

Rick Bonfim Ministries

Brazil Mission Trip

P.O Box 5188 Athens, GA 30604

www.latterain.com

706-353-1546

Dear Applicant,

We are excited about having you join us on one of our life-changing Brazil mission trips. **Enclosed please find the Application Form and other forms for your upcoming trip. Please keep the Mission Trip Checklist (p. 2) in a handy place so that you can keep track of all the steps you need to follow in order to participate in this mission trip.** Please follow the instructions carefully.

Note that we MUST receive from you:

- 1) Application Form completed in full with photo attached (p. 3-7)
- 2) Financial Agreement form, signed (p. 9)
- 3) Release form, signed and NOTARIZED (p. 10)
- 4) A photocopy of your passport
- 5) Your \$100 deposit to hold your place on the trip

We need all of this at least 3 months prior to your trip. EVERY SINGLE FORM IS IMPORTANT AND MUST BE COMPLETED IN FULL. Send your completed forms to:

Rick Bonfim Ministries

PO Box 5188

Athens, GA 30604

Once we have received your forms, we will send you fundraising letters and envelopes so that you may begin fundraising for your trip.

If you have any questions concerning your trip or the information enclosed in this packet, please do not hesitate to **call us at the office of RBM at 706-353-1546 or call Group Manager Betty McKinney at 770-689-9637.** May God bless you richly in this exciting endeavor.

In His service,



Rick Bonfim

Rick Bonfim Ministries, Inc.

rbm@latterain.com

706-353-1546

Rick Bonfim Ministries

BRAZIL Mission Trip Check List

I. Application Process – (due into the office of RBM 3 months prior to departure date)

- 1) Completed **Trip Application Form** in full and attached color photo of yourself.
- 2) **\$100 application fee** – (non- refundable - will be applied to your total trip cost).
- 3) **Notarized Release Form** --This form must be signed and stamped by a Notary Public. That notarization service is available through most local banks.
- 4) **Signed Financial Agreement Form.**

II. Fundraising Process

If you have need of fundraising materials we will send you fundraising letters and envelopes so that you may begin fundraising for your trip **upon your request.**

III. Financial Payment Process

- 1) Ticket payment (non-refundable ticket) - due **3 months prior to departure date.**
 - 2) The remainder of the trip cost - due **2 months prior to departure date.**
- *This gives a general idea of timing, but specific payment dates will vary for each trip.*

IV. Passport

If you do not have a passport or your current passport will **expire** within 6 months of the date of the trip, you will need to apply or renew your passport. (Do this at your local U.S. Post Office or on line at www.travel.state.gov/passport. Do not delay on this as it can take up to 8 weeks for your new passport to be processed and sent to you).

V. Trip Information Packet

It is very important for you to read carefully our **Trip Information Packet**, which contains many details pertaining to activities, schedule, money to bring, luggage, guidelines for clothing and packing, facilities at the mission, and instructions for the day of departure.

The **Trip Information Packet** will be sent to you by **e-mail** once we have received your application form. OR you may download it from our web site at www.latterain.com under Brazil Mission Trips/ Details. Upon your request a hardcopy can be mailed to you by our office.

VI. Brazil Visa

Once you have sent in your required forms (see Step I) and your plane ticket has been purchased, we will advise you on the process for obtaining your visa from the Brazilian Consulate. Brazil now issues “E-visas” which is done on line.

The cost of obtaining your visa is not included in the price of the trip you paid to Rick Bonfim Ministries. You will pay approximately \$50 for your E-visa.

If you have any questions concerning your trip or the steps you must complete in order to participate in this mission trip, please do not hesitate to **call the office of RBM at 706-353-1546.** May God bless you richly in this exciting endeavor.

Please attach a recent photo of yourself in the space provided. This is required.

Rick Bonfim

Ministries

Brazil Trip
Application Form

*PLEASE PRINT LEGIBLY IN INK OR TYPE.
COUPLES, PLEASE FILL OUT SEPARATE FORMS*

Note: The information included in this application is for use by office staff and mission team leaders exclusively. All information is treated with sensitivity and held in absolute confidence.

Section I: Primary Contact Information

(Mr., Mrs., Ms., Miss) First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name (Nickname): _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Dates Address is Valid: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____ Driver's License #: _____

Section II: Personal Information

Birthdate: _____ Gender: _____ Age: _____

Occupation: _____ Highest Level of Education Completed: _____

Special Skills/Talents: _____

Marital Status: Never Married Married Separated Divorced Other: _____

If married, what is your spouse's name: _____ Is he/she a Christian? Yes No

Section III: Emergency Contact

Full Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Section IV: Church Information

Name of Your Home Church: _____

Denomination: _____ Pastor's Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____ Church Phone: _____

Section V: Previous Missions Experience

Have you ever been on a mission trip with Rick Bonfim Ministries before? Yes No

If yes, on what dates? 1) _____ 2) _____ 3) _____

IF YOU HAVE BEEN TO BRAZIL, DO YOU HAVE A VALID BRAZIL VISA (IT WOULD BE INSIDE OF YOUR PASSPORT) Yes No

IF YES, WHAT DATE WAS THE VISA ISSUED? _____ HOW LONG WAS THE VISA ISSUED FOR? _____ (5 years, 10 years, other)

Have you been on any other mission trip (one unaffiliated with RBM)? Yes No

If yes, where and when? 1) _____ 2) _____

What was the nature of your missions work there?: _____

Section VI: Leadership Information

Please briefly describe a few leadership responsibilities you have had with your school, work, church, or other Christian groups.

