



change your life &  
see firsthand  
Gods love in action.

short term mission:

Join us for an unforgettable experience of ministry and fellowship. You have sent help and hope to the hungry...you have been an answer to those who pray, "Give us this day our daily bread."...now you can come and experience the adventure of a Feed The Hungry mission yourself. We believe you will never be the same!



2012 Schedule:

- Kenya - March 9<sup>th</sup> - 18<sup>th</sup>
- Nicaragua - April 9<sup>th</sup> - 15<sup>th</sup>
- Romania - August 17<sup>th</sup> - 26<sup>th</sup>



\*\*Excludes Round Trip Airfare, Travel Documents, and Vaccinations.

LIMITED SPACE AVAILABLE TO JOIN US IN THE FIELD

RESERVE YOUR SPOT NOW

Feed The Hungry® (a Company Limited by Guarantee) ABN: 86 053 253 580

AUSTRALIA  
PO Box 168 LIVERPOOL NSW 1871  
Ph 1300 00 55 14 Fax (02) 9600 9229

NEW ZEALAND  
PO Box 31-448 Lower Hutt New Zealand  
Ph (04) 566 8243 Fax (04) 566 8179

Email: [office@feedthehungryaustralia.org](mailto:office@feedthehungryaustralia.org)  
[www.feedthehungryaustralia.org](http://www.feedthehungryaustralia.org)

Bringing Christ to a Starving World since 1987

# FEED THE HUNGRY MISSIONS TRIP INFORMATION

How would you feel if you had no hope? What would you do if you woke up each day wondering where you would get your food?

By being a part of a LeSEA Global Feed the Hungry mission trip, you will be the answer to those questions for many people on the other side of the world. You will see firsthand the joy and hope you share by God's love and compassion through the ministry of feeding the hungry. Come and Experience a life changing trip today!

## 2012 Trip Locations

1. Kenya - March 9-18
2. Nicaragua - April 9-15
3. Romania - August 17-26

## Opportunity of a Lifetime

- Fellowship with Christians
- Distribute Food Packs
- Visit Feeding Centers
- Children's Outreach
- Pray with Nationals
- Beautification Projects
- And Much More!

## \$700 All inclusive Land Package:-

- Hotels & Lodging
- Three Meals a Day
- Visits to Every Child Every Day Sites
- Transfers and Portage to/from Airports and project sites while in Country
- English Translators

*This package excludes round-trip airfare from home to destination, costs of arranging travel documents (passports and visas) and any vaccinations or medical assistance required.*

*Contact your travel agent for information about flights to the capital city of the mission trip country.*

*Contact your local doctor for specific advice for your medical needs travelling on this trip.*

*Prices and availability are subject to change and are not guaranteed until you have spoken with a FTH representative.*

## **Mission Trip Registration.**

Please fill in the attached application and send a \$100 non-refundable deposit to:-

FEED THE HUNGRY  
PO BOX 168  
LIVERPOOL NSW 1871

**LESEA GLOBAL**  
**FEED THE HUNGRY**®

**SHORT-TERM MISSIONS APPLICATION**  
(To be returned to LeSEA Global Feed The Hungry)

Date: \_\_\_\_\_

***Personal Information:***

NAME: \_\_\_\_\_ [ ] Male [ ] Female

HOME ADDRESS:

Street / Apt. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Place of Birth:

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

Current Employment: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

***Passport Information:***

Do you have a current Passport? **Y / N**      Expiration Date: \_\_\_\_\_

**Mission Information:**

Have you made a personal commitment to follow Jesus Christ? \_\_\_\_\_

When? \_\_\_\_\_

Name, address and phone number of the church you attend:

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

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

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

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

Are you currently involved in any ministry capacity at your church? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been on a mission trip before? \_\_\_\_\_

If yes, Where: \_\_\_\_\_

With who/which organization: \_\_\_\_\_

When (month/year): \_\_\_\_\_

What type of activity would you like to be involved with on this mission?:

\_\_\_\_\_

\_\_\_\_\_

What made you decide to participate in this mission trip?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you support the Statement of Agreement on Page 17: \_\_\_\_\_

If not, please explain: \_\_\_\_\_

**Health Information:**

Do you have or have you ever had any of the following?

