



## Rwanda Awakening Application Instructions

Dear Applicant,

Thank you for your interest in traveling with Timothy Berry as a Hearts Ignited Ministry Team Member! Attached is an application along with various forms and releases that **MUST** be completed to ensure your acceptance as a Ministry Team Member.

**Your application can not be processed until Hearts Ignited Ministries International has received all of these completed documents. The following documents are required:**

- Application
- Application Fee
- Deposit Form
- Liability Release
- Discipline Policy
- Emergency Medical Form
- Affidavit of Temporary Guardianship (If you are younger than 18 years of age)
- Pastoral Reference Evaluation
- Picture of Applicant

Application due date is by **April 26th, 2018**.

There is a \$35 non refundable Application Fee that must be submitted with the application as well as a \$300 deposit (Total due is \$335.00 USD). Early bird application deadline is February 28th in which the application fee will be waived.

Checks can be mailed to:  
Hearts Ignited Ministries  
PO Box 1030  
Bakersfield, CA 93302

On the check please put "Rwanda application or deposit" in the memo along with the applicants first and last name

To pay online please go to <https://himinternational.org/partner/donations/> and click "Donate"



# HEARTS IGNITED

MINISTRIES INTERNATIONAL

PO BOX 1030 BAKERSFIELD, CA 93302

## Rwanda Awakening Application

NAME \_\_\_\_\_ (EXACTLY AS IT APPEARS ON YOUR PASSPORT)

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

AGE \_\_\_\_\_

GENDER: MALE \_\_\_

FEMALE \_\_\_

OCCUPATION (or STUDENT) \_\_\_\_\_ MARRIED: YES \_\_\_ NO \_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

### PERSONAL INFORMATION

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ COUNTRY OF ISSUE \_\_\_\_\_

PASSPORT EXPIRATION DATE \_\_\_\_\_

### ACCEPTANCE INFORMATION

ARE YOU BORN AGAIN? YES \_\_\_ NO \_\_\_ UNSURE \_\_\_

HAVE YOU BEEN BAPTISED IN WATER? YES \_\_\_ NO \_\_\_ UNSURE \_\_\_

HAVE YOU BEEN BAPTISED IN THE HOLY SPIRIT? YES \_\_\_ NO \_\_\_ UNSURE \_\_\_

ARE YOU WILLING TO MINISTER CONSISTENT WITH HEARTS IGNITED MINISTRY GUIDELINES? YES \_\_\_ NO \_\_\_

ARE YOU WILLING TO SUBMIT TO BEING MONITORED AND LOVINGLY CORRECTED IF NECESSARY? YES \_\_\_ NO \_\_\_



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## MEDICAL INFORMATION

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DO YOU HAVE PRIMARY MEDICAL INSURANCE? YES\_\_\_ NO\_\_\_

IF SO, WHAT IS THE NAME OF YOUR INSURANCE CARRIER? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DISABILITY? YES\_\_\_ NO\_\_\_

IF SO, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION?

YES\_\_\_ NO\_\_\_

IF SO, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY

MEDICATIONS YOU ARE CURRENTLY

TAKING \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. \_\_\_\_\_



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## CHURCH INFORMATION

CHURCH NAME \_\_\_\_\_ DENOMINATION \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CHURCH PHONE (\_\_\_\_\_) \_\_\_\_\_ HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_

NAME OF PASTOR \_\_\_\_\_

DO YOU TITHE REGULARLY? YES \_\_\_ NO \_\_\_

DO YOU ATTEND CHURCH REGULARLY? YES \_\_\_ NO \_\_\_

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE SERVED?

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WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? \_\_\_\_\_

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HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING?

