Interested in joining us? Here’s what you need to do next:

- Read about the trip. Make sure you read the information about payment plans and team meetings. If you have questions, contact us at sara.cleland@gmail.com.

- Fill out the application form and return to:

  Project Hope Ministries
  195 Bradley Street
  Battle Creek, MI 49017

  It can also be emailed to us at sara.cleland@gmail.com.

- Have your pastor fill out the Pastoral Reference form and return it to the address above.

- Don’t forget to include your down-payment of $350, made payable to Project Hope Ministries.
Your Mission Trip Experience

Project Hope maintains strong relationships with local orphanages and ministries in Bogota, Colombia. Through these relationships groups are given many opportunities to see local ministries, get involved, and work to make a difference in the lives of children and families.

This trip includes a lot of walking and team members should be prepared for long days. It is also important that you are able to adapt to changes in schedules, have patience during long waits (mostly due to transportation), and be constantly willing to work closely with your teammates and your leaders. Team members should also be prepared to eat local food while in Colombia.

A sample itinerary is attached.

Trip Requirements
Requirements for participating in this trip include:

- Unless you are traveling with your church’s youth group, you must be at least 18 years old. Exceptions are made on a case-by-case basis for children traveling with a parent.
- You must be willing to follow all team rules and respect all in authority.
- You must have a servant’s heart and be able to adapt to changes in culture and schedules.
- All team members should have a personal relationship with Jesus Christ.

Trip Costs

The cost per person for 2017 trips is $900 plus airfare. This includes our stay in a guest house, all meals in Colombia (not in the airports), transportation throughout the week, sight-seeing, administrative fees, and activity expenses for our ministries in Bogota.

Other expenses include a passport, food while traveling to and from Colombia, and any souvenirs purchased. We recommend that team members bring an additional $100 with them.

The cost is broken down into 3 payments.
- $350 is due when signing up for the trip
- $350 is due 4 months before the trip
- $200 is due 1 month before the trip

TEAM TRAINING

All team members are required to participate in team training. This will be scheduled when we have a complete team. If distance becomes an issue, we may opt for online training or group conference calls. All team members will have input for the date and location of meetings. Although we understand that things come up, these meetings are very important and should be made a high priority.
Sample Itinerary

Friday  
Travel Day

Saturday  
This day is set aside for team bonding. We will spend time getting to know the city and touring locations that are significant to the local culture. Dinner will be at a traditional Colombian restaurant.

Sunday  
This morning we will spend a little bit of time with local missionaries, learning about the needs they encounter in Colombia. We will also attend church in the morning, and spend time in downtown Bogota in the afternoon. During this time we will be passing out blessing bags to the homeless. These bags are filled with food, personal care items, and a Bible. Dinner will be at a traditional Colombian restaurant.

Monday  
We will spend the morning at one of the orphanages that Project Hope works with. Our group will have the opportunity to interact with the children through art projects, games, and Bible stories. In the afternoon we will return to the downtown area. Dinner will be at the guest house.

Tuesday  
We will spend the morning at one of the orphanages that Project Hope works with. In the afternoon we will work with a group of children from the church that live in a very poor neighborhood in Bogota. These kids make jewelry to help pay for the cost of school, and we'll be helping them work on some new projects. We will have dinner afterwards with the kids.

Wednesday  
We will spend the morning at one of the orphanages that Project Hope works with. In the afternoon you will have time to relax before dinner out.

Thursday  
We will spend the day at a government-run child care facility about 30 minutes away. This center cares for children during the day that are in protection due to neglect or truancy. They ensure that the kids are in school, complete their homework daily, and they also provide meals for the children. Dinner will be at the guest house.

Friday  
We will spend the morning at one of the orphanages that Project Hope works with. In the afternoon you will get to visit and help out at our Community Center that is housed at the local church. Dinner will at the guest house.

Saturday  
Travel Day
General Information

Name __________________________________________ Date of Birth ________________________

Address __________________________________________ City ________________________________

State _____ Zip ___________ Phone (____) ________________________________________________

Email __________________________________________ Occupation ____________________________

Are you single or married?    Single    Married

Do you have any children?    Yes    No

Please list your interest, hobbies, and skills below (even if they seem unrelated to this trip).

Have you ever traveled outside of the United States?    Yes    No

Have you ever been on a mission trip? If yes, please list where you went, when you traveled, and with what organization.

Passport Information

Do you have a valid passport?    Yes    No

If yes, when does it expire? __________________________________

(*If your passport expires before December 2014, you will need to have it renewed right away.)