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Diabetes:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizures:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fainting Spells:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating Disorder:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respiratory Problems: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Psychiatric Care:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motion Sickness:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of these, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies to medications, food, etc.? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Blood type: \_\_\_\_\_

Have you ever had any major psychological challenges? \_\_\_\_\_  
(only because the anti-malaria pills can cause problems)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How would you describe your present physical condition? \_\_\_\_\_

If you are a female, are you pregnant? \_\_\_\_\_

Are you willing to take immunizations or medications (such as malaria pills, etc.)  
that may be required or recommended by the health officials of the country you  
will be traveling to? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

**Medical Emergency Information:**

**Please contact the following person(s) in case of emergency:**

Name: \_\_\_\_\_, circle one: parent, spouse, relative, neighbor

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Medical Insurance Information:** Policy #: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

Claim Office Phone: \_\_\_\_\_

Does this insurance cover foreign countries? \_\_\_\_\_  
(If yes, please attach proof of coverage to this application.)

**Physician:**

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

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

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

Any medical information needed to disclose to a foreign medical team prior to  
any treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF AGREEMENT:**

By completing and submitting this application, I am indicating my sincere desire to go on a mission trip with LeSEA Global Feed The Hungry and be a part of a mission team. I hereby affirm that all information I have given is true and correct. I state that I am willing to abide by all policies, rules, and procedures that have to do with this trip before, during, and after the trip. I realize I may be required to participate in meetings, activities, and special functions during this trip, and I may require inoculations or medications. I am willing to do so as requested unless special permission has been submitted to and approved by LeSEA Global Feed The Hungry.

LeSEA Global Feed The Hungry reserves the right to terminate my participation in this mission trip at any time and for any reason. Such reasons may include – but are not limited to – spiritual, financial, mental, physical, or personality conflicts that would hinder the total unity and overall purpose of this mission.

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Signature of Applicant

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Date

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Signature of Parent (if applicant is under 18)

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Date

## RELEASE OF LIABILITY

As a volunteer of LeSEA Global Feed The Hungry, I, on behalf of myself and my heirs, executors, administrators, successors and assigns, do hereby release LeSEA Global Feed The Hungry, and its officers, representatives, employees, insurers, affiliates, successors, and assigns, from any and all liability or responsibility for injury to me of any kind, including, but not limited to, death, bodily injury, personal injury, emotional distress, damage to my property, and economic loss that I may sustain while I am voluntarily performing duties for, or am associated with LeSEA Global Feed The Hungry.

I acknowledge that overseas travel and overseas conditions may be extremely dangerous and I voluntarily agree to assume all risks including, but not limited to, all risks of overseas travel. These risks include, but are not limited to, the risk of death, incarceration, being held hostage, torture, bodily injury, emotional distress, property damage or loss, exposure to war, terrorism, hazardous diseases, and force majeure. Specifically, I voluntarily assume any and all risks that I may be detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my volunteer duties on behalf of LeSEA Global Feed The Hungry.

I hereby agree to hold LeSEA Global Feed The Hungry harmless in all respects, to release them of all liability if any injury or loss occurs, and on behalf of myself and my heirs, successors and assigns I covenant not to sue LeSEA Global Feed The Hungry and its officers, representatives, members, directors, employees, insurers, affiliates, successors, and assigns for any and all loss, harm, injury, death, or damage that occurs.

I acknowledge that travel schedules, accommodations, dates, and itineraries are subject to change and may be beyond the control of LeSEA Global feed The Hungry and will not hold them responsible for any inconvenience or losses this may cause.

If any provision of this release is found to be unlawful, void, or for any reason unenforceable, such provision shall be deemed severable from, and shall in no way effect the validity of enforceability of, the remaining provisions of this release.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Spouse / Legal Guardian / Parent

\_\_\_\_\_  
Date: