



August 18 - 22, 2021

#RTHMpls2021

Student Application

Deadline: July 28, 2021

All incomplete applications and their deposit/payment will be rejected and returned to the applicant.

A late fee charge *will not* apply if the rejected application is sent back completed *prior* to the registration deadline of July 28, 2021.

A late fee charge *will* apply if the rejected application is sent back completed *after* the registration deadline of July 28, 2021.

Registration and Payment

TOTAL	INCLUDED	NOT INCLUDED <small>(This is at your own expense. We suggest bringing about \$200.00)</small>
\$200.00* <small>(Make checks payable to Reach the Heart)</small>	<ul style="list-style-type: none"> Transportation Housing Breakfast 4 Ministry Shirts 	<ul style="list-style-type: none"> Meals for lunch and dinner each day (August 18 - 22)

***Applicants Registering with a Church Group:**

- ❖ Please hand in your application and send all payments to the church you will be attending with.
- ❖ Do adhere to the church's deadline you are registering with.
- ❖ We will not accept payment for applicants attending with church groups.

DUE DATE	REGISTRATION REQUIREMENTS <small>All applications will be treated on a first-come, first-served basis.</small>
July 28, 2021*	<ul style="list-style-type: none"> ❑ Application (must entirely complete the following): <ul style="list-style-type: none"> ❑ Participation Information ❑ Participant Questionnaire ❑ Pastor's Recommendation (Not to be completed by the applicant) ❑ Reach Minneapolis Guidelines <small>(The following must be completed by a parent or legal guardian of student applying)</small> ❑ Parental Consent, Certification, and Medical Authorization ❑ Consent, Certification, and Assumption of Risk ❑ Medical Questionnaire ❑ Medical Treatment Authorization <small>If a student attending is under their parent's health insurance or they do not have health insurance, THEIR FORM MUST BE NOTARIZED regardless if they are 18-years-old or older.</small> ❑ \$200.00 NON-REFUNDABLE DEPOSIT (Make checks payable to Reach the Heart) <ul style="list-style-type: none"> ❑ Late fee of \$25.00 (for all applications received after the due date, equaling a non-refundable deposit of \$225.00)

Please send all pages listed above fully completed and to the following address:

Reach the Heart
Attn: Reach Minneapolis
P.O. Box 10265
Fargo, ND 58106

Receipt of application at any time does not guarantee acceptance. Students will be notified via mail/email when they have been accepted.

If for any reason you are NOT accepted to attend Reach the Heart's Reach Minneapolis trip, your deposit will be returned to you. However, your deposit and any remaining balance will not be returned to you if you are accepted, but choose to not attend. YOU MUST notify Reach the Heart at reachtheheartcal@gmail.com or by calling (701) 446-8342 if you choose to no longer attend.

If your church sends a donation to help make it possible for you to attend this trip, please make sure that they specify for whom they are sending money for.

Packing List

The following guidelines are to be followed by every participant. Do not hand in this list with your application.