Please write full name as it appears on your passport: ______________________________________

What is your passport number? ________________________________________________________
Please list any food allergies: __________________________________________

Please list any health problems: _________________________________________  
______________________________________________________________________

Do you speak Spanish? _________________________________________________

**Church Affiliation**

Name of local church ________________________________________________

City __________________________ State _____ Name of Pastor _______________

How long have you attended? __________________________________________

What ministries are you involved in?

Specifically relating to children’s ministry, what are your skills and interests?

What do you think it means to be a Christian?

Please share your personal testimony.
Other Information

Specialized ministry skills and talents:

_____ Drama
_____ Music
_____ Organization
_____ Art and/or crafting
_____ Teaching
_____ Balloons, magic, puppetry
_____ Other: ________________________________

Why do you want to go on this trip?

What are some things you are doing now to grow in your relationship with Christ?

In your opinion, what are your strengths? (character traits/abilities/skills)

In your opinion, what are your weaknesses? (character traits/abilities/skills)

What do you think will be your biggest challenge on this trip?

What do you think it might mean to be a servant on this particular trip?
Are you willing to raise the fund needed to cover the cost of the trip and meet payment deadlines?  ❑ Yes  ❑ No

Are you willing to attend all required training sessions and team building events?  ❑ Yes  ❑ No

On the mission field, do you agree not to use alcohol, tobacco, public displays of affection between sexes (married or single), profane language, inappropriate dress deemed disrespectful of the culture you are serving in, and/or critical or complaining attitude or words?  ❑ Yes  ❑ No

Do you agree to remain with the group at all times and follow the instructions of the leaders?  ❑ Yes  ❑ No

Please tell us why you are willing to follow the above guidelines even though you might not totally agree with them in every situation:

I understand that it is my responsibility to check with my physician concerning immunizations.  ❑ Yes  ❑ No

I understand it is my responsibility to check with my health insurance provider regarding out-of-country coverage, and that Project Hope is not responsible for any medical expenses I incur while on this trip.  ❑ Yes  ❑ No

I understand that if unexpected events happen it is possible that I will have to pay an additional amount to help cover the added expense (such as delayed flights or unexpected travel expenses).  ❑ Yes  ❑ No
Emergency Contact Information

Who may we contact in case of an emergency?

Name __________________________________________

Relationship to Applicant __________________________________________

Address __________________________________________

Phone (____) ___________________________ Email ___________________________

I hereby certify that all statements in this application are true and complete to the best of my knowledge.

_________________________________________  __________________________________________
Signature                                                                                   Date
Pastoral Reference Form

Dear Pastor,

A member of your congregation is interested in joining a week-long mission trip to Bogota, Colombia with Project Hope Ministries. While on the trip, they will be working with young children daily. Please answer the questions below as clearly as possible. If you have any questions, you can contact us directly.

We desire to have mature, committed Christians serving on short-term missions with Project Hope. With this in mind, we ask that you fill out the form on the following applicant and mail it back to Project Hope. All replies will be held in strictest confidence. Because our decision to accept this applicant is based in part on your recommendation, we ask you to give us as detailed an answer as possible. The applicant will not be admitted into consideration for this trip until this form is received. Thank you.

Jason & Sara Cleland
Project Hope Ministries
195 Bradley Street
Battle Creek, MI 49017
(269) 274-1361 (Sara)
sara.cleland@gmail.com

Applicants Name

Name of Reference

Address: City

State Zip Phone (___) __________________________

E-mail

How long have you known the applicant? Years Months

Rate the applicant in the following areas using the scale below. (1 being the lowest and 5 being the highest.)

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<thead>
<tr>
<th>Area</th>
<th>Scale</th>
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<tbody>
<tr>
<td>Work ethic</td>
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<tr>
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<tr>
<td>Submission to authority</td>
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<tr>
<td>Ability to work with others</td>
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<td>Prayer Life</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Church Involvement</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

If you gave a 3 or below for any area please explain:

(continued on back)
Would you trust this person to lead someone to the Lord?  YES  NO  Why or why not?

Would you describe the applicant as a good fit to serve on this particular trip?  Why or why not?

I can recommend this applicant:

___ in the highest regard.  They will be an excellent part of this trip!
___ with some slight concern, but they will do a good job.
___ not at all.  They are not ready for this missions opportunity.

Please tell us why (use the back if necessary).

Signature ___________________________________ Date ___________________________