

GENERAL ATTITUDE & CONDUCT:

When coming on the Greater Rochester Regional Trip, We would ask that you embraced the following the following attitudes and guidelines that Eagles Wings has in place:

- You must be willing to submit yourself to the leadership and joyfully follow their decisions.
- You must at all times remain in a good attitude and avoid complaining.
- You must be on time to all events during the trip.
- You must realize that the specific purpose of coordinated by Eagles’ Wings ministries, is to minister to God and His children in the nations. Any available sightseeing and shopping will be permitted only if it coincides with the team’s main purpose, but could be cancelled if not deemed convenient for travel, time, or if it hinders the flow of our ministry trip.

I have read through all of the above statements under “General Attitude & Conduct” and agree to abide by these general guidelines at all times during the trip that I am applying for.

Your Name: _____

Your Signature: _____ Date: ____/____/____

PLEASE COMPLETE THE SECTION BELOW IF YOU ARE 18 YEARS OF AGE OR OLDER:

Yes, I further agree to indemnify the staff and leaders from any and all claims, suits and liabilities with regards to my trip to _____ for these dates _____, 200__.

Signature: _____ Date: _____

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

Home Phone: (_____) _____ Work Phone: (_____) _____

IMPORTANT MEDICAL INFORMATION & LEGAL FORMS:

MEDICAL INFORMATION:

- I am free from any medical problems which would cause difficulty on this trip.
- I have a medical condition(s) that might cause a problem on this trip. *(Describe below.)*

MEDICAL RELEASE

- I am allergic to the following medications *(list below)*:

In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ as deemed necessary.

Your Signature (IF 18 YRS. OR OLDER): _____ Date: _____

Parent/Guardian’s Signature (IF UNDER 18): _____ Date: _____

Emergency Information RELEASE

Doctor’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Physical Problems: _____

Medication: _____

I hereby give permission to my doctor to release information to the Tour Directors in the event of an emergency while on this trip.

Signed: _____

Passport Number: _____

Passport Name: _____

Passport Date: _____ Expiration Date: _____

Emergency Contact: _____ Phone: _____

Cell Phone: _____ Relationship: _____

Signed and sealed this _____ day of _____ 200_____

Notary Signature _____

"I _____ (Name of Notary) personally know _____ or received this legal proof of name _____."

APPLICATION CHECKLIST

BEFORE YOU SEND IN YOUR APPLICATION PLEASE MAKE SURE THAT YOU HAVE COMPLETED THE FOLLOWING THINGS:

- 1. Send a completed application to Lori Sousa – You can mail it to Attention: Israel Trip (Lori Sousa) 321 East Avenue, Rochester NY 14604 or fax your information to 585-232-6095.
- 2. Send a copy of your passport. Please note to travel to Israel your passport must be valid for 6 months after your trip.
- 3. Confirm letter of recommendation from your spiritual oversight. Please note that the submission of the letter of recommendation is not necessary if you are the pastor of your congregation or if the leadership of this trip (Pastor Ron Domina) knows your ministry. If you are not a ministry leader and/or Pastor Ron Domina is not familiar with your ministry, please complete recommendation form (below). Once the recommendation form is complete, you may mail or fax the letter to Attention: Israel Trip (Lori Sousa) 321 East Avenue, Rochester NY 14604 or fax 585-232-6095.
- 4. Send in a deposit payment of \$500 to ensure processing your application. The completed application with the \$500 deposit is due on April 1st. Without the deposit your application can not be processed. Below is the payment schedule for this trip.

Israel Trip Payment Schedule:

April 1st - \$500 deposit

April 22nd -Payment of \$1,000

May 13th -Payment of \$1, 000

June 15th - (Final Payment due) of \$1,000 due.

NOTE: Please make out the check to: Ayelet Tour Agency and in the Memo section write “Greater Rochester Regional Trip to Israel”

- 5. Again, all applications, recommendation & deposit must be sent to via mail: Lori Sousa – You can mail it to Attention: Israel Trip (Lori Sousa) 321 East Avenue, Rochester NY 14604 or fax your information to 585-232-6095.

Pastor/Rabbi Recommendation Form:

Mail recommendation to: Attention: Israel Trip (Lori Sousa) 321 East Avenue, Rochester NY 14604 or fax your information to 585-232-6095.

Name of Applicant: _____ Applicant's Phone #: (____) _____

Pastor/Rabbi's Name: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Church/Synagogue: _____ Position of Leadership: _____

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

How long have you known the applicant? _____

How well do you know him/her? By face casually fairly well very well

How would you rate the applicant in the following?

Circle a number (from 1-5) which would best reflect how the applicant reflects the following character traits, with 5 representing "excellent" and 1 representing "poor"

Servanthood 1 2 3 4 5	Respect for authority 1 2 3 4 5	Maturity 1 2 3 4 5
Dependability 1 2 3 4 5	Leadership Ability 1 2 3 4 5	Spiritual Life 1 2 3 4 5

Circle a number (from 1-5) which would best reflect how the applicant reflects the following character traits and problems, with 5 representing "often" and 1 representing "never"

Procrastination 1 2 3 4 5	Critical 1 2 3 4 5	Irritable 1 2 3 4 5
Argumentative 1 2 3 4 5	Domineering 1 2 3 4 5	Rebellious 1 2 3 4 5
Inclined toward crushes 1 2 3 4 5	Depressed 1 2 3 4 5	

- Is this applicant active in his/her church/ synagogue? YES NO
- To your knowledge has the applicant had a salvation experience? YES NO
- Are you aware of any instances of mental or emotional illness or difficulty in the applicant? YES NO
- To your knowledge, has the applicant struggled with the use of tobacco, alcohol or illegal drugs in the past year? YES NO
- Have you ever had reason to question the applicant's morals? YES NO
- Do you have any reason to lack confidence in this applicant? YES NO

We would appreciate any additional comments you might have concerning the applicant.
(Use an extra sheet of paper or the back of this form.)

On the basis of the above information, the applicant is:

Strongly recommended **Recommended** **Recommended with reservation**