PACK THIS	<ul style="list-style-type: none"> <input type="checkbox"/> Clothing for 9 days (the following are non-negotiable and must be followed): <ul style="list-style-type: none"> <input type="checkbox"/> LONG shorts (mid-thigh or longer) <input type="checkbox"/> Crew neck T-shirts (may get dirty/ruined, cropped tops prohibited) <input type="checkbox"/> Pants for work projects (old jeans, old gym shorts, etc.) <input type="checkbox"/> Socks & Underwear for 9 days <input type="checkbox"/> tennis shoes (required for all ministry activities) <input type="checkbox"/> Shower shoes <input type="checkbox"/> Travel clothes for the trip to and from Minneapolis (cropped tops prohibited) <input type="checkbox"/> Modest Pajamas <input type="checkbox"/> Long Sleeves to wear UNDER your ministry shirts on cold/rainy days (this is REQUIRED) <input type="checkbox"/> Bible <input type="checkbox"/> Notebook/Journal & Pen <input type="checkbox"/> Toiletries (Shampoo, conditioner, soap, deodorant, toothbrush & toothpaste, etc.) <input type="checkbox"/> Towels & washcloths (NOT PROVIDED) <input type="checkbox"/> Bedding (NOT PROVIDED) <ul style="list-style-type: none"> <input type="checkbox"/> Pillow, sleeping bag/sheets/blanket <input type="checkbox"/> A cot or air mattress (if you choose not to bring one, you will be sleeping on a gym floor the entire trip) <ul style="list-style-type: none"> * SPACE IS LIMITED: If bringing a queen size air mattress, you will be required to share. ** Beds should only take up ONE space to ensure adequate room for all fellow team members. It will be tight! <input type="checkbox"/> Spending Money (we suggest about \$200) <input type="checkbox"/> Water Bottle
OPTIONAL	<ul style="list-style-type: none"> <input type="checkbox"/> Cell phone & charger (Instructions of use will be announced on the trip) <input type="checkbox"/> Camera & charger <input type="checkbox"/> iPod & ear pods/headphones (not allowed to have during work projects, VBS, or evening rallies) <input type="checkbox"/> Flashlight <input type="checkbox"/> Dirty clothes bag <input type="checkbox"/> Sunscreen <input type="checkbox"/> Bug repellent
PROHIBITED	<ul style="list-style-type: none"> • Knives (all types and all sizes) • Weapons of any type, including chains, knives, firearms, and spiked jewelry • Alcohol, drugs, illegal substances, or any paraphernalia associated with drug use • Pepper spray/Mace

*Do not bring anything too valuable. If you do bring valuables, **you are responsible to hide them in your luggage when they are not in use.** Do not leave items lying around unattended.

REACH THE HEART IS NOT RESPONSIBLE FOR YOUR LOST OR STOLEN ITEMS.

Clothing

**All participants not adhering to the guidelines we have set below will be asked to change.
Due to the area in which we will be serving, please bring modest clothing.**

Females	<ul style="list-style-type: none">• At all times, modest apparel and dress is a must! We need to be representatives of Christ and provide a great example to the men attending and to those with whom we work on location during ministry time and free time. <u>We do not want to bring attention to ourselves</u>, but rather to what we are doing.• Shorts must be mid-thigh or lower. We insist on this rule and will ask you to change.• Yoga pants, leggings & biker shorts may not be worn as pants throughout the week. They may be worn on travel days only. We insist on this rule and will ask you to change.• There will be no low shirts, tank tops, cropped tops, or tight clothes of any sort allowed for any day of the trip. All v-neck shirts must have a high-necked shirt underneath. If you can see down your shirt when you bend over, <u>do not pack the item</u>.• Sweatshirts and jackets are allowed ONLY UNDERNEATH ministry shirts if the weather is wet or cold. Because you are on a mission trip, the people we minister to and the leadership need to be able to identify you by your shirt.
Males	<ul style="list-style-type: none">• A shirt must be worn at all times. No exceptions!• Changing must be done in the men's restroom - not in the sleeping area. This includes changing shirts. Please respect the female members on the trip.• Muscle shirts are not allowed. We insist on this rule and will ask you to change.• Cut-off sleeves are ONLY allowed during work project time and ONLY IF the sleeves are cut right at the seams - not down the sides.• Under no circumstances are you allowed to cut off the sleeves of the ministry shirts we provide for rallies!• Sweatshirts and jackets are allowed ONLY UNDERNEATH ministry shirts if the weather is wet or cold. Because you are on a mission trip, the people we minister to and the leadership need to be able to identify you by your shirt. We insist on this rule and will ask you to remove your sweatshirt or jacket.

ALL participants must be aware of the appropriateness of dress. Leaders monitor the dress code, and any clothing that is not deemed appropriate will not be allowed. You will either be asked to put something else on, or a leader will supply you with a change of clothes. No exceptions!

Bring Work Clothes. There are a variety of work projects, such as cleaning, lawn care, and painting. Wear clothes you will not care about if they become soiled or worn.

