



Application Form

Instructions

- Complete the application (Be sure to sign and date it).
- Ask your parents to complete the parental consent form (for applicants under the age of 18).
- Ask your senior pastor and one other individual to complete the reference forms and return them to Clear Vision Ministries, 2450 N Shefford St., Wichita, KS 67205, by the designated deadline when the initial deposit is due for the desired project.
- Return the application and the parental consent form to Clear Vision Ministries, 2450 N Shefford St., Wichita, KS 67205.

Clear Vision Ministries Contact Information

Jimmy and DeAnna Kitchens, Founders
2450 N Shefford St.
Wichita, KS 67205
316-706-1063
jimmy@clearvisionministries.com
www.clearvisionministries.com

Passport Information

If you do not already have one, apply for your passport immediately. You can do this by contacting either your Post Office or County Courthouse passport agency for details. You need to allow 6-8 weeks for the process. If you are not a U.S. citizen, or your passport is from a country other than the United States or if you have any questions, call Clear Vision Ministries. Passports must be valid for a minimum of 6 months after the completion of the desired project.

Refund Policy

If an individual is unable to participate in a Clear Vision Ministries trip, the funds he/she has contributed, less incurred expenses and administrative fees, will remain credited for one year for an alternative trip.

Tax Deductible Donations

Donations to Clear Vision Ministries are tax deductible. Clear Vision Ministries is a registered 501(c)3 non-profit organization. All financial activity is filed annually on a Form 990 Corporate Federal return. Checks should be made payable to Clear Vision Ministries.

Age Requirements

Age 12-15 must have parent/guardian consent and parent/guardian must accompany on trip. Age 16-18 must have parental consent, but parent/guardian is not required to accompany on the trip.

Application Checklist – Please ensure the following are completed and included when you mail your application.

- Application form
- Reference from pastor
- Reference from second individual
- Assumption of Risk form
- Notarized Parental Consent form (for applicants under 18)
- Background Check Authorization form
- Trip deposit



Application Form

Trip Information			
Which mission project are you applying for?		Trip dates	
Personal Information			
First Name, Middle Initial & Last Name (as on Passport)			
Date of Birth		Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	
Passport #		Social Security #	
Address		City, State & Zip	
Home Phone		Cell Phone	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Spouse Name	
Emergency Contact Information			
Full Name		Phone	
Address		City, State & Zip	
Spiritual Information			
Church Name			
Address		City, State & Zip	
Pastor's Name		Phone	
Give a brief statement about your spiritual life.			
Please describe your involvement in your local church.			
Please describe your ministry experience and talents. (sing, preach, teach, puppets, etc.)			
Why do you want to participate in a missions project?			
What foreign languages do you speak and level of ability?			
Have you ever been on a missions trip before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When	
		Where	
Background Information			
In the past year have you been involved with	Alcohol or Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Illegal Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever	Been convicted of committing a crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:



Application Form

Medical Information			
Are you in good physical health?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Do you have any physical limitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have any known allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you currently taking medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever had	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Respiratory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Psychiatric Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

Specific Limitations

The primary purpose of Clear Vision Ministries missions projects is sharing God's love with people through practical works, encouraging words and exemplary worship. Any available sightseeing and shopping will be permitted only if time permits after completion of the main mission project, but could be canceled if not deemed convenient for travel or time or if it hinders the ministry. Dates, travel arrangements, and schedules are also subject to change. Application fees and contributions are not refundable, due to IRS regulations.

In the event of political unrest or natural disaster, Clear Vision Ministries will decide if and where to send a team. In the event that a trip is canceled, for any reason, team members will be offered other trip opportunities.

Team members must adhere to Clear Vision Ministries' policies and are subject to dismissal for disobedience without refund or reimbursement. Team members participate at their own risk. Clear Vision Ministries is not liable in the event of sickness, accident, death, terrorist acts or for transportation or any other expense beyond that of normal involvement. All donations received by Clear Vision Ministries go toward project expenses. To receive a tax deduction, the IRS stipulates that the donor must release control of the money donated to the non-profit organization. For this reason money cannot be refunded and cannot be designated to a specific person. If an individual is unable to participate in the trip, the funds he/she has contributed, less incurred expenses and administrative fees will remain credited for one year.

All pictures and video provided to Clear Vision Ministries may be used by the organization to promote past, present and future projects on video(s), brochures, the CVM website(s) and other material. Volunteers who do not desire their likeness to be seen in any CVM material must provide a written request to that effect to the organization.

The information I have given Clear Vision Ministries is accurate and true to the best of my knowledge. My signature and/or signature of my parent or legal guardian, because I am under the age of 18, signifies my approval of all limitations listed above.

Applicant Signature		Date	
Parent/Guardian Signature (required if under the age of 18)		Date	



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Assumption of Risk

I, _____, in consideration of my acceptance as a short-term volunteer with Clear Vision Ministries, represent and agree that:

(Please initial each statement below.)

1. I am a volunteer worker and acknowledge that I am not an employee of Clear Vision Ministries. _____
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks and I voluntarily assume all risks of death, injury, illness and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service. _____
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties. _____
4. Subject to insurance coverage described in the orientation packet, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Clear Vision Ministries, the local church sponsoring the missions trip, or any agent or employee of any of such organizations involved with the missions project, arising from my death, injury, illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment. _____
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian and do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above. _____
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms. _____
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act. _____

Important: Please have two (2) witnesses observe your signing of this form and have the witnesses sign below. They must be at least 18 years old and cannot be your relatives.

Applicant Signature		Date	
Parent/Guardian Signature (required for applicants under 18 years of age)		Date	

Witnesses:

Witness Signature		Address	
Witness Signature		Address	



Application Form

Applicant Name	
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The above named person is applying for a short-term mission project through Clear Vision Ministries. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our program. We appreciate your candor; please know your insight will be kept confidential. Please return the completed form to: Clear Vision Ministries, 2450 N Shefford St, Wichita, KS 67205. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

Reference Information - Pastor			
Name		Church	
Address		City, State & Zip	
Phone		Email Address	
How long have you known the applicant?			
How well do you know the applicant?			
<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Casually <input type="checkbox"/> Slightly			
To what extent is the applicant involved in church?			
<input type="checkbox"/> Significant <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely			
Please rate the applicant in the following areas:	Christian Life	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Social Adaptability	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Ability to get along with others	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Cooperation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Teachable	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Motivation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Attitude toward authority	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	Emotional stability	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
What talents/abilities has the applicant shown?			
To your knowledge has the applicant participated in the use of alcohol, tobacco or illegal drugs?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Knowing the applicant as you do, what recommendation would you make?			
<input type="checkbox"/> Strongly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservation (may encounter some difficulty) <input type="checkbox"/> Do not recommend			
Comments			

Pastor Signature		Date	
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Applicant Name	
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The above named person is applying for a short-term mission trip through Clear Vision Ministries. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our program. We appreciate your candor; please know your insight will be kept confidential. Please return the completed form to: Clear Vision Ministries, 2450 N Shefford St, Wichita, KS 67205. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

Second Reference Information (cannot be a relative)		
Name	Church	
Address	City, State & Zip	
Phone	Email Address	
How long have you known the applicant?		
How well do you know the applicant?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Casually <input type="checkbox"/> Slightly	
To what extent is the applicant involved in church?	<input type="checkbox"/> Significant <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely	
Please rate the applicant in the following areas:	Christian Life	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Social Adaptability	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Ability to get along with others	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Cooperation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Teachable	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Motivation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Attitude toward authority	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Emotional stability	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
What talents/abilities has the applicant shown?		
To your knowledge has the applicant participated in the use of alcohol, tobacco or illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Knowing the applicant as you do, what recommendation would you make?	<input type="checkbox"/> Strongly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservation (may encounter some difficulty) <input type="checkbox"/> Do not recommend	
Comments		

Reference Signature		Date	
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Application Form

Parental Consent Form (for those under the age of 18)

Applicant Name

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist Clear Vision Ministries in providing for the safety of minors during missions trips.

Father's Name		Mother's Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone (home)		Phone (home)	
Phone (work)		Phone (work)	
Email		Email	
Medical Questionnaire			
Is your child presently being treated for:	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Respiratory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
	Psychiatric Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Is your child presently taking any form of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and list any medications:	
Is your child allergic to any type of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Does your child medically require a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and list any medications:	
Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and list any medications:	
Family Doctor			
Doctor Phone & Address			



Application Form

Medical Treatment Authorization and Consent to Travel

I/We, _____ and _____, being the parents or legal guardians of _____, a minor of _____ years of age, consent and agree that said child might travel with Clear Vision Ministries, Inc. to _____ (Destination Country) from _____ (Beginning date) through _____ (Ending date). I/We release Clear Vision Ministries, Inc., its agent, assigns, board, employees and volunteer assistants from any and all liability whatsoever arising out of any injury, sickness, death, legal entanglements, imprisonment or damage which may be sustained by said child during the course of said trip.

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. I/We take full responsibility of payment for all medical related treatment after insurance coverage. We understand that Clear Vision Ministries, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify Clear Vision Ministries in the event of any health changes which would restrict our child's participation in any activities.

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a Clear Vision Ministries trip and any other activities customarily associated with a Clear Vision Ministries trip.

I (We) do not authorize our child to participate in this missions project

Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	

* Both parents **MUST** sign if living.

This page must be notarized.

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ and _____ known to me to be the persons whose names are subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

GIVEN under my hand and seal of office this ___ day of _____ 200__.

NOTARY PUBLIC



Application Form

Background Check Authorization

I hereby authorize Clear Vision Ministries and its designated agents and representatives to conduct a comprehensive review of my background causing a US sex offenders and criminal search to be generated for the purpose of working with children on the mission field.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; criminal history records and US Sex Offenders search from any criminal justice agency in any or all federal, state, county jurisdictions and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Clear Vision Ministries Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Clear Vision Ministries, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name (First, Middle, Last, Maiden)			
Former Name(s) and Dates Used			
Current Address		Dates	
Previous Address		Dates	
Previous Address		Dates	
Social Security Number			
Date of Birth			
Drivers License Number/State			
Telephone number			
Applicant Signature		Date	