

Dear Potential XSTREAM Global Missions Team Member,

We would like to take this opportunity to say thank you for wanting to be a part of XSTREAM Global Missions Short Term Missions ministry. Please read and follow all instruction carefully, as we are trying to make this process easier for both you and the staff at XSTREAM Global Missions.

Please make sure that you complete each component of this application package in its entirety. ***Please do not mail components separately.*** Please mail all components of this application package together in one envelope along with your \$100 Non-Refundable Application Fee.

All incomplete application packages will be returned to applicant. Please use the check list below to help ensure that your application package is complete.

Check List:

- Application
- Commitment Form
- One (1) Personal Reference Form (you choice of Pastor, Spiritual Leader, or Christian Friend) submit in an sealed envelope
- Confidential Health Form (must be notarized)\*
- Spiritual Gift Analysis Results Sheet Only
- Three (3) colored copies of your Passport
- \$100 Non-Refundable Application Fee

\*Note: Your shot records may be submitted at a later date. Many required inoculations will require several months to complete.

Thank you, in advance, for your attention to this new application process.

**XSTREAM Global Missions**

# XSTREAM Global Missions

Exalting Christ, Reproducing Disciples, and Mobilizing the Saints  
A Ministry of Greater Heights Baptist Fellowship in Angleton, TX

P.O. Box 1356 • Angleton, TX • 77516-1356 • (979) 418-3971 • fax (979) 864-3330

## APPLICATION FOR SHORT TERM MISSION TRIP

### SECTION A: Personal Information

(Please print or type)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital status  Single  Engaged  Married  Separated  Divorced

Are you a U.S. Citizen?  Yes  No If no, please explain \_\_\_\_\_

Contact Information of Guardian \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Are you a "born again" Christian?  Yes  No Please describe \_\_\_\_\_

How long have you been a "born again" Christian? \_\_\_\_\_

Have you been baptized?  Yes  No If yes, by what method and which church \_\_\_\_\_

If you were to die tonight and stand before God and He asked you, "Why should I let you into heaven?" what would be your answer?

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**Applicants Name** \_\_\_\_\_

**SECTION B: Church Information**

Home Church \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City State Zip

Pastor's Name \_\_\_\_\_ Pastor's Phone ( ) \_\_\_\_\_

Pastor's Address \_\_\_\_\_  
Street City State Zip

1. Describe your relationship with your church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe areas of service or leadership you have had in your church (past or present).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you witness or evangelize, if so how often?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe your prayer life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How often do you read your Bible? What scripture passage has been strength to you recently? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Who would you say has been the greatest influence in your life other than the Lord and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants Name** \_\_\_\_\_

**SECTION C: Education/Employment/Skills**

Highest level of education completed \_\_\_\_\_

Post-secondary school(s) attended (Please list Universities, Colleges, Vo-tech Schools, or Seminaries)

If decided major, what is it? \_\_\_\_\_

Military Service?  Yes  No (specify) \_\_\_\_\_

Present employer \_\_\_\_\_ Occupation \_\_\_\_\_

Other occupational skills \_\_\_\_\_ Years exp. \_\_\_\_\_

What languages do you speak? (most fluent to least) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Do you possess any special skills/and talents that might be helpful on the mission field \_\_\_\_\_

What musical abilities do you possess? \_\_\_\_\_

Are you presently an ordained or licensed minister?  Yes  No (specify) \_\_\_\_\_

**SECTION D: Financial Information** (We do not supply funding, but we do provide information for fund-raising)

Do you have the total funds needed to go on this XSTREAM trip?  Yes  No If no, what percentage do you have?

Did you read the statements concerning the Total Cost of your XSTREAM Trip and the Cancellation Policy under the Policy Page on the website?

Yes  No Please initial that you fully understand these statements \_\_\_\_\_

What is your plan or strategy to find the resources for the funding of this XSTREAM trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants Name** \_\_\_\_\_

**SECTION E: Mission Field Questions**

1. Do you have any previous XSTREAM mission trip experience? If so, when and where?

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2. Do you have any other mission trip experience? If so, where and what type(s) of ministry were you involved in?

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3. Please write a short paragraph why you feel led to go to the mission field.

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4. What do you expect of a trip like this and what would you like to accomplish?

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5. How would you like to benefit from this trip?

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6. Have you considered the possibility of contracting some sickness, disease, becoming terminally ill, or losing your life by some accident or a political revolutionary act? Yes or No and please comment.

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7. Have you considered the possibility you may be required to go without hot showers, baths, etc. for a week at a time and that under some situations be satisfied with one meal a day and eat food that you are not accustomed to? Yes or No and please comment.

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8. Is there anyone that would object to you making this XSTREAM trip? If yes, why

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**Applicants Name** \_\_\_\_\_

**SECTION F: Supplemental Questions**

1. How did you hear about XSTREAM?

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2. What is the longest period of time you have been away from home? \_\_\_\_\_

3. Have you ever flown on an airplane?  Yes  No  State Side Only  International

4. What is your opinion about authority and those that have authority over you?

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5. Describe a significant spiritual experience you have had in your walk with the Lord.

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6. Have you ever led a person to the Lord in a salvation experience? (please describe)

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7. Give a brief explanation of how one can be saved (in a minute or less).

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8. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.

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9. Have you ever surrendered to full time Christian service or ever considered the possibility? Please explain.

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**Applicants Name** \_\_\_\_\_

**SECTION F: Supplemental Questions (continued)**

10. What areas in your character are you presently seeking God to further develop and improve?


11. Do you have any vices (smoking, drinking alcohol, chewing tobacco, etc.)? Please explain.


12. Have you ever been involved in a felonious crime, drug or alcohol abuse? (If so, explain)


I certify that all information in this application is complete and accurate. If accepted by XSTREAM Global Missions, I will abide by the spirit, rules, and schedule of the program.

I certify that I understand that payment of this mission trip will be made in a timely manner and if I am having problems with raising funds, I will not hesitate to contact my Team Leader.

I certify that I have read and do understand that it is my obligation to obtain all required documents for this mission trip and will mail them to XSTREAM by pre-assigned dates.

By signing this application, I therefore commit myself to the Lord and to XSTREAM to fully cooperate with the program that has been laid before me.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date of Signature



"All the ends of the earth shall see the salvation of our God." Isa 52:10

**COMMITMENT FORM  
for  
XSTREAM Team Members**

**"Commit thy way unto the LORD; trust also in him; and he shall bring it to pass." Psalms 37:5**

I, \_\_\_\_\_ understand that joining the XSTREAM  
(print your name)

Global Missions program as a Team Member can be a 6 months to year long commitment. XSTREAM Global Missions, a ministry of Greater Heights Baptist Fellowship of Angleton, TX is committed to world evangelism, loving the souls of lost men and women and having compassion on them in order to introduce Christ. I am committed to allow myself to personally experience God through daily Bible reading, prayer, and quiet times. I also will learn to have faith and trust that God will provide my financial needs for this trip (**I understand that my church should not provide all my financial needs. It is my responsibility to be actively involved in fund-raising projects that I feel will bring honor and glory to God.**)

As an XSTREAM Global Missions Team Member, I realize that this trip can be a life changing experience if I personally experience God through the whole XSTREAM process, therefore, regardless of my personal or work obligations; I make a commitment to our Lord and Savior and will allow God to use me. I make a commitment to XSTREAM Global Missions to abide by its leadership and policies and will conduct myself in a way that brings honor and glory to God.

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

# XSTREAM GLOBAL MISSIONS

## Personal Confidential Reference

### To the Applicant

Give this form to the person filing the reference along with a envelope, ask them to complete it an seal the envelope.

This evaluation should be confidential and not be shown to you.

First name of applicant	Last name of applicant:
Street Address:	City, State, Zip
Desired Mission Trip:	Phone:

### To the Person Filling Out This Form

The above applicant has applied to participate on a Short Term Missions Trip with XSTREAM Global Missions, a ministry of Greater Heights Baptist Fellowship of Angleton, TX. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and should not be shown to the applicant. Please give this form back to the applicant in a sealed envelope. Thank you for your assistance.