Itinerary

Wednesday August 18, 2021	10:00 AM: Meet at Heartland Community Church (1751 Main Ave E, West Fargo, ND 58078) Arrive in Minneapolis around 3:00 PM
Thursday August 19, 2021 Through Saturday August 21, 2021	To be announced.
Sunday August 22, 2021	Morning: Church at ICCM Life Center Depart Minneapolis at approximately 1:00 PM Arrive in Fargo around 5:00 PM depending on the length of time spent on travel stops

*All meals Thursday - Saturday (lunch, dinner) will **NOT** be provided.*

Spending Money

SUGGESTED AMOUNT	AT THE EXPENSE OF EACH PARTICIPANT
Around \$200.00	Spending Money Participants Will Need: <ul style="list-style-type: none"> • All meals not covered (lunch and dinner not provided, approximately \$10 - \$15 per meal, breakfast is provided)

REACH THE HEART

Reach Minneapolis APPLICATION - 2021

Student Application

Do not skip over any information • All applications must be written in **black/blue ink**

Participant Information

Today's Date: _____

Legal Name: (First) _____ (Middle Initial) _____ (Last) _____

Date of Birth: _____ Age: _____ Sex: **M / F** (Circle One)

Current Grade: _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: (Home) (_____) _____ - _____ (Cell) (_____) _____ - _____

Email (Utilized to send confirmation/balance info): _____

Father/Guardian Name: (First) _____ (Last) _____ Phone: (_____) _____ - _____

Mother/Guardian Name: (First) _____ (Last) _____ Phone: (_____) _____ - _____

Home Church Name: _____ Lead/Senior Pastor: _____

Length of time attending present church: _____

T-Shirt Size (circle one):

S

M

L

XL

XXL

OTHER: _____

Participant Questionnaire

In what ministries are you currently involved in?

List any skills, abilities, or musical talents (ex. Electric guitar, bass, preach, dance, etc.):

(Questionnaire continued)

Why do you want to participate in this outreach? (Please use additional paper if needed.)

When did you accept Christ as your personal Savior?

What would you tell a person who wanted to receive Christ as Lord and Savior?

All applications will be reviewed carefully and prayerfully as we select those who will attend "Reach Minneapolis." We are looking for people who are serious about being stretched.

Below are 4 key verses we recommend you to memorize and know:

1. **John 3:16**

"For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."

2. **Romans 3:23**

"...for all have sinned and fall short of the glory of God..."

3. **Romans 6:23**

"For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord."

4. **1 John 1:9**

"If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness."

*I have read all guidelines, and by signing this application,
I am promising to adhere to ALL guidelines if chosen to attend.*

Signature: _____ **Date:** _____

Pastor's Recommendation Form

The referring pastor **must be** unrelated to the applicant and must have known the applicant for a period of time. Please return this form directly to the applicant in a **sealed and signed** envelope so that they may submit all components together in one packet. If you have any questions, email reachtheheartcal@gmail.com.

Participant's Name being recommended: _____

Pastor Name: _____ **Church Name:** _____

Staff Position: _____ **Church Phone:** _____

Church Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Contact Phone: _____ **Email:** _____

How long have you known the applicant and how well do you know him/her?

Please assess the applicant in the following areas:

	Uncertain	Needs Work	Fair	Good	Outstanding
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for Reach the Heart: Reach Minneapolis 2021?
 (Circle one of the following)

Highly Recommend Recommend Recommend with reservations* Do not recommend*

***Please explain:** _____

Additional comments: _____

Pastor's Signature

Date (MM/DD/YY)

Reach Minneapolis Guidelines

Please read and initial the following rules to show that you understand your responsibilities.

Team Effort

Our team will be working as a unit. Therefore, it is necessary that you cooperate in every way regarding punctuality, private and group devotions, team prayer meetings and services, and personal prayer for other team members. Please compliment and encourage one another OFTEN.

1 Thessalonians 5:11

(Initial) _____

Hours

Please obey all lights-out times, as well as