



# JMM Missions Application

Jack Myers Ministries Missions & Life Family Church

In Partnership with

Transformation Church of Seminole, Texas

Dear Applicant,

Thank you for your interest in this life-changing missions trip!

You **must** have an email address and check it weekly to apply for this trip.

Please fill out and read this application in its entirety!

We look forward to serving with you in the harvest fields of our King!

If you have any questions, please **email** Pastor Marie Myers at [mm.missions@gmail.com](mailto:mm.missions@gmail.com).

***Dr. Jack & Pastor Marie Myers***

# MISSIONARY I WILL BE...



Missionary, I will be...  
Taking Your gospel with my feet  
Missionary, I will be...  
Preaching this gospel of Your peace  
Lord of the Harvest, Place Your fire in me  
Servant You Need Now, Servant I will be.  
Give me the eyes of Your Spirit  
Your heart of compassion to love  
Lord of the Harvest, I will go!  
Missionary, I will be...  
Lifting up Your name,  
Telling the story of your blood  
The glory of your love.  
Missionary, I will be...  
Healing is my daily bread  
and I am so well fed.

Missionary, I will be...  
Taking the gospel with quick feet  
I say Yes! I will Go!  
I will follow and I'll flow  
Bringing many sons to glory  
Casting my soul winners crown  
at Your Feet  
Missionary, I will be...  
Preaching this gospel of Your Peace  
Jesus I give You Praise  
I give You all the glory  
Thank You for the honor  
of Telling Your Story  
Missionary... I will be!

*Pastor Marie Myers*

## **Trip Details:**

- Dates: June 18<sup>th</sup> – 26<sup>th</sup>, 2022  
(We recommend you plan an extra day off before and after for unexpected travel delays/changes!)
- Location: Nagua, Dominican Republic (“The Resolute Tour” I Cor. 2:2)
- Application due: No later than Jan. 31st, 2022, **(with \$250 fee non-refundable fee attached)**.  
**Mail** application and fees to: Jack Myers Ministries P.O. Box 2178 Plant City, FL 33564
- Limited Spots available: first come, first going!
- There will be a waiting list put in place, if needed!
- Must be 18 or older to attend unless your parent is attending also.
- All correspondence will be done via email -- please check twice weekly and reply promptly.  
(You will need your own email, **not** shared with another missionary)
- Please Note: Applications **cannot** be processed without **all** of the following included:
  1. Application must be notarized.
  2. Application fee (noted below).
  3. Photocopy of passport. **Must have a passport in hand to apply for this trip.**
  4. Medical Insurance information (see below).
  5. A Pastor’s recommendation (form attached).
  6. A recommendation from an individual not related to you (If you have attended a JMM Missions in the last three years you **do not** need the recommendation forms, you all have been invited back!).

## **Cost of Trip: \$2,650**

- Application fee: \$250- - must be turned in with application (non--refundable).
- Included: airfare, meals, bottled water, transportation, hotel, Believers’ Authority book, and team T -- Shirt.
- Not Included: possible optional free day event (cost currently undetermined), luggage fees (\$25 or more each way) to be determined.  
Possible Negative Covid test if required 24 - 72 hours before departure and 24 - 72 hours before return.
- If you’re a parent and traveling with your child 13 years of age or under, please call JMM offices (813)--708--2783 for additional paperwork and/or fees.

## **Payment Due Dates:**

- Only forms of payment accepted: Check / Money Order to JMM Missions (**No Cash**). For Credit card, 3% fee added.
- \$800 due **on or before** March 1<sup>st</sup>, 2022.
- \$800 due **on or before** April 1<sup>st</sup>, 2022.
- \$800 due **on or before** May 1st, 2022.
- **Partial payments cannot be accepted and all payments are non-refundable.**
- **Late Payments cannot be accepted.**

## **Medical Insurance Information:**

Insurance is **REQUIRED!**

- If you currently have medical insurance, check with your company and verify they have international coverage.
  - If you do not have medical insurance, IMGglobal.com has short -- term medical insurance for trips such as this one. ·  
If purchasing short -- term insurance, this information is **due no later than April 1<sup>st</sup>, 2022.**
- Please send **ALL** of the following information to [mm.missions@gmail.com](mailto:mm.missions@gmail.com): No other information please!
- Company Name
  - Policy Number
  - Company Phone Number

Simply type this information in an email, do not add additional information or scan documents to email.

## Requirements for a JMM Missions trip:

- Read The Authority of the Believer by Kenneth E. Hagin in its entirety before embarking. (included in total cost of the trip and sent after the final installment has been paid).
- **Mandatory Training Dates:** Please place these in your calendar. (*Dates subject to change, email will be sent 2 weeks prior.*)

- Zoom Call for: **RL's, GL's & TL's** Sunday April 3<sup>rd</sup>, 2022 at 4 PM EST. (Mandatory)
- Orientation: Sunday May 1<sup>st</sup>, 2022 at 3:00 PM EST. (Mandatory) **Entire Team!**

**In person for FL team, Zoom for out of state teams.**

- M.I.G., & Testimony practice: Sunday May 15<sup>th</sup> at 4:00 PM EST. (Mandatory) **Entire Team!**
- Possible Follow up for **GL's and TL's** Sunday May 22<sup>nd</sup> at 4:30 PM EST. (TBD)
- Possible Drama Kick off - Via zoom call (TBD) April – June (**Drama team**)



Please write legibly! (**Mail this page and the 2 following only, keep the above 2 pages for your reference.**)

Your Name **EXACTLY** as it appears on your Passport:

\_\_\_\_\_

Your Passport #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

T--Shirt Size – Check one: 3XL \_\_\_\_\_ XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_ Shirt Style: CrewNeck: \_\_\_/V-Neck: \_\_\_\_\_

Do you speak Spanish fluently? Yes \_\_\_\_\_ No \_\_\_\_\_ Another language? Please specify: \_\_\_\_\_

Skill Sets / Talents: Medic/Photographer/Drama etc....?

\_\_\_\_\_

Name of your home Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of your emergency contact person (not on trip): \_\_\_\_\_

Phone # of your emergency contact person: \_\_\_\_\_

**Medical Information:**

Medical/Travel Insurance Company Name: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have any physical limitations such as weight problems or chronic injuries that would hinder your ability to participate in vigorous activities? **If so, please explain:**

\_\_\_\_\_

Do you have any medical problems, emotional disorders, substance abuse addictions? **If so, please explain:**

\_\_\_\_\_

Are you currently taking any prescription or non--prescription medicine(s)? **If so, please list:**

\_\_\_\_\_

**Are you allergic to anything?** \_\_\_\_\_

Do you have a peanut allergy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how severe? \_\_\_\_\_

(Lunch Daily is Peanut Butter & Jelly)

Your Commitment:

*As an ambassador of Jesus Christ I will conduct myself according to the following scriptures, which I will **study** prior to attending this trip: Ephesians Chapters 4 & 5 Amplified Version.*

*I commit to pray for this trip and prepare myself to be a vessel God can work through.*

*I agree to follow and support all guidelines and leadership provided me by the JMM leadership team.*

*I have not come to be served, I have come to serve!*

*The fruit of the uncompromisingly righteous is a tree of life, and he who is wise captures human lives for God,  
as a fisher of men -- He gathers and receives them for eternity. Proverbs 11:30-31*

**JMM Missions: DISCIPLINE, LIABILITY, & MEDICAL RELEASE FORM**

This form must be completed by ALL ADULTS and TEENS, and **mailed with the application** .

**JMM CANNOT ALLOW ANYONE TO ATTEND WITHOUT THIS NOTARIZED FORM, NO EXCEPTIONS!**

I myself or the parent or legal guardian of the applicant listed on this form, certify that I, he or she has my full approval to participate on a Jack Myers Ministries Missions Trip including any and all sports activities, free day activities and the like. The applicant identified on the form understands that all applicants are expected to abide by the JMM rules, (which I have read), and be directly responsible to the JMM team leaders. JMM leaders assume responsibility for discipline on trips, and if necessary, may because of misconduct; require an applicant to be dismissed. In such instances, the applicant or guardian will assume full responsibility for returning the applicant home. Further, I do release and hereby agree to hold blameless, JMM and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the JMM Missions trip.

I also release the lessor of properties on which the mission trip is held. Further, I do authorize the JMM staff member, senior pastor, or host missionary, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment or for transportation home if necessary.

Further, I give JMM permission to use photos and videos taken on the mission trip in promotional materials. In the event of political unrest, natural disaster, or a problem with the hosting missionary, Jack Myers Ministries may alter the itinerary. Jack Myers Ministries or the hosting missionaries will not be responsible for personal injury or loss of valuables of any kind. Jack Myers Ministries does not carry medical insurance for mission participants. You are required to purchase your own. Further, I do certify that said applicant is covered by adequate accident insurance. My consent and signature are given below. I have read and agree to the information given in this form, which is constituted and notarized as a legal document.

All applicants must have this document **notarized**. The application **cannot** be accepted or processed without it. I have **read and understand**, and will abide by **all** policies set forth by Jack Myers Ministries. I also understand that non-compliance may result in my immediate dismissal, without refund or reimbursement, and I will be sent home at my own expense.

**Please Print Clearly**

Applicant

Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Notary, Please Affix Notary Seal below.

This form can be used for both a Personal or Pastoral Recommendation Form

*One is required from your Pastor and one from a non--related person.*

**(Print one for each reference)**

JMM Missions

**PLEASE PRINT NEATLY**

**Applicant Section:**

(Fill this section out **before** giving this document to your recommender.)

Name: \_\_\_\_\_

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

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

**Recommender Section:**

Are you a Pastor? \_\_\_\_\_

Name: \_\_\_\_\_

How long has the applicant attended your church? \_\_\_\_\_

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

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

How long have you known the applicant: \_\_\_\_\_

What is your opinion of their ability to be effective on the mission field at this time?

\_\_\_\_\_  
\_\_\_\_\_

How long have they been saved? \_\_\_\_\_

When were they filled with the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

Does the applicant: Smoke \_\_\_\_\_ Drink \_\_\_\_\_ Use Controlled Substances \_\_\_\_\_ Use Foul Language \_\_\_\_\_

I recommend this applicant: Yes \_\_\_\_\_ No \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Thank you!

Send Reference **Separately** from Application by: **Mail:** Jack Myers Ministries Missions P.O. B 2178

Plant City, FL 33564

OR

**Email:** [mm.missions@gmail.com](mailto:mm.missions@gmail.com)