



2010 Next Step Application

www.gme.org/nextstep



Full Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Do you have a Passport? _____ Passport # _____ Exp. Date _____

Emergency Contact Person: _____ (not traveling w/ you)

Phone: _____ Address: _____ Relationship: _____

Trip in which you are interested in participating:

____ Next Step Missions Training in Scotland;
July 9 – 23, 2010 (\$800 plus airfare)

- *Next Step is open to anyone 18 years or older. Please note that this trip will require physical activity.*

Will there be any family members participating with you? (child, spouse, etc.) Please list and fill out form for each:

Do you speak any foreign languages: _____

What Countries have you traveled to in the last two years: _____

Salvation Experience: _____

Years Saved: _____ Years at your home church: _____

Ministry Experience: _____

Missions Experience: _____

Skills or Talents that you'd like to use on this trip: _____

Please provide a pastoral reference from your home church:

Pastor's Name: _____ Phone: _____

Do you have the needed funds or will you need to raise funds for your trip?

Please list all medications and conditions that you have: _____

Please Sign and Date the Following:

I am committing to join the Globe team for this trip, will joyfully submit to the team leadership that has been set in place by Globe and to the rules and agenda of the team. I will conduct myself during the entire trip in a way that reflects Jesus Christ.

I also agree to accept the consequences of any changes to my plans after partial payments or total payments are made. I understand that deposits are NOT refundable; if tickets are not refundable or if there is a penalty, I agree to accept full responsibility of such penalties.

Signed _____

Date _____

Globe International Trip Release Form

I, _____, hereby release Globe International, its affiliates, sponsors, or any branch thereof, from any liability regarding accident, injury, or disease sustained or contracted by me or my minor child while traveling to and from and working on any project for Globe International, either nationally or internationally. I also hereby agree to the performance of such treatment, medical, dental, etc., that in the opinion of Globe International is deemed necessary for me or my minor child. I grant permission to Globe International to obtain necessary medical or dental treatment for my self/minor child if I/they should be incapacitated. I further agree to hold harmless Globe International, its affiliates, sponsors, or any branch thereof, or any associated ministry from any medical, dental, or hospital bills incurred as a result of any injury, accident, or disease sustained or contracted by me or my minor child while traveling to and from and working with Globe International, either nationally or internationally.

THIS RELEASE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

SIGNED: _____ DATE: _____

NOTARIZATION

STATE: _____ COUNTY: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

By: _____

Notary Public in and for the State of _____

The above-signed individual is personally known ____ or produced identification ____

Type of Identification produced _____

My Commission Expires: _____ (seal or stamp)

Please return completed application, Notarized Release Form, a copy of your drivers license and \$50 application fee to: Globe International, P.O. Box 3040 Pensacola, FL 32516-6001

Applicants will be notified of acceptance as soon as possible. There is limited availability on each trip and each spot will be filled on a first-come first-serve basis. If your application is turned down by us, your deposit will be refunded in full. If you must change your plans, your deposit will not be refunded. If you have additional questions, please call 850-453-3453.