

# *Rick Bonfim Ministries*

## **Application for Biblical Study Trip to Israel**

We are excited about having you join us on our **Biblical study tour to Israel!** Enclosed please find all necessary application materials. Follow the instructions for each part carefully.

**The cost of the trip: \$3950 out of U.S. city of departure**

**\$500 deposit due upon application in order to hold your spot .**

**\$3450 balance due December 13, 2017**

We need to purchase airline tickets for this trip as soon as possible. Group contracts are made 3 – 4 months ahead of the trip date. The longer we wait, the more fares go up, and they can change daily. If there is a significant change in fares, you will be notified and may have to pay more for your ticket. To avoid penalties, ticket money is due with your application. A \$200 late fee will be applied after the deadlines.

Please send your completed application form and \$500 deposit (to be applied to the total cost) to:

**Rick Bonfim Ministries  
P.O. Box 250  
Bogart, GA 30622**

**If you have any questions** concerning your trip or the information enclosed in this packet, please do not hesitate to **call RBM office at 706-353-1546.** We thank you for your interest, and may God bless you in this exciting endeavor.

In His service,



**Rick Bonfim**  
Rick Bonfim Ministries, Inc.  
[RBM@Latterain.com](mailto:RBM@Latterain.com)  
706-353-1546

# Rick Bonfim Ministries

## Trip Check List

Please keep this Trip Checklist in a handy place so that you can keep track of the steps you need to follow in order to participate in this trip.

### I. Application Process – (due into the office of RBM 6 months prior to departure date)

- 1) Completed Trip Application Form in full and attached color photo of yourself.
- 2) \$500 application fee – (will be applied to your total trip cost).
- 3) Notarized Release Form (p. 9) --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 (p. 10)
5. A color photocopy of your passport.

### 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. Connecting Flight

You will be advised as to which airport we will depart from and the times of departure and arrival. You are responsible to purchase a connecting flight if you do not live within driving distance. Our office is happy to assist you in arranging your connecting flight. Just call us at 706-353-1546.

### 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.

### V. Israel Trip Information Packet –

It is very important for you to read carefully our **Trip Information Packet**, which contains many details pertaining to the itinerary, schedule, money to bring, security, luggage, guidelines for clothing and packing, hotels, electricity, weather, and instructions for the day of departure. This **Trip Information Packet** will be sent to you by **mail** or **e-mail** upon your request.

### VI. Itinerary and Study Guide

A **daily itinerary** of the trip with contact numbers of the hotels will be e-mailed to you. Please watch for this, print it off - give a copy to family at home if you wish and bring a copy with you. Also, a **Bible study guide** pertaining to the sites we will visit will be mailed to you. Please save this and bring along with you.

**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.

# Rick Bonfim Ministries

## Israel Trip Application Form

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

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

Please attach a recent photo  
of yourself in the space  
provided.  
(COLOR PHOTO)

### 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 #: \_\_\_\_\_

If you are planning on moving from the above address in the near future, please indicate your future address and the dates you will be living there. This is so that we may correspond with you regarding trip preparation.

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

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

Phone Number (if different from above): \_\_\_\_\_

## Section II: Emergency Contact

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Section III: Church Information

Name of Your Home Church: \_\_\_\_\_  
Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church Phone: \_\_\_\_\_

## Section IV: Passport Information

Your Name (as it appears on your passport): \_\_\_\_\_  
Issuing Country: \_\_\_\_\_ City & State Where Issued: \_\_\_\_\_  
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 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 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) \_\_\_\_\_  
How did you hear about this trip? \_\_\_\_\_

## Section VI: Personal Information

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Highest Level of Education Completed: \_\_\_\_\_  
Marital Status:  Never Married  Married  Separated  Divorced  Other: \_\_\_\_\_  
If married, what is your spouse's name: \_\_\_\_\_

## Section VII: 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"/> <i>For What?</i> _____         |
| <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  High Altitudes  
 High Temperatures  Low Temperatures. If you answered "No" to any of these, please explain:

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**WE DO A LOT OF WALKING (and moderate hiking) ON THIS TRIP. WILL THIS BE A PROBLEM FOR YOU?**

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We strongly recommend that you walk 3 to 5 times a week in preparation for this trip so that you will have a level of fitness which will allow you to keep up and enjoy the trip!!!

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



## Section IX: Trip Agreement

Please read and sign the following statement concerning conduct while on your trip with RBM:

*I understand that for the duration of the biblical study trip, I understand that if I have to smoke, I must do so in private. By signing below, I indicate my agreement with the following two statements:*

*1) I commit to complying with the aforementioned guideline of conduct while on the trip.*

*Note: Please do not feel like you cannot join us if you have a smoking habit. We will work something out with you.*

*2) To the best of my knowledge, all the information I have provided on this entire application form is accurate and truthful.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Holy Land trip.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Rick Bonfim Ministries*

## Payment Options

Dear Applicant,

We are delighted that you are joining us on one of our Holy Land Tour 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](http://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](mailto:rbm@latterain.com)  
706-353-1546



# 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 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). Please write the dates of your trip here.**

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:

\_\_\_\_\_  
A Notary Public in the State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of parent or guardian if applicant is under 18 years old

My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY \_\_\_\_\_

***Please fill in dates of your trip or period of internship, sign and date this form. Make a copy for your records and then return it to:***

***Rick Bonfim Ministries  
P.O. Box 250  
Bogart, GA 30622***

## 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, **the extra funds will be used to cover the cost of another trip participant who is in need.** We also may use these funds for Mission Projects and other miscellaneous ministry 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. Payment dates and amounts are printed on the first page of this application. Please check with the office if you are unsure of payment dates. If the deadline for the first payment is missed, you will have to pay the \$200 penalty plus the payment balance before your ticket will be reserved.**
- 8) **ALL TICKETS ARE NON-REFUNDABLE AND NON-TRANSFERRABLE TO OTHER PEOPLE (DELTA AIRLINES 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](mailto:rbm@latterain.com).

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  
P.O. Box 250  
Bogart, GA 30622**