



38615 Calistoga Dr. Ste. 100
Murrieta, CA 92563
Phone: (951) 677-4474 Fax: (951) 677-4405
www.frmusa.org

CONFIDENTIAL MISSIONARY APPLICATION

Please Note: If married/engaged, both husband and wife or fiancé need to complete a separate application.

Applying for a trip to (Circle)		During		Today's Date	
Kenya Uganda Sudan					
Date of Birth		Please type or print your legal name			
		Last	First		Middle
Mr. Mrs. Miss.					
Present mailing address and contact info					
Street number and name					
City			State		Zip
Home			Work		
()			()		
Mobile			E-mail 1		
()					
E-mail 2					
Occupation			Work Hours		Best time to reach you

Driver's license number	State	Eye Color	Hair Color
Passport number		Issuing agency	Exp. Date
Please attach one color copy of your passport and one color copy of your driver's license (Do not fax this information).			
MARITAL STATUS			
	Single	Engaged	Married
			Widowed
Give full name of your spouse or fiancé			
Please list your children and/or dependents			
Full Name	Relationship	Date of Birth	School Grade
Name and address of person to be notified in case of an accident or emergency			
Name	Home Phone	Relationship	
Street number and name			
City	State	Zip	
Mobile Number	Work Number		
E-mail	E-mail 2		

HOME CHURCH INFORMATION

Church Name	
--------------------	--

Address

--

City	State	Zip
-------------	--------------	------------

--	--	--

Telephone	How long have you attended?
------------------	------------------------------------

()	
----------	--

Pastor's Name	
----------------------	--

Have you been ordained?	When?	By whom?
--------------------------------	--------------	-----------------

--	--	--

PLEASE ANSWER THE FOLLOWING QUESTIONS AND USE SCRIPTURAL SUPPORT WHERE APPROPRIATE:

This is not a test of your Bible knowledge, but we do want to know what you believe regarding some essential Christian doctrines. (Answer both, what is your perspective on and do you engage in any of the following? On a separate sheet of paper.)

- A. Please write a short description of your conversion to Christianity.
- B. What is salvation and how is it obtained?
- C. How would you explain who Jesus Christ is?
- D. What is the Trinity?
- E. Please describe what the inerrancy of Scripture means.
- F. What is the significance of water baptism?
- G. What is the role of the local church?
- H. What is the baptism of the Holy Spirit?
- I. What is your perspective on, and do you engage in any of the following?
 - 1) Drunkenness
 - 2) Use of illegal drugs
 - 3) Adultery (*Sex with someone other than your spouse*)
 - 4) Fornication (*Sex without being married*)
 - 5) Pre-Marital Sex (*Sex with a fiancé prior to marriage*)
 - 6) Pornography
 - 7) Homosexuality
 - 8) Masturbation
 - 9) Sorcery
- J. What is your understanding of biblical submission and please cite and explain all relationships that you know of which require biblical submission.

YOUR CALL:

On a separate sheet of paper, please tell us why you feel called to serve, where you feel called to serve, and how you envision yourself serving.

INTERNATIONAL HEALTH INSURANCE

I understand that I am required to have international medical insurance for the duration of my travel with FRM. I _____ commit to either purchasing appropriate coverage and providing FRM with proof of coverage no less than thirty (30) days prior to my date of departure, or to confirming with my current healthcare provider that I am already covered for international medical situations and sending FRM confirmation of that coverage no less than thirty (30) days prior to my date of departure.

Signature		Date	
------------------	--	-------------	--

Non-Refundable Deposit \$350 Upon Acceptance

Signature		Date	
------------------	--	-------------	--

**ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE
(Use a separate sheet if necessary)**

1. In what country(ies) do you desire to minister?

2. To what extent have you studied this country(ies) including the people and culture?

3. Have you ever traveled outside of the United States before? If so, when and where?

4. Please indicate which of the following you have enjoyed doing or which interests you:

Children’s Ministry	<input type="checkbox"/>	Experience	
Home Bible Studies	<input type="checkbox"/>	Experience	
Prison Ministry	<input type="checkbox"/>	Experience	
Hospital Ministry	<input type="checkbox"/>	Experience	
Evangelistic Outreach	<input type="checkbox"/>	Experience	
Music or Drama	<input type="checkbox"/>	Experience	
Construction	<input type="checkbox"/>	Experience	
Teaching ESL	<input type="checkbox"/>	Experience	
Other	<input type="checkbox"/>	Experience	

SPECIAL SKILLS (Check all that apply)						
Accounting	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Radio, TV, Film	<input type="checkbox"/>	
Administrative	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Sales	<input type="checkbox"/>	
Agriculture	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	
Artwork	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	
Athletic/Coaching	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Photography	<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>	Electrical Work	<input type="checkbox"/>	Journalism	<input type="checkbox"/>	
Public Relations	<input type="checkbox"/>	Typing	<input type="checkbox"/>	WPM	<input type="checkbox"/>	
Computer	<input type="checkbox"/>	Specify				
Data Processing	<input type="checkbox"/>	Specify				
Medical Skills	<input type="checkbox"/>	Specify				
Musical Skills	<input type="checkbox"/>	Specify				
Other	<input type="checkbox"/>	Specify				
1. What languages do you speak other than English?						
2. What are the gifts you feel the Lord has given you? (Explain)						
3. Do you work better alone, with <u>one</u> other person, or with a team?						
4. Have you ever spoken in front of a group? If so, when and where?						
5. Have you ever led worship or taught a Bible study? (Explain)						
6. Have you ever been involved with any other type of outreach or ministry? If so, when and where?						
7. Are you currently doing any kind of ministry? If so, what kind?						
8. Are you afraid to fly in an airplane?	<input type="checkbox"/>	Not at all	<input type="checkbox"/>	A little	<input type="checkbox"/>	Yes

9. Are you more comfortable ministering in the city, suburbs, rural areas or areas where you have to "rough it"?			
10. How well do you react under pressure? (Explain)			
11. Do you follow instructions well? (Explain)			
12. Do you get along well with people in close contact?			
13. Do you understand that even though this will be one of the most memorable experiences of your life, that it is NOT a vacation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	

MEDICAL INFORMATION

Please answer the following questions accurately and honestly. All information will be handled with a high standard of professional confidentiality. We are collecting and keeping this information on record so that we can provide medical personnel with complete information should a medical emergency or serious illness occur while you are on the field. Far Reaching Ministries does not provide health insurance for individuals going on short-term trips and assumes no liability for injuries sustained on the field.

Weight	Height	Blood Type
1. Women: are you pregnant?		
2. Describe your general health and physical fitness.		
3. During this trip, you may be required to do some physical activity, such as walking a mountain trail. Do you feel you will be able to do this? If not, explain.		
4. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied? If so, please explain.		
5. Has a doctor prescribed you medicine in the last six months? If Yes, please list here.		
6. Are you presently under medication prescribed by a physician? If yes, please list on the following page.		
7. Do you suffer from a weak stomach or motion sickness?		
8. Have you ever been treated for a nervous, mental, or emotional disorder? If yes, what was/is the nature of the disorder?		
9. If you have recently been under a doctor's care, do you now have a medical release for the mission field? (Explain)		

Health Conditions	Yes	No
Alzheimer's Disease		
Asthma		
Alcoholism		
AIDS or AIDS related complex		
Allergies (Please specify here)		
Arthritis		
Back Disorder		
Birth Defects		
Brain Tumor		
Cancer		
Chest Pain		
Chronic Respiratory Disease (Other than Asthma)		
Chemical Dependency		
Diabetes		
Physical or Mental Disability		
Heart Problem		
HIV Positive		
High Blood Pressure		
Hormonal Disorder (Please specify)		
Kidney Disorder		
Obesity		
Mental Illness		
Muscular Disorder		
Nervous System Disorders		
Pregnancy		
Liver Disease		
Stroke		
On the waiting list or have received a Transplant		
Other Illnesses		

Have you been diagnosed and/or being treated or have been advised to get treatment for any of the following conditions? If you answer, "Yes" to any of the following conditions below please give us a detailed explanation of the condition and what treatment you are taking for the condition in the space provided below.

