 2XL**

Red - Black - Charcoal - Navy - Forest Green - Royal/Cobalt Blue

If you would like to order additional items, please indicate size and color above and fill out the form below.  
**\*\*Items will be ordered if payment is received with order form, so please also include a check payable to International Messengers for the proper amount.\*\***

ITEM (do not include free item here - circle free item above)	COLOR	SIZE		PRICE
			<b>TOTAL</b>	<b>**</b>

**NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

## DID YOU REMEMBER TO . . .



- provide your full legal name *as listed on your passport*?
- provide your passport number *and* expiration date? If you do not have this information yet, please send your application without it. Don't hold onto it. You can send us this information later after you receive it.
- include a recent photo of yourself? If you are alumni please include an updated photo.
- fill out your Shirt Order Form completely? Color *and* size? (If your church team will be choosing a team color, but has not done so yet, please note that on the form with your size indicated.)
- answer all the questions on the reverse side of page one of your application or alumni update?
- provide your health insurance information?
- have the Travel Consent Form (if you are the parent(s) or legal guardian(s) of a short-termer who is 17 years of age or under) notarized? Please return a copy of the notarized form to IM and place the original with your child's airline ticket.

Thank you for filling out all parts of your application completely. Please let us know if you have any questions.