What is your relationship to the applicant?        Pastor         Spiritual Leader        Christian Friend

How well do you know the applicant?        Very well        Well        Casually

How long have you know the applicant?      \_\_\_\_\_ years      \_\_\_\_\_ months

Please check the following and comment as necessary:

	Superior	Above Average	Average	Below Average	Inferior
<b>Ability to receive correction</b>					
<b>Self-confidence</b>					
<b>Ability to make decisions</b>					
<b>Social poise</b>					
<b>Concern for others</b>					
<b>Ability to follow</b>					
<b>Leadership</b>					
<b>Willingness to serve</b>					
<b>Emotional stability</b>					
<b>Communication skills</b>					
<b>Health</b>					
<b>Personal hygiene</b>					

Additional Comments

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- |                                      |   |   |
|--------------------------------------|---|---|
| Mental ability                       | <input type="checkbox"/> Quick to comprehend    | <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Slow   |
| Industry                             | <input type="checkbox"/> Hard worker            | <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Lacks persistence                              |
| Reliability                          | <input type="checkbox"/> Meets obligations      | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Neglects obligations  |
| Teamwork                             | <input type="checkbox"/> Works well with others | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Often causes friction |
| Flexibility <input type="checkbox"/> | <input type="checkbox"/> Open to change         | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Unyielding            |
| Christian character                  | <input type="checkbox"/> Well-balanced          | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Unstable              |
| Disposition                          | <input type="checkbox"/> Cheerful               | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Passive               |
| Punctuality                          | <input type="checkbox"/> Punctual               | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Often late            |
| Financial responsibility             | <input type="checkbox"/> Honors obligations     | <input type="checkbox"/> <input type="checkbox"/> Average <input type="checkbox"/> <input type="checkbox"/> Neglectful            |

Which of the following would best describe the applicant's Christian experience?

- Mature   Contagious   Genuine and growing   Over-emotional   Superficial

With reference to his/her Christian service, is he/she:  Dedicated   Average   Casual

Does he/she display high moral standards?  Yes   No Explain

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What do you consider to be the applicant's strong points? (include special abilities)

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(Pastors only) Is your church standing behind the applicant with enthusiasm and prayer?  Yes  No

Explain \_\_\_\_\_

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Would you recommend the applicant for acceptance to the XSTREAM Global Missions Short Term Missions Program?

- Yes   With some reservations (Explain)   No (Explain)
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- 
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Signature \_\_\_\_\_ Date \_\_\_\_\_

# XSTREAM Global Missions

## Confidential Health Form

**Personal Information** (Please print or type information as it appears on your Passport)

Name \_\_\_\_\_ Nationality \_\_\_\_\_  
Surname Given Name

Passport Type \_\_\_\_\_ Passport No. \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Present address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

XSTREAM Project in which you are participating \_\_\_\_\_

**To the Physician**

The above named person has applied to go on a mission trip with XSTREAM Global Missions, a ministry of Greater Heights Baptist Fellowship of Angleton, TX. This program requires good health and endurance. Please review the "Personal History" information, fill out the portion below, and make any additional comments.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 3-4 miles per day?  Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Personal History** Please answer all questions. Explain any "Yes" answers in the space below.

**Have you ever had, or do you have any of the following:**

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Back or Joint	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Ear, Nose, or Throat	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Other/Food/Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had any of the following COMMUNICABLE DISEASES?

	Yes	No		Yes	No
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>

Other (Specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you now under a doctor's care for any condition?  Yes  No (Explain if yes)

\_\_\_\_\_  
 \_\_\_\_\_

Are you taking any medications at this time?  Yes  No (If yes, please list name of medication and dosage)

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any physical handicaps or health conditions which require special attention?  Yes  No (Explain if yes)

\_\_\_\_\_  
 \_\_\_\_\_

Do you have a history of receiving counseling or psychiatric treatment?  Yes  No (Explain if yes)

\_\_\_\_\_  
 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Would you rate your health condition as:  Excellent  Good  Fair  Poor

**PHYSICIAN RECOMMENDATIONS**

- Acceptable without limitations
- Should remain in areas where adequate medical care is provided
- Acceptable with limitations (specify) \_\_\_\_\_
- Not acceptable

