

Expect great things
from God.
Attempt great things
for God.



What to expect...

- Team up with others from across America
- Engage in personal ministry to nationals
- Disciple children in an after-school kids' club
- Go on an overnight safari
- Eat a meal of exotic meats such as zebra or ostrich
- Spend two weeks in Africa
- See God change your life forever

As you give yourself to a summer of serving in Africa the rewards will far outweigh the sacrifices. You might miss a day at the beach, lose out on a sale at the mall, or use up your vacation days for the year, but you'll make new friends, experience another culture, and change people's lives for eternity. It doesn't get much better than that!

Application Steps

1 Send us your completed application form one of the following ways:

Fax it to:
630-982-0420

Email to:
thrivetrip@thriveafrica.org

Mail to:
Thrive Africa
P.O. Box 96
Wading River, NY 11792

Slower application processing

2 Pay application fee

Pay only \$20 (save \$5) when you pay online at www.thriveafrica.org. You can also mail in your \$25 application fee to: Thrive Africa, P.O. Box 96, Wading River, NY 11792.

Checks must be made out to Thrive Africa and have your name and “Thrive Trip” written on the memo line of your check.

Application fees are non-refundable.

3 Submit a photo of yourself

Please email to thrivetrip@thriveafrica.org

4 Have 3 reference forms filled out and returned to us

Reference forms can be downloaded from the “Apply” page of the Thrive Trip section at www.thriveafrica.org. You are required to have three reference forms completed by your youth pastor, teacher, employer, and/or other person in leadership. Make copies of the form to give out to your references and have them fax the form back to us upon completion.

That's it! Once you have completed the steps above, you will be notified that your application is being reviewed. If you have any questions about your status or the Thrive Trip program, email us at thrivetrip@thriveafrica.org.

Thrive Trip Application

To be completed and faxed to (630) 982-0420

If question are not applicable please mark 'N/A'

Pick a Trip: Student Trip Adult Trip

Personal Information

Full Name: Male: Female:

Mailing Address:

City / State / Zip:

Home Phone: Email:

Social Security: Date of Birth: Age:

Height: Weight: Marital Status:

How did you hear about Thrive Africa?

Do you have a passport: If yes, list passport number:

T-Shirt Size: Fleece Size:

What is your closest airport? List any and all you can fly out of:

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Education

Highest year of education completed:

Post-High School Institution	Dates Attended	Degrees Obtained

Employment Information

Present Occupation:

Company / Organization:

Date Hired: Contact / Phone:

Experience Summary (If not applicable please mark blanks 'N/A')

List any cross-cultural mission experiences you have had. Include country, organization and dates:

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Please list the names of the leaders from the most recent mission trip.
List contact email address if known:

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List other formal ministry experience you have had. Include organization, responsibility, and dates:

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List any leadership positions you have held. Include organization, responsibility, and dates:

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Do you enjoy working with children?.....

Have you ever led or assisted with children's church?

If yes, describe your roles:

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Have you ever led worship? If yes, describe your role:

What instruments do you play?

Church Information

Home church name, address, phone:

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Senior Pastor: Youth Pastor:

How long have you attended?

Describe your involvement:

Health Information

- Are you currently being treated for any sickness or injury? Yes No
- Are you allergic to any medications? Yes No
- Do you have any other allergies? Yes No
- Have you ever had an eating disorder? Yes No
- Are you required to be on a special diet? Yes No
- Do you ever sleep walk or have sleeping problems? Yes No
- Do you get nervous or upset easily? Yes No
- Have you ever had psychiatric care? Yes No
- Have you ever been treated for depression? Yes No
- Do you have any physical disabilities that would keep you from participating in normal or rigorous activities? Yes No
- Do you have or have you ever had a seizure disorder? Yes No
- Do you have or have you ever had asthma or other breathing problems? Yes No
- Do you have or have you ever had a heart murmur? Yes No
- Do you have or have you ever had a kidney disease? Yes No
- Do you have or have you ever had diabetes? Yes No

If you answered yes to any of the above questions, or if you have been diagnosed or treated for any mental or psychological illness or disorder, please give an explanation below.

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Are you currently on any medication? Yes No If yes, please explain:

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Do you have any other medical problems or conditions that we should be aware of?

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Self Evaluation

On a scale of 1-10, 10 being the highest, please evaluate yourself in the following areas:

- | | |
|------------------------------|---------------------------------------|
| Relating to new people | Finishing what you start |
| Problem solving | Submission to leaders |
| Organization/planning | Public/group speaking |
| Confronting | Listening |
| Leadership | Encouraging |
| Receiving correction | Trying new things |
| One-on-one ministry | Taking charge/giving directives |

Describe three strengths (not necessarily from the list above).

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Describe three weaknesses (not necessarily from the above list).

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Have you been involved in any of the following within the past year?

- Tobacco Yes No
- Alcohol Yes No
- Illegal drugs Yes No
- Gang-related activities..... Yes No
- A cult or the occult Yes No

If yes (to any), please explain:

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On a separate typed (or neatly written) sheet, write an essay including the following information:

- How and when did you become a Christian? Describe how your life has changed.
- Please write a brief overview of your personal history (where you grew up, childhood experiences, and how these affect your life now).
- Explain how and why you feel God is calling you to be a part of the Thrive Africa mission team.
- Explain how you believe the mission trip will benefit you and your walk with God, your goals for the mission trip, and how you feel you will benefit the team.

My signature (and the signature of my parent or legal guardian if I am under 18) signifies that the information I have given Thrive Africa is accurate and true to the best of my knowledge.

Signature Date

Signature Date

Father \ Guardians Full Name: Phone:

Address:

Mother \ Guardians Full Name: Phone:

Address: