



J-Life USA

Summer Experience Application

Personal Information

Name: _____
Last *First* *M.I.*

Age: _____ Sex: _____ Date of birth: (MM/DD/YYYY) _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Driver's license #: _____ State: _____ Type/class: _____

SSN#: _____ Passport #: _____

Employment status: _____ Start date: _____

Education level: _____ Graduation year: _____

Emergency Contact: _____
Last *First*

Relationship to you _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Please include with this application:

1. \$100 deposit
2. Copy of your driver's license and passport
3. A letter of reference from a spiritual leader (e.g. ministry leader or pastor)
4. Travel consent form for minor and/or authorization form



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Church Information

Home Church name: _____

Denomination: _____

Church Phone: () _____ E-mail Address: _____

Name of Pastor: _____

How long have you attended? _____

Your Ministry involvement: _____

General

How did you hear about J-Life USA?	
Why does the Summer Experience interest you and what do you expect God to do?	
Have you had any mission experience? If so, where and what type(s) of ministry were you involved in?	
Describe your personal gifts/strengths that you feel would be of service to the team.	
Please list any special circumstances or situations we should know about.	



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Spiritual journey	
When and how did you become a Christian?	
How would you describe your relationship with Jesus now?	
What has been your greatest struggle/challenge in your spiritual walk?	

I certify that all information in this application is complete and accurate. If accepted to join the Summer Experience by J-Life USA, I will abide by the spirit, rules, and schedule of the program. I understand that any Confidential Evaluations in my file are J-Life USA property, and I relinquish the right to view them or obtain information from them in any way. In accordance with Biblical principles, I agree to resolve any and all disputes with J-Life USA, its director and/or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to J-Life USA. I therefore commit myself to paying all personal expenses incurred during my involvement with J-Life USA.

Signature

Date

Signature of Guardian (if under 18 years of age)

Date



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Travel Consent Form for Minors

To be filled out on behalf of those under age 18 who are traveling outside of the United States.

In order for a minor to travel internationally, this form must be completed in its entirety. If this form is not properly completed, the individual below will not be able to travel internationally. This is strictly enforced.

This form must be signed by a parent (both parents if possible) or guardian. This form is to inform and assure international authorities that the group leader is not taking minors out of the United States without parental consent. The participant should take this form to the airport and have it available with his or her passport.

I, _____ (parent/guardian) **and/or** _____
(2nd parent/guardian) **give permission for** _____ (minor's name), **a minor, to**
travel outside of the United States for the dates of _____ to participate in a
program with J-Life USA and/or J-Life Africa (a branch of J-Life Ministries International) under
the supervision of its appointed leaders.

Signature of parent or guardian

Date

Signature of parent or guardian

Date



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Authorization Form - Adult Applicant

Legal Name (as it will appear in your passport): _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

Name of Medical Insurance Provider: _____

Do you have any known health problems? (check one) Yes • No • if yes, please describe here:

Are you allergic to any medication? (check one) Yes • No • if yes, please describe here:

Are you taking any medication? (check one) Yes • No • if yes, please describe here:

Date of last tetanus inoculation:

Have the basic childhood series of three tetanus shots been given? (check one) Yes • No •

Do you have any special circumstances we should be aware of?

I certify that the above information is complete and accurate. If accepted by J-Life USA and/or J-Life Ministries International, I will abide by the spirit, rules, and schedule of the program.

Signature _____ Date _____

Waiver and Release of Liability

In consideration of J-Life USA or any branch of J-Life Ministries International (Including, but not exclusive to, J-Life Africa or J-Life South Africa) organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against J-Life Ministries International, its respective chapters (including J-Life USA), directors, officers, employees, and members (collectively "J-Life Representatives"), and I hereby release and discharge J-Life Ministries International and J-Life Representatives from, and agree to indemnify and hold J-Life Ministries International and the J-Life Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in J-Life USA (a branch of J-Life Ministries International) events.

I acknowledge that certain legal rights against J-Life Ministries International and J-Life Representatives may be available to me and/or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against J-Life Ministries International and J-Life Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by J-Life Ministries International and J-Life Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to the applicants attendance at the event. I give permission for the applicant to attend the J-Life USA and/or J-Life Ministries International function to which they are applying. In addition, I give permission for the applicant to receive any medical treatment deemed necessary by a physician during the course of the function/trip.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Signature: _____ Date: _____



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Authorization Form – Minor: To be filled out by applicants under 18 and their legal guardian.

Legal Name (as it will appear in your passport): _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

MEDICAL INFORMATION:

Name of Medical Insurance Provider: _____

Do you have any known health problems? (check one) Yes • No • if yes, please describe here: _____

Are you allergic to any medication? (check one) Yes • No • if yes, please describe here: _____

Are you taking any medication? (check one) Yes • No • if yes, please describe here: _____

Date of last tetanus inoculation: _____

Have the basic childhood series of three tetanus shots been given? (check one) Yes • No •

Do you have any special circumstances we should be aware of? _____

I certify that the above information is complete and accurate. If accepted by J-Life USA and/or J-Life Ministries International, I will abide by the spirit, rules, and schedule of the program.

Signature Date _____

Parent/Legal Guardian Signature

Parent or Legal Guardian Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____

Waiver and Release of Liability

In consideration of J-Life USA or any branch of J-Life Ministries International (Including, but not exclusive to, J-Life Africa or J-Life South Africa) organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against J-Life Ministries International, its respective chapters (including J-Life USA), directors, officers, employees, and members (collectively "J-Life Representatives"), and I hereby release and discharge J-Life Ministries International and J-Life Representatives from, and agree to indemnify and hold J-Life Ministries International and the J-Life Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in J-Life USA (a branch of J-Life Ministries International) events. I acknowledge that certain legal rights against J-Life Ministries International and J-Life Representatives may be available to me and/or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against J-Life Ministries International and J-Life Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by J-Life Ministries International and J-Life Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to the applicants attendance at the event. I give permission for the applicant to attend the J-Life USA and/or J-Life Ministries International function to which they are applying. In addition, I give permission for the applicant to receive any medical treatment deemed necessary by a physician during the course of the function/trip.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Signature Date _____

Parent/Legal Guardians Signature

Date: _____