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name (Printed) \_\_\_\_\_

Physician's Full Contact Information \_\_\_\_\_

Street

City

State

Zip

Phone Number

## Consent for Treatment

In case of an emergency, I/we here consent to the performance of medical treatment, anesthetics, and operations as in the opinion of whoever is in charge in the mission field and the attending physician who deems it necessary for the above named person.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Parent/guardian signature (for applicants under 20)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

## Liability Release

I/we hereby release XSTREAM Global Missions and Greater Heights Baptist Fellowship, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of their involvement with XSTREAM Global Missions, a ministry of Greater Heights Baptist Fellowship of Angleton, TX.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Parent/guardian signature (for applicants under 20)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

## Medical Liability

I/we hereby release XSTREAM Global Missions and Greater Heights Baptist Fellowship, its agents, employees, and volunteer assistants from all medical expenses in the event of medical treatment, hospitalization, or any medical evacuation. I/we understand that we may pay these expenses through a personal credit card, show proof of personal insurance that covers overseas medical emergencies, purchase my own short term missions insurances, or purchase the group insurance that is offered with the mission trip project.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Parent/guardian signature (for applicants under 20)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

**APPLICATION AGREEMENT**

Because my purpose in joining XSTREAM Global Missions, a ministry of Greater Heights Baptist Fellowship is to take the Gospel to the nations, I agree to submit to its leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that a mission trips destination dates and itinerary are subject to change and that XSTREAM Global Missions reserves the right to change or cancel mission trips in the event of a natural disaster, political crisis and/or ministry-related difficulty. Should a mission trip be cancelled, XSTREAM Global Missions will work with me to reassign me to another mission project. XSTREAM Global Missions is not liable in case of illness, accident, death or unexpected travel expenses.

In case of accidental death, XSTREAM Global Missions and Greater Heights Baptist Fellowship cannot cover the cost of burial in the country of service, or the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation. It is highly recommended that you purchase the group insurance that is offered with your mission trip. This benefit is covered in the policy.

Because XSTREAM Global Missions is a ministry of Greater Heights Baptist Fellowship, a non-profit organization, payments made for mission trips are tax deductible. The IRS regulations prohibit XSTREAM Global Missions from refunding contributions it receives for mission trips. XSTREAM Global Missions will subtract the Non-refundable Administrative/Application Deposit and issue you a voucher that may be applied to any other XSTREAM Global Missions' projects for up to one year.

My signature below (and that of my parent or legal guardian if I am under 20) certified my approval of this agreement and intention to comply with its contents.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expired on \_\_\_\_\_

\_\_\_\_\_  
Notary Public State at Large

# Spiritual Gift Analysis

## Results Sheet Form

Please visit the following website and complete the Spiritual Gift Analysis. After completing the analysis, please print out a copy of the results page and include it with your application package. Please do not mail the interpretations of the analysis, only the results page. Thank you for your cooperation in this matter.

XSTREAM Global Missions.

<http://www.churchgrowth.org/cgi-cg/gifts.cgi?intro=1>

## PASSPORT

Please submit three (3) colored copies of your signed Passport.

This year a requirement for the application process is that the applicant must possess a valid passport before making application with XSTREAM Global Missions.

If you do not possess a valid passport, please do not submit your application package until you have made application with the United States Government and have received your valid passport.

To obtain passport, please visit the following website for complete precise details:

[http://travel.state.gov/passport/passport\\_1738.html](http://travel.state.gov/passport/passport_1738.html)

Thank you for your cooperation in this matter.

XSTREAM Global Missions

## APPLICATION FEE

A \$100 Non-Refundable Application Fee is required when making application for a Short Term Mission Trip with XSTREAM Global Missions.

This \$100 Non-Refundable Application Fee ***is not included*** in the price of your mission trip. If for some reason you must cancel your trip, this Non-Refundable Application Fee will be forfeited and cannot be applied to another person's trip and it cannot be applied to another year's trip.

Your \$100 Non-Refundable Application ***MUST*** be attached to your application package. If not, your application package will be returned to you.

All mission trips are filled on a first come first serve basis.

Thank you for cooperation in this matter.

XSTREAM Global Missions