

**Mission Trip Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First M. Initial Last Name*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

What is the easiest way to contact you?  Phone  Text  Email  Facebook  WhatsApp  Instagram

What is your Facebook Name? \_\_\_\_\_ Instagram: \_\_\_\_\_ WhatsApp: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO Do you agree to a full background check?  YES  NO

**Emergency Contacts**

**In case of emergency, please notify:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_  
*Cell / Home / Work*

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_  
*Cell / Home / Work*

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## About Your Travel Document

Passport Issuing Country: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Passport Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a U.S. Citizen?      YES    NO  
          Social Security Number: \_\_\_\_\_

Are you a U.S. Permanent Resident?      YES    NO  
          Green Card Number: \_\_\_\_\_

Do you have a current U.S. Visitor's Visa      YES    NO  
          Visa Expiration Date: \_\_\_\_\_

### **\*This Information is needed for participants going on a Caribbean Mission trip ONLY**

Father's Full name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_  
(Before Marriage)

Your Current Place of Employment \_\_\_\_\_ Occupation: \_\_\_\_\_

## Education

Name of Educational Institution: \_\_\_\_\_

University    College    High School      If in High School, are you a Senior?      YES      NO  
                                   

College/University (Undergraduate)      Freshman      Sophomore      Junior      Senior      Graduated?      YES      NO  
                                         

Major: \_\_\_\_\_

Graduate School      YES      NO      Program:      Masters      PhD      Graduated?      YES      NO  
                                         

Major: \_\_\_\_\_

## Information About Your Church

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address / City / State / Zip Code*

Pastor's Name \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## References

Please List Two (2) Personal References:

Church Leader: \_\_\_\_\_ Senior Pastor  Deacon / Elder  Youth Pastor  SS Teacher

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference # 2: \_\_\_\_\_ Senior Pastor  Deacon / Elder  Youth Pastor  SS Teacher

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Information About Your Health

Do you have Health Insurance? YES  NO  Does your policy cover you overseas? YES  NO

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any health problems? Are you taking any medications? If so, please list your medications:

Please list any allergies or medication intolerances you may have:

\*\*\* The cost of the mission trip covers a **Travelers Insurance Policy** available to all PathWay Abound participants for the duration of each mission trip (from the day of departure until the day of arrival).

## Mission Trip Guidelines

Since we are representing the Lord, the mission will have standards of dress, conduct, and accountability.

Are you willing to follow the mission guidelines and mission leadership even though you might not totally agree with them in every situation?

YES  NO

(This is related to preference of clothing or difference of opinion, not something unbiblical or immoral).\*

Participants on any PathWay Abound Mission Trip are required to raise the total trip cost. (The trip cost covers: airfare, housing, meals, transportation, travel insurance, etc).

**It is our expectation that you will develop a team of prayer and financial ministry partners who will help send you on this mission trip. You will receive resources on how to do this.**

Do you agree to raise the funds to cover the cost of your mission trip?

YES  NO

If you are unable to raise the total cost of the trip, do you commit to pay PathWay the owed funds?

YES  NO

**My Commitment:** If I am not able to raise the total cost of the trip, I commit to pay the remaining amount from my own reserves/funds until the debt is fully met.\*

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Full Name

Signature

Date

## PathWay Criminal/Background Check Policy

PathWay College Ministry believes that individuals previously convicted of criminal acts can be fully restored through the work of Christ in their life. We also strive to be good stewards of our resources and diligent with our concern for the safety and security of all team members/volunteers, staff, and resources affiliated with the ministry.

Therefore, any applicant(s) who has been arrested and/or convicted of crimes against a minor(s) or sexual offenses are prohibited from participating in any PathWay programs.

Other felony convictions that involve crimes against persons or crimes that, in the sole discretion of PathWay College Ministry, indicate the volunteer applicant is unsuited for this ministry opportunity, requires a clean record for at least five (5) years following the conviction or release from prison (whichever is the latter.)

PathWay College Ministry reserves the right to restrict or deny volunteer opportunities to any applicant who PathWay College Ministry reasonably believes may jeopardize the safety and security of its volunteers, ministry partners or staff. All Applicants over the age of 18 must undergo a Background Check before they are approved to participate.

\* Please download and complete the PathWay Sanctions Criminal History Inquiry Form and return to:  
PathWay Abound Registrar, PO Box 231, Burlington NC 27216

## Important Information

### Complete and submit your Mission Trip Application Form **PLUS**:

1. Enrollment Application Fee \$200      **This fee is Non-Refundable** but creditable towards the total trip cost.
2. Print, **Sign** and Send
  - PathWay Doctrinal Statement
  - PathWay Statement of Conduct
  - PathWay Sanctions Criminal History Inquiry Form

\*To pay the Enrollment Application Fee and download forms go to: <https://www.pathwaycom.org/missions/payment/>

Complete all forms and return to: PathWay Abound Registrar, PO Box 231, Burlington NC 27216

- Please Consider:**
1. The Cost of the **Mission Trip** includes airfares from Raleigh (RDU) or Greensboro (GSO) to our destination.
  2. Please do not make arrangements to purchase airfare tickets *unless* the applicant is not a resident of North Carolina. Consult with the trip director about joining the team from *Out of State*.
  3. It is your responsibility to have up-to-date travel documents. The cost of the trip does not cover passport application fees (for a new passport) or passport renewal fees. Please plan ahead.

### For participants going on a Caribbean Mission Trip Only:

1. All of the information in this form is required for us to apply for your Religious Visa.
2. Visas are processed overseas. It takes that country three (3) months to process and approve all Religious Visas. We have no control over the process time or whether Visas are approved or rejected.

## PathWay Abound Refund Policy

All PathWay Abound Mission Trips must be budgeted beforehand.

Budget estimates include the cost of airfares (to any of our field destinations), transportation, accommodations, meals, ministry expenses, travel insurance, car rental and in some cases (as in the Caribbean) financial aid toward the cost of the conference/teaching seminars.

We understand that circumstances beyond your control may arise. Such circumstances may force you to withdraw from a mission team after applying or after you start raising support; **however,**

1. PathWay **will not** be able to refund the funds raised for the trip.
2. The funds raised **will not** be credited towards another mission trip.
3. All funds received will be used exclusively to cover the trip cost already established in the budget.

Do you agree with the PathWay Abound Refund Policy?      YES      NO  
     

PathWay College Outreach Ministry is a 501(c)(3) Nonprofit Christian Organization. All contributions made to PathWay will be acknowledged with an official receipt for income tax purposes.



## MY PERSONAL COMMITMENT

I, \_\_\_\_\_ understand that **PathWay Abound** is designed to promote spiritual growth and maturity through instruction, training, and “hands-on” experience in the basic skills and disciplines of the Christian life. I have stated my personal goals and objectives and how I hope to benefit from the **Abound** program.

I agree to participate in a required practical training session called *Boot Camp*.

As an **Abound** team member, I agree to wholeheartedly comply with **PathWay’s Statement of Faith and Standard of Conduct**, the **Abound** program and purposes. In addition, I will avail myself of those opportunities which can best assist me in my Christian walk.

I have carefully read this entire application form and prayerfully considered all of its contents. I feel that I understand both the function and the objective of **PathWay Abound**.

As an **Abound** team member, I agree to be at Boot Camp on \_\_\_\_\_ (to be announced) at 8:00 AM (Venue: 1<sup>st</sup> Baptist Church of Alamance – 4363 NC Hwy 62 South, Burlington, NC 27215).

I agree to remain with the group at all times and in the program until its completion.

**PLEASE NOTE:** Staff and Prospective Counselors will be required to attend the Staff & Counselor Training Program before Boot Camp.

I realize that submitting this application does not mean that I will automatically be selected as a PathWay Abound team member. However, I will be praying for the Lord’s guidance and wisdom in selecting the right team for His glory. As an **Abound** member, I will count it a great privilege to be a part of the team and with the help of the Holy Spirit seek to cooperate in every way to fulfill the goals of this missionary endeavor.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail your application to: Pathway College Ministry, PO Box 231, Burlington NC 27216  
Phone: (336) 480-4755 E-mail: [info@pathwaycom.org](mailto:info@pathwaycom.org) Web: [www.pathwaycom.org](http://www.pathwaycom.org)



## RELEASE OF ALL CLAIMS

This Agreement and Release is made on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between PathWay College Outreach Ministry, Inc. in Burlington, NC, a religious, non-profit organization and \_\_\_\_\_ and \_\_\_\_\_ (Parent) Or \_\_\_\_\_ (Spouse)

The above-mentioned participant will be voluntarily participating in a short-term mission's activity from \_\_\_\_\_ which is arranged, supervised, sponsored or in some manner involves PathWay College Ministry. PathWay College Ministry involvement may vary from close supervision, if any, to incidental contact between PathWay and the participant.

### AGREEMENT

1. The above-mentioned participant, at his own cost, shall arrange for and maintain health, major medical and hospitalization insurance during the period of activity mentioned above. Such insurance shall provide coverage for any and all expenses caused by illness, injury, accident or death.
2. In consideration of the opportunity to engage in such activity, the participant hereby and for his or her heirs, executors, administrators, successors and assigns, RELEASE, acquit and forever discharge and hold **PathWay College Outreach Ministry** harmless from all claims whatsoever resulting from illness, accident, injury, hospitalization or death of the participant arising from any such short-term mission activity.
3. By his or her signature, the parent of any minor participant and/or the spouse of such participant hereby also, for his or her heirs, executors, administrators, successors and assigns, RELEASE, acquit and forever discharge and hold **PathWay College Outreach Ministry** harmless from any claims such parent or spouse may have as a result of the illness, injury, accident, hospitalization or death of the participant.
4. In addition, all parties to this Agreement further RELEASE, hold harmless and forever discharge any agents, employees, administrators and all other persons who may be acting on behalf of or in the stead of **PathWay College Outreach Ministry** and with respect to all activities contemplated herein.
5. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not set forth herein has been made to the undersigned, and that this Release contains the entire agreement between parties hereto.

**Turn the page over**

**THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.**

IN THE PRESENCE OF:

|                               |                                      |                    |
|-------------------------------|--------------------------------------|--------------------|
| _____                         | _____                                | _____              |
| Participant's Full Name       | Participant's Signature & Date       | Driver's License # |
|                               |                                      |                    |
| _____                         | _____                                | _____              |
| Witness 1. Full Name          | Witness 1. Signature & Date          | Driver's License # |
|                               |                                      |                    |
| _____                         | _____                                | _____              |
| Witness 2. Father's Full Name | Witness 2. Father's Signature & Date | Driver's License # |
|                               |                                      |                    |
| _____                         | _____                                | _____              |
| Witness 3. Mother's Full Name | Witness 3. Mother's Signature & Date | Driver's License # |
|                               |                                      |                    |
| _____                         | _____                                | _____              |
| Witness 3. Spouse's Full Name | Witness 3. Spouse's Signature & Date | Driver's License # |

**This form must be signed by the participant's parent(s) or guardian(s) if the participant is under the of age 21.**

**Note:**

If you are under the custody of both parents, both signatures are required.

If your parents are divorced, or if there is only one parent in the family, the signature of the parent who has custody of you is required.



## Sanctions & Criminal History Inquiry Form

### IMPORTANT - PLEASE READ:

The disclosure of prior criminal justice system involvement will not necessarily adversely affect your employment / volunteering opportunity. Among other factors, we will evaluate: the number, nature, and severity of offense(s); the relevance of the offense(s) to the position sought; the time that has passed since the offense(s); your education, work history, and conduct since the offense(s); and any other criteria mandated by state or federal law.

Additionally, where legal, any non-conviction information will be reviewed to determine whether it is reasonable to believe that you engaged in the alleged underlying conduct. The fact of an arrest will not, in and of itself, be a factor in determining your eligibility for employment.

Failure to the information requested below accurately and fully will be considered fraud and result in the elimination of your consideration for this position or your termination from employment/volunteer. PathWay College Ministries conducts very thorough background investigations.

1. Have you ever been sanctioned, excluded, or otherwise prohibited from participating in any healthcare, financial, procurement, religious, or other program funded, regulated, or operated by any federal, private or state agency?

I have no history as described above.

The full accounting of the information requested above is provided below.

(Please provide the agency involved, the date of action, the nature of the action, and the current status of the action. You may also provide this information on a separate document bearing your signature and the date, if desired.)

2. With the exception of information detailed in the jurisdiction-specific exclusions below, please list **all** misdemeanor and felony criminal matters, regardless of age or outcome and including any active cases, in which you were charged or for which you participated in a pre-trial diversion or other program to avoid prosecution.

Please also provide the details of any registration for sexual or violent offenses, except for those in which the underlying criminal case was expunged, annulled, or erased and you have no continuing registration requirement.

Also provide information about any arrests in the prior twelve months, including information as to whether charges are pending or other information concerning the outcome of the arrest, or active investigations which may result in prosecution.

Exclude any sealed, expunged, annulled, or erased records. Also exclude minor traffic safety violations for which no arrest was made.

**Sanctions & Criminal History Inquiry Form**

**Select One:**

- I have no criminal information as requested above.
- The full accounting of the information requested above is provided below.  
(Please provide dates, offense information, city and state, and disposition information, including the status of the case; if the case was dismissed, the reason for the dismissal; whether a conviction occurred; or describe any other outcome.  
You may also provide this information on a separate document bearing your signature and the date, if desired.)

| Date  | Jurisdiction (City/County, State) | Offense | Status & Disposition (Pending, Dismissed, Convicted, etc.) & Sentence (if applicable) |
|-------|-----------------------------------|---------|---|
| _____ | _____                             | _____   | _____   |
| _____ | _____                             | _____   | _____   |
| _____ | _____                             | _____   | _____   |
| _____ | _____                             | _____   | _____   |

**Individualized Assessment:**

If you believe that the information provided above does not adequately reflect the circumstances surrounding your criminal history or if there is additional information not included in the information you have already provided that you believe the PathWay C.O.M should be aware in evaluating your fitness for this position (including but not limited to character or employment references, training or education you've received, evidence of rehabilitation), please provide that information below.  
You may also provide this information on a separate document bearing your signature and the date, if desired.

**Printed Name**

**Signature**

**Date**