

# Harvest Bible Chapel Oakville Harvest Braila Romania Missions Trip 2012 Application



This coming summer 2012 we are excited to see how God may use us in Romania as we look to launch two short-term mission teams to come alongside Biserica Metanoia Braila ([www.metanoiabraila.ro](http://www.metanoiabraila.ro) 'Metanoia' is the Greek word for *repentance* and has been adopted by the Romanian Harvest Churches).

First, from **July 6-16**, Tim Hamer will lead up a team to run a children's camp in the mountains of central Romania. This trip is dedicated to serving in a summer camp-style environment, looking to care for upwards of 100 children ages 5-13. The tentative theme for this week will be along the lines of the Olympics and it will be a great evangelistic opportunity for Metanoia's children.

The second trip will run from **August 11-19**, and will be lead in part by Craig Turnbull, focusing on the older youth aged 14-18 and will be designed to involve the youth of Braila and beyond into committed discipleship in their local churches. This week long day camp will be extended out to neighbouring churches in the hopes of hosting 200 youth. Paired with teaching and small groups, this trip will also place a great deal of emphasis on physical activity and relationship.

Please complete the following application and return it to the office marked: **ROMANIA 2012** or email it to [Romania@harvestoakville.ca](mailto:Romania@harvestoakville.ca). Spaces are limited on this team, and applicants will be contacted directly for an interview with two of our staff or elders.



## **Personal Information**

Please check one: July 6-16 \_\_\_\_\_ August 11-19 \_\_\_\_\_

Full Name (as it appears on identification) \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital status. \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Emergency contact \_\_\_\_\_ Emergency Contact's Phone \_\_\_\_\_

## **Involvement at Harvest**

Do you regularly attend services at Harvest Bible Chapel? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Are you in a Small Group? \_\_\_\_\_ Small Group Leader's Name \_\_\_\_\_

Ministries you are presently involved with:

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Briefly list your previous ministry involvements at HBC or outside of HBC:

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List any previous cross-cultural experience: (inner city, international students, refugees, missions, etc.)

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## Skills

Second language(s) (indicate your proficiency level) \_\_\_\_\_

Please list all specialized skills that you have developed and are able to use:  
(i.e. medical, teaching, computers, athletics, construction, financial planning, culinary, graphics, etc.)

Skills	Fair	Good	Excellent	Professional
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Employment

Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

*[Please complete the following information. Your employer **will not** be contacted.]*

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Address \_\_\_\_\_

## Education

What is the highest level of education you have completed? \_\_\_\_\_

School \_\_\_\_\_ Years \_\_\_\_\_

Major \_\_\_\_\_ Other formal training \_\_\_\_\_

## Character References

1) Harvest staff member/elder \_\_\_\_\_ Length of Time Known \_\_\_\_\_

2) Small Group Leader \_\_\_\_\_ Length of Time Known \_\_\_\_\_

3) Other Reference \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Nature of relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



## **Medical**

Describe your health: \_\_\_\_\_  
(Include a description of all conditions which may limit your normal abilities in stress related situations)

Do you have or have had any previous health problems in the past 5 years. Please describe in detail:

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Are you using any prescription medication that you are taking under a doctor's care? Please describe in detail:

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*To ensure your safety and well being, any previous conditions or use of prescription medication under a doctor's care necessitates written permissions from your doctor to be considered for a short-term trip through Harvest Bible Chapel.*

## **Spiritual Life**

Please share your salvation testimony. Include how long you have been a believer, how you were saved, and describe your walk with the Lord at the present time.

Please explain briefly how and why you believe God is leading you to participate in this team. Also, describe how you hope to see the Lord work in and through you during this time.



## **Commitment**

If selected to be a team member on this team, I make a commitment to:

- Go through the entire short-term missions process including training and preparation.
- To conduct myself in a way that honours Christ while serving Him on this team.
- Submit to the authority of the team leader and/or the host on the field.
- Refrain from behavior which may compromise my witness (abusive language, drug or alcohol use, smoking, etc)

Additionally, if at any time while on the trip my behavior becomes a problem, the team leader has the right to ask me to return home. Any additional costs incurred as a result of this action will be at my own expense.

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

## **Release Agreement**

I agree to release, discharge and hold harmless Harvest Bible Chapel Oakville, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above-referenced trip.

I hereby authorize the church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

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

Printed Name \_\_\_\_\_