Please check off if you suffer from any of the following physical conditions:			
Severe food allergies	<input type="checkbox"/>	Specify	
Neuro-muscular disorders	<input type="checkbox"/>		
Other Allergies (Be sure to specify intensity– i.e. if you require an epi-pen)	<input type="checkbox"/>	Specify	
Heart disease	<input type="checkbox"/>		
Kidney disease	<input type="checkbox"/>		
Lung disease	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Psychological illness	<input type="checkbox"/>		
Others	<input type="checkbox"/>	Specify	
List any medications you may be taking while on the field and any side effects that may accompany those medications			
Medication		Side effect	
If you require any medications or other personal items such as contact lens solutions, etc. You must bring them with you on your trip.			
I understand that the medication I require may not be available in Africa.		Initial here	
If you are working in any part of Uganda, Sudan, or Kenya, you are required to be on Malaria prophylaxis medication. This should be started a week before your travel to the mission field. We highly recommend that you avoid Lariam (Mefloquine) as it has neuropsychiatric side effects.			
What malaria medication will you be taking?		What are its possible side effects?	

What vaccinations have you received to prepare for travel overseas?	
Vaccine	Date of vaccination
Has your doctor prescribed you a special diet? If so, please specify why you have been placed on the diet and what the restrictions of the diet are.	
Are you allergic to any medications? If so, please specify.	
In case of a medical emergency, who should we contact?	
Name	Address
Relationship	
Home phone	Work (Daytime) phone
Mobile phone	E-mail address
I have answered the above information to the best of my knowledge honestly and with a clear conscience. I am aware that if accepted, I am responsible to raise whatever financial support is necessary to fund this short term trip. I further agree to allow Far Reaching Ministries to use my picture in ministry publications for the sole purpose of communicating the work that God is doing among the people I am applying to minister to.	
Signature	Date
Full Name (Please Print)	
I have reviewed the above medical application filled by _____ (person traveling) and as _____'s. (person traveling) physician, I recommend that he/she is fit / not fit (please circle the one that applies) to travel overseas.	
Signature	Date
Full Name (Please Print)	

Declaration of Information

I _____ (name), declare under penalty of perjury under the laws of the State of California that the foregoing answers provided in this application on pages three – ten, are all true and correct.

Executed this:

_____ DAY OF _____, _____ AT _____, _____
DAY MONTH YEAR CITY STATE

APPLICANT NAME

"I, _____ UNDERSTAND THAT IF AT ANY TIME, FAR REACHING MINISTRIES, IN ITS OWN DISCRETION, DETERMINES THAT ANY OF THE ABOVE RESPONSES THAT I HAVE PROVIDED TO ANY AND ALL QUESTIONS OR INQUIRIES, IS FALSE, MISLEADING, OR IN ANYWAY DECEPTIVE OR EVASIVE, I UNDERSTAND THAT I MAY BE RELEASED FROM FAR REACHING MINISTRIES FORTHWITH, WITHOUT ANY NOTICE, PROOF, OR OPPORTUNITY TO BE HEARD. _____ (Signature)

(Please be sure to sign this form in the presence of notary before sending it to the office).

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

PRINT NAME OF SPOUSE, PARENT
OR GUARDIAN

SIGNATURE OF SPOUSE, PARENT,
OR GUARDIAN

DATE

State of _____

County of _____

Subscribed and Sworn to Before Me On:

By _____
NOTARY PUBLIC

All three individuals must initial here:

Applicant: _____ Spouse, Parent, Guardian, or Next-of-Kin: _____ Notary: _____

REFERENCES

Please have three individuals fill out and return the enclosed reference forms. One should be from **your pastor** or another leader in your church who has observed you in ministry. The other two should be from individuals who have known you well for at least one year. Your application cannot be considered until all three references have been received. Individuals who are related to you by blood should **not** fill out the references.

APPLICATION CHECKLIST

PLEASE NOTE:

If you are traveling to Sudan, please have two (2) passport-style color photos (can be taken at Costco, Wal-Mart, or Kinko's) with you. You take these with you to Sudan. This is absolutely necessary for your VISA to permit you travel into Sudan.

Have you...

- Completely filled out the application in the manner requested?
- Filled out, signed, and notarized the Release of Liability, Assignment of Authority and Declaration of Information?
- Filled out your name, etc. for your reference forms?
- Given your reference forms to the three necessary people?
- Enclosed the requested copies of Passport and Drivers License?
- Signed and dated this application?
- Filled out background application and included a \$35 check to Far Reaching Ministries?

After receiving your completed application, including references and releases, a representative from our office will contact you within 30 days. There is a \$350 non-refundable deposit due at the time of acceptance. Thank you for your interest in serving God through Far Reaching Ministries, may He bless and direct you in all that you do!



38615 Calistoga Dr. Ste. 100
Murrieta, CA 92563
Phone: (951) 677-4474 Fax: (951) 677-4405
www.frmusa.org

REFERENCE FORM

TO THE APPLICANT: Print your name and address on the lines below. Provide a stamped envelope addressed to Far Reaching Ministries at the address above for the person filling out the reference form.

Last Name of Applicant First Name M.I. Phone Number

Applying for a trip to: _____ During: _____ Group/Church (if applicable) _____

TO THE PERSON WRITING THE REFERENCE: Far Reaching Ministries is a missionary organization in fellowship with Calvary Chapel Costa Mesa. We desire to see discipleship and a Bible teaching church made available to every African. The individual named above has applied to go on a mission trip with Far Reaching Ministries and has requested that you provide us a reference for them. The information we receive from you will assist us in determining whether or not the applicant is suitable for ministry in Africa. Please complete the following and submit it to our office as soon as possible.

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. How long has the applicant been an active Christian? _____
4. Describe the evidence you see in the applicant's life of his or her commitment to follow Christ.

5. What gifts or ministries do you feel God has given the applicant?
- _____

6. Circle the number at the appropriate place on each scale. Mark the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

		LOW		AVERAGE			HIGH	
Responsibility								
Ability to assume & carry out obligations	?	1	2	3	4	5	6	7
		Not responsible		Somewhat Responsible		Responsible	Very Responsible	
Adaptability								
Ability to adjust to changes in circumstances	?	1	2	3	4	5	6	7
		Much Difficulty		Moderate Ability to Adapt		Adapts Well	Very Adaptable	
Perseverance								
Ability to move ahead in the face of Adversity	?	1	2	3	4	5	6	7
		Does Not Persevere		Sometimes Perseveres		Usually	Almost Always	
Personal Appearance & Manner								
	?	1	2	3	4	5	6	7
		Careless		Fair		Good	Very Good	

Social Poise

Social demeanor or ? 1 2 3 4 5 6 7

**Cooperation/
Teamwork**

? 1 2 3 4 5 6 7

Communication

Ability to present thoughts ? 1 2 3 4 5 6 7

Spiritual Maturity

Demonstrates maturity and consistency ? 1 2 3 4 5 6 7
Very Immature Somewhat Immature Mature Very Mature

Church Involvement

Relationship with local church ? 1 2 3 4 5 6 7
Very Infrequent Somewhat Involved Active Deep Involvement

Emotional Stability

Response to stressful situations ? 1 2 3 4 5 6 7
Much Difficulty Some Difficulty Handles Well Exceptionally Well

Personal Ministry

Active, positive influence on others for Christ ? 1 2 3 4 5 6 7
Does Not Conduct Limited Ability Active Exceptional Ability

Leadership (evident)

Concrete evidence of ability to direct, guide others to Jesus ? 1 2 3 4 5 6 7
Almost Never Leads Leads on Occasion Leads Often Exceptional Leadership

Leadership(potential)

Concrete evidence of ability to direct, guide ? 1 2 3 4 5 6 7
Low Potential Some Potential Good Potential Exceptional Potential

7. Please include any other information that could be helpful in the consideration of this application. Use additional paper if necessary. _____

8. Do you have any reservation(s) about this applicant? If so, what are they? Use additional paper if necessary. _____

9. **For pastoral references only:** Are you comfortable sending this individual out as a representative of your church? Use additional paper if necessary. _____

Signature _____ Date _____

Name (Print) _____ Position/Title _____

Address _____

Phone () _____ Work Phone () _____

Organization or church to which you belong _____

Thank you for your cooperation in this matter. Please mail this reference form to the address at the top of the first page of this form.

**RELEASE FROM LIABILITY TO:
Far Reaching Ministries, Inc**

I, _____, as a voluntary missionary, on behalf of myself, my spouse, my parents, relatives and other family members, including but not limited to heirs, executors, administrators, successors and assigns, do hereby release FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns from any and all liability or responsibility for injury to me of any kind whatsoever, including but not limited to, any actions taken on my behalf pursuant to the attached ASSIGNMENT OF AUTHORITY LIMITED DURABLE POWER OF ATTORNEY (incorporated herein by referenced), acts of God, Force Majeure, death, serious bodily injury, physical or mental torture, hazardous disease(s), starvation, injuries sustained and circumstances suffered in war zones, terrorism, emotional distress of any nature, including post traumatic syndrome, along with any property damage or other economic loss(es) that I will or may sustain on the missionary trip with FAR REACHING MINISTRIES, INC. to any continent around the world, including the continent of Africa.

I acknowledge that overseas travel and overseas conditions may be extremely dangerous and I agree to assume all risks inherent therein, including but not limited to risk of death, detention, and/or incarceration by the authorities of the country of countries that are traveled, torture, slavery, bodily injury, emotional distress, exposure to war conditions, terrorism, hazardous disease, acts of God or Force Majeure.

I hereby agree to hold harmless and covenant not to bring any claim, action, or lawsuit against FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns, for any and all potential or actual injury or loss sustained as described herein.

I also acknowledge that travel schedules, accommodations, dates and itineraries are beyond the control of FAR REACHING MINISTRIES, INC. and are therefore subject to change without notice. I hereby relieve FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns, from any claim or responsibility for any loss, injury, or inconvenience that I may sustain.

If any provision of this release in found to be unenforceable, void, or unlawful for any reason, that provision will be deemed severed from this Release, and the remaining provisions of this Release will remain in full force and effect.

(Please be sure to sign this form in the presence of notary before sending it to the office).

PRINT NAME OF VOLUNTEER

SIGNATURE OF VOLUNTEER

PRINT NAME OF SPOUSE, PARENT
OR GUARDIAN

SIGNATURE OF SPOUSE, PARENT,
OR GUARDIAN

DATE

All three individuals must initial here:

Applicant: _____ Spouse, Parent, Guardian, or Next-of-Kin: _____ Notary: _____

Assignment of Authority

Limited Durable Power of Attorney

I, _____ HEREBY STATE AND DECLARE:

1. I reside at _____

2. My Date of Birth is _____

3. My Passport Number is _____

4. I have willfully and voluntarily decided to undertake a missions project which includes travel to various continents of the world with FAR REACHING MINISTRIES, INC. on or about _____ to _____

5. I have been well informed that there are many high risks and great dangers associated with this missionary venture but not limited to those listed in the attached **RELEASE FROM LIABILITY TO FAR REACHING MINISTRIES INC.** (Attached hereto and incorporated by reference). However, I have decided to participate in the project with full knowledge and understanding of the risks and dangers described to me, as well as the understanding that there may be other risks and dangers not presently known or foreseen, which therefore cannot be disclosed to me.

6. I understand that these risks and dangers may include, but are in no way limited to my death, being captured and/or taken hostage, being arrested or detained (lawfully or otherwise) by governmental authorities in any given country, and my disappearance under circumstances where my condition, location and/or fate are simply unknown.

7. In the event that any of these situations mentioned in paragraph 4 herein occur, it is my desire and intention that FAR REACHING MINISTRIES INC. through its agents, representatives, officers, directors, employees, assumes full and unlimited authority to make discretionary decisions based on policy mandates and/or restraints relative to myself and the situation I am involved in at that time and may have to balance my personal interests against those of other persons and/or the ministry objectives when rendering such decisions. I agree to and covenant to abide by any such decisions made on my behalf in this regard and hereby agree to hold harmless and refuse to make any claim, take any action or file any lawsuit which is in any way related to those discretionary decisions made on my behalf.

- a. The "full and unlimited authority" that I hereby grant to FAR REACHING MINISTRIES, INC. to conduct through its agents, representatives, officers, directors and employees, includes, but is not limited to the following actions:
- b. To seek information on my condition and location;
- c. Conducting any and all negotiations necessary to secure my release;
- d. To communicate with and represent my interests to governments, agencies, organizations, institutions, and individuals;
- e. To issue statements to the public and news media regarding myself;
- f. To take any other actions deemed necessary or appropriate by FAR REACHING MINISTRIES, INC. to manage, relieve, or resolve the situation in which I am involved

8. In granting "full and unlimited authority" to FAR REACHING MINISTRIES, INC., I intend for and appoint FAR REACHING MINISTRIES, INC. through its agents, representatives, officers, directors, employees, etc. to act as my ATTORNEY-IN-FACT to act in my name, place and stead in any and every way which I myself could so act if I were present as described herein.

9. This Assignment of Authority and Limited Durable Power of Attorney shall not be affected by my subsequent disability, incapacity or incompetence.

10. I have requested my next-of-kin (parent and/or spouse) to execute this document to demonstrate their acknowledgement and agreement with my desires and intentions described herein.

11. This Assignment of Authority and Limited Durable Power of Attorney does not however, authorize any one to do the following:

- a. Gain access to any of my financial assets, to spend any of my money, to incur any indebtedness on my behalf, to encumber any of my property, or to otherwise take any action regarding any financial asset or real or personal property.
- b. Make any medical or health care decisions for me.
- c. Make any decisions regarding care, supervision, or custody of any children of mine.

WHEREFORE, I HEREBY EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE AND UNDERSTANDING OF ITS CONTENTS, THIS DAY THE

_____ DAY OF _____, _____ AT _____, _____
DAY MONTH YEAR CITY STATE

DECLARANT SIGNATURE

PRINT NAME and DATE

DECLARANT'S SPOUSE, PARENT, OR NEXT-OF-KIN

PRINT NAME and DATE

(Please be sure to sign this form in the presence of notary before returning it to the office).

State of _____

County of _____

Subscribed and Sworn to Before Me On:

By _____

NOTARY PUBLIC

All three individuals must initial here:

Applicant: _____ *Spouse, Parent, or Next-of-Kin:* _____ *Notary:* _____

CONSENT AND RELEASE TO USE PHOTO, VIDEO AND/OR AUDIO FOOTAGE

I hereby grant permission to Far Reaching Ministries and Far Reaching Ministries Aviation (FRM/FRMA) and those acting under its direction, to copy, use, publish, display, produce, duplicate and/or distribute the photographic, video and/or sound recordings taken by me

_____. I further grant permission to FRM/FRMA to use segments or portions of the photographic, video, and/or sound recordings taken by me

(Applicant's Name)

_____ for announcements, informational film clips, web clips and/or

(Applicant's Name)

other uses they deem necessary to provide information, advertisement and/or publicity for Far Reaching Ministries and Far Reaching Ministries Aviation and their ministry efforts. (Examples of this include, but are not limited to, web site postings, newsprint/magazine ads, newsletters, brochures, postcards, invitations, program covers, outdoor banners, signs, marquee posters, correspondence, informational or promotional videos and video clips for website.) This release is a donation to FRM/FRMA ministries and I do not expect any compensation in return for the grant of use per this consent. Further, FRM/FRMA has not advised as to the value of said donation, nor whether or not said donation is tax deductible. While FRM/FRMA will acknowledge receipt of this material/donation, I personally assume any and all responsibility/liability should I seek to deduct this donation from my income taxes.

I hereby further grant permission for FRM/FRMA the right to use any photos, (digital or negative) and/ or video and audio that I have obtained during my mission trip(s) and I agree to supply to these photos, videos and audio to FRM/FRMA in a timely manner. I understand that Far Reaching Ministries will use this media content that I provide for the same purposes mentioned herein above.

Release and Consent for Adult Participant (over age 18)

Print _____

Name Signature _____

Address _____

Phone _____

Release and Consent for Minor Participant (under age 18)

I, the parent and/or legal guardian of,

_____ consent and grant

permission to all the foregoing.

Signature of Parent/and or legal guardian _____

Address _____

Phone _____

Please return this document with your application.