Leadership Role/Title

Brief Description of Responsibilities

1) _____

2) _____

3) _____

Section VII: Passport Information

Your Name (as it appears on your passport): _____

Issuing Country: _____

Passport Number: _____ Expiration Date: _____

NOTE: If you do not have a valid passport (or if your passport expires less than six months from the end of your trip), you must apply for a new passport immediately. The typical wait time for receiving a new passport is 6 to 8 weeks. You may expedite the process by paying a \$60 fee (ask about this at any US Post Office that issues passports). There are instructions on applying for a passport included in this application packet.

Section VIII: Medical Information

Are you currently taking any prescription medications?: Yes No If so, please indicate which ones, how often, and at what dosage: _____

Please indicate any current medical conditions, allergies, or disabilities: _____

Please check whether you have or have had the following (indicate frequency and dates on the line):

- | | |
|--|---|
| <input type="checkbox"/> AIDS or HIV+ _____ | <input type="checkbox"/> Hypoglycemia _____ |
| <input type="checkbox"/> Anemia _____ | <input type="checkbox"/> Incapacitating Headaches _____ |
| <input type="checkbox"/> Anorexia Nervosa _____ | <input type="checkbox"/> Insomnia _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Leukemia _____ |
| <input type="checkbox"/> Bulimia _____ | <input type="checkbox"/> Bipolar Disorder _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Motion Sickness _____ |
| <input type="checkbox"/> Depression _____ | <input type="checkbox"/> Nervous Breakdown _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Professional Counseling _____ |
| <input type="checkbox"/> Disturbed Sleep _____ | <input type="checkbox"/> For What? _____ |
| <input type="checkbox"/> Drug Use/Abuse _____ | <input type="checkbox"/> Psychosis _____ |
| <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> Rheumatic Fever _____ |
| <input type="checkbox"/> Fainting Spells _____ | <input type="checkbox"/> Stomach Ulcers _____ |
| <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Thyroid Trouble _____ |
| <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> History of Abuse _____ | <input type="checkbox"/> Other _____: |

What is your level of physical fitness?: Very In Shape Moderately In Shape Easily Fatigued

Comments: _____

Please check if you are physically able to endure: Rigorous Outdoor Activity (i.e. work projects)

High Altitudes High Temperatures Low Temperatures. If you answered “No” to any of

these, please explain: _____

Do you have any special dietary needs for us to consider when choosing the trip menu?: Yes No

If so, what are those needs: _____

For Women Only: Are you currently pregnant? Yes No If so, when is your due date? _____

NOTE: If you become pregnant before you are scheduled to go on a certain mission trip, please contact our office so that we can arrange to provide appropriate care for you.

Section IX:

What do you expect to gain from this missions experience? _____

What do you expect to contribute to this missions team and the overall missions experience?: _____

Section X: Spiritual Life

In the space provided, please tell us a little about yourself, your faith, and how this mission trip can be helpful to your spiritual growth and well-being: _____

In your opinion, what are your current personal spiritual, emotional, mental, etc. needs? _____

Section XI: Parental Signature

If you are under 18 years of age, your parent or legal guardian must also sign and date this form. In doing so, he/she is indicating full understanding of all terms and policies and giving parental permission for your participation in this RBM mission trip.

Parent Signature: _____ Date: _____

Rick Bonfim Ministries

Payment Options

Dear Applicant,

We are delighted that you are joining us on one of our Brazilian mission trips. In paying for your trip, you have the following two options:

- 1) **You may raise all (or part) of your funds through our proven fundraising method.** This is the most common way participants choose to pay for their mission trip. We provide you with all necessary fundraising materials (fundraising letters and contribution envelopes) and assist you through the fundraising process step-by-step. For more information, please contact our office at 706-353-1546.
- 2) You may pay for your trip yourself. We accept payment in the form of:
 - i. Check - **Please make checks payable to Rick Bonfim Ministries.** Note in the “for” line that the funds are towards your mission trip expenses.
 - ii. Credit Card – We accept the following major credit cards: **MasterCard, Visa, American Express, and Discover.** Please be aware that **there is a 2.9% processing fee for all credit card transactions** through our administrative offices.
 - iii. Paypal – You can easily make a payment towards your trip with our online Paypal service. Go to our website at www.latterain.com and find the Paypal link on the bottom left of the front page. The link will direct you to our online Paypal donation form. **Be sure to make a note in the provide space to indicate the purpose of your donation.** Paypal deducts a nominal fee from all donations given through this service. The amount deducted by Paypal **WILL NOT** be applied towards your trip.

Please contact our offices immediately (706-353-1546) so that we can discuss these options with you and help facilitate your trip’s financial preparations.

Sincerely,



Rick Bonfim
Rick Bonfim Ministries, Inc.
rbm@latterain.com
706-353-1546

Rick Bonfim Ministries
**Financial Guidelines &
Financial Agreement Form**

Rick Bonfim Ministries, Inc. is a proud member of the ECFA (Evangelical Council for Financial Accountability). In order to honor our commitment to financial integrity, we adhere to the following guidelines:

- 1) We will track all funds given towards the cost of your trip. A budget line is dedicated for each team member, so that we can accurately account for the all funds. If you have a question about your trip status, our financial secretary will have that information available.
- 2) All donors must send checks directly to RBM (with checks payable to Rick Bonfim Ministries).
- 3) All financial contributions are tax-deductible. Tax-deductible contributions are defined as anything given without receipt of goods or services.
- 4) All financial contributions are used to meet the financial costs of each trip participant (airfare, lodging, meals, etc.). If you raise more than the trip cost, **all your extra money will go toward your trip offering. All offering money is used to pay our ministry expenses at the Mission in Brazil.** The major costs at the Mission include: the feeding program at the mission (5,000 meals per month) and the medical clinic (medical services to roughly 150 needy families), and other ministry projects and needs.
- 5) **We are unable to refund contributions given towards a trip after transportation and hotel contracts are finalized, which is typically 6 months prior to the trip departure date. If money is returned for any reason, those funds are not eligible for tax deduction.**
- 6) **There is a \$200 penalty that must be paid along with the remaining balance of a trip if the balance of the trip is not paid on or before the given deadlines.**
- 7) **Plane tickets cannot be purchased until the initial payment is made. If the deadline for the first payment is missed, you will have to pay the \$200 penalty**
- 8) **ALL TICKETS ARE NON-REFUNDABLE AND NON-TRANSFERRABLE TO OTHER PEOPLE (AIRLINE POLICY).**
- 9) **AFTER A TICKET IS ISSUED, ANY NECESSARY CHANGES TO THE TICKET DETAILS, INCLUDING NAME AND DATE CHANGES, IS SUBJECT TO A \$150 FEE, PLUS ANY CHANGE IN AIRFARE.**
- 10) If you have any questions about any of the aforementioned Financial Guidelines, please give us a call at 706-353-1546, or you may email us at rbm@latterain.com.
- 11)

I have read the Financial Guidelines above. I understand them clearly and agree to them all.

Signed: _____ Date: _____

Name (Printed): _____

Please sign and date this form. Make a copy for your records and then return it to:
**Rick Bonfim Ministries
PO Box 5188
Athens, GA 30604**

Rick Bonfim Ministries

Release Form -- MUST be notarized and returned to the office of RBM.

KNOW ALL MEN BY THESE PRESENTS:

THAT, "the undersigned," has released and forever discharged, and by these Presents does not for himself/herself, his/her heirs, representatives and assigns, remise, release and forever discharge the said RICK BONFIM MINISTRIES, INC., and its successors and assigns, of and from all manner of actions, cause of actions, suits and demands whatsoever in law or in equity, which against the said RICK BONFIM MINISTRIES, INC., its successors and assigns, he/she ever had, now has or which his/her heirs, representatives and assigns hereafter can, shall, or may have for any reason.

The undersigned hereby agrees to hold the said RICK BONFIM MINISTRIES, INC., its successors and assigns, harmless from any responsibility or liability for sickness, accident, disease, personal harm, mental harm, any form of abuse, or death incurred while traveling within the United States or to or from or within any foreign country while on the business of the said RICK BONFIM MINISTRIES, INC., its successors or assigns, or any other of those autonomous, independent entities which are non-profit corporations, companies, trusts, or unincorporated associations or movements known broadly and internationally as Rick Bonfim Ministries, whether or not such entities are organized or operating within or outside of the United States of America.

Valid for the period of time beginning _____(date) until _____(date), specifically related to but not limited the Brazil Mission Trip with Rick Bonfim Ministries, Inc. and all or any activities involved.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this _____day of _____, in the year of _____.

Signed, sealed and delivered in the presence of:

(Print Name of Notary Here)

A Notary Public in the State of _____, in _____ County.

Signature of Notary

My commission expires _____

_____ Signature of Applicant
_____ Print Name Here
_____ Date
_____ Signature of parent or guardian if applicant is under 18 years old