YES \_\_\_ NO \_\_\_

IF SO, PLEASE DESCRIBE \_\_\_\_\_



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I, \_\_\_\_\_, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE HEARTS IGNITED MINISTRIES TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (Minors Only)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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## Deposit Form

**PLEASE NOTE: YOUR APPLICATION FOR RWANDA AWAKENING CAN NOT BE PROCESSED UNLESS THE DEPOSIT AMOUNT IS INCLUDED WITH THIS FORM.**

DEPOSIT AMOUNT INCLUDED: \$ \_\_\_\_\_  
((\$300 Per Person Per Trip))

PLEASE MARK ONLY ONE:      PAY BY CHECK \_\_\_\_\_      OR      PAY BY CARD \_\_\_\_\_

BY CHECK:

Enclosed is the amount of \$ \_\_\_\_\_      Check # \_\_\_\_\_

BY CARD:

**You may give online through paypal on our website:**

<https://himinternational.org/partner/donations/>

In the memo please put the name of the applicant and put "Rwanda Awakening Deposit"

### CANCELLATION & REFUND POLICY:

If you are not selected for a team, your deposit will be refunded in full. After your application has been processed, you may cancel up to May 1, 2018 in order to receive a \$150 refund of this deposit. If for any reason, a team member cancels after May 1, 2018; the full deposit will be forfeited. Final payment must be received by the cut off date in order to avoid the \$200 late fee. If for some reason you cancel your trip within 5 weeks of your departure date or after we have paid for your air flights, you will not be refunded for your ticket price. However, it is often the case that the ticket can be reused in the future less a change fee (varies between \$100-\$300+). Also, you will forfeit your deposit and there will be an additional \$250 late cancellation penalty. In addition, you will not be refunded monies that Hearts Ignited Ministries International has paid out on your behalf to secure hotel, bus, and food service reservations. Any amount over and above the deposit, airline ticket, late cancellation fee, and reservation monies spent on your behalf will be refunded to you!



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I understand and agree to this cancellation and refund policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Liability Release

**WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.**

I, \_\_\_\_\_, hereby declare the following:

- I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).
- I am in good health and have received or will be receiving all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.
- I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel.
- I acknowledge that Hearts Ignited Ministries International does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.
- I acknowledge that Hearts Ignited Ministries International does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that Hearts Ignited has advised me that Hearts Ignited does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Hearts Ignited Ministries International has



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recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

- I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

In consideration of my being permitted to participate as a Hearts Ignited Ministry Team Member on the previously indicated ministry trip: **(Please initial each paragraph.)**

I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited to the risks and hazards previously indicated **INITIAL: \_\_\_\_\_**

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Hearts Ignited Ministries International, its directors, officers, agents employees, coordinators, facilitators, volunteers, and other team members from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically including but not limited to the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer. **INITIAL: \_\_\_\_\_**

I agree not to make a claim, file suit or demand anything from any injury, death or loss that arises from my participation in this activity. **INITIAL: \_\_\_\_\_**

I agree to pay the costs and/or legal expenses incurred by the trip leader(s), organizers and/or participants as a result of any claim or suit filed by me, or filed by anyone else as a result of my conduct. **INITIAL: \_\_\_\_\_**

I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from, my participation. **INITIAL: \_\_\_\_\_**

I authorize Hearts Ignited Ministries International to arrange from transportation, food, and lodging for me on this trip. **INITIAL: \_\_\_\_\_**





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I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns.

**INITIAL:** \_\_\_\_\_

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

Name of Minor: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



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## Discipline Policy

I, \_\_\_\_\_, hereby agree to follow the discipline procedures listed on this form if directly involved in conflict. As a Ministry Team Member, I also agree to follow the directions and decisions made by Hearts Ignited International leadership regarding other Ministry Team Members.

“If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that by the mouth of two or three witnesses every fact may be confirmed. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector.” –Matthew 18:15-17

It is the intent of Hearts Ignited to follow the biblical patterns of discipline within the confines of all international ministry trips. Hearts Ignited ministry trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. 1 John 2:1- “My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous.” The goal of Hearts Ignited is to create a safe, healthy environment, in order to minister to the people of the country visited.

We recognize that Ministry Team Members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one’s sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come alongside each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by Hearts Ignited is greatly appreciated.

The following are procedures that will be followed by Hearts Ignited leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to Hearts Ignited. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by Hearts Ignited leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.



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- 1.) If you have a problem with any individual, you are to lovingly approach that person first, without going to any other Ministry Team Member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but can not hear your conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.
- 2.) If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.
- 3.) If the Ministry Team Leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the Ministry Team Leader, and the Trip Coordinator in order bring closure to the difficult situation.
- 4.) If the Ministry Team Leader and Event Coordinator find any individual to be in rebellion to correction, a senior Hearts Ignited representative will be informed. A senior Hearts Ignited representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may include an individual returning home within 24 hours or being brought before the whole Ministry Team for public correction. If absolutely necessary, the Ministry Team will be informed not to have any personal contact with the individual throughout the remainder of the trip. The individual will not be permitted to eat, sleep, or travel with any Ministry Team Member.
- 5.) If any individual is involved in any sin that can not, at the discretion of leadership, be taken care of in a timely manner or would affect the team in an adverse way, leadership reserves the right to put procedure (4) into action immediately.

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**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



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## Media Release

I, \_\_\_\_\_, hereby agree to the media release policy stated below and will abide by the terms as stated.

Hearts Ignited Ministries International often takes photographs and video footage on ministry trips using them in Hearts Ignited advertising, promotional materials, web page, and publications. In signing below, you fully authorize Hearts Ignited to use video or photographs taken of you in any or all of the above mentioned materials.

In addition, you agree to use the photographs you take on this mission trip for your own personal use. Photographs are not to be used for any publication, website, advertisement or any other means without the permission of Hearts Ignited. The exception to this is that the undersigned may use the photographs for showing to their personal church group and/or affiliation. Hearts Ignited reserves the right to limit the amount of photos being taken if it is deemed disruptive or conflicting.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



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## Emergency Medical Form

Participant Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

I hereby authorize any representative of Hearts Ignited Ministries International (HIMI) who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as a team member on an HIMI ministry trip from the dates of June 22nd, 2018 to July 4th, 2018. I authorize any medical provider to disclosure my individually identifiable health information or other medical records as necessary to the bearer of this authorization. This authorization applies, but is not limited to, to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C .1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to HIMI, without restriction, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Legal Guardian's Signature (Minors Only) Date

## AFFIDAVIT OF TEMPORARY GUARDIANSHIP AND CONSENT TO TRAVEL

(TO BE COMPLETED BY BOTH PARENTS OR LEGAL GUARDIAN OF APPLICANT)

I/We \_\_\_\_\_ and/or \_\_\_\_\_  
(Father) (Mother)

of \_\_\_\_\_, do hereby grant TEMPORARY GUARDIANSHIP to  
(Name of Minor)

\_\_\_\_\_. I further do  
(Name of pastor traveling with or, if traveling alone, please put Timothy Berry)

hereby consent that my/our son/daughter travel to Rwanda with Hearts Ignited Ministries

International for the period of time beginning on 12:00AM June 21st and continuing through

11:59PM July 2nd.

Said named person shall have all the powers and authority over my/our son/daughter that I/We would have if I/We were present. Upon telephone notification to me/one of us, said person shall also have authority to send my/our child home, for any reason.

\_\_\_\_\_/\_\_\_\_\_  
(Parent's Signature) (Parent's Signature)

### Notarization:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year) (name of parent)

personally appeared before me in \_\_\_\_\_, \_\_\_\_\_ and, in my  
(city) (state)

presence, has/have satisfactorily identified him/her/themselves as the signer(s) of this

Temporary Guardianship Form.

Name of Notary Official: \_\_\_\_\_



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Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

## Pastoral Reference Evaluation

Please have your Pastor fill out the online evaluation form at:

<https://goo.gl/forms/EHBXzzKEGZKCz06T2>

Your Pastor must complete this evaluation by the application due date on April 26th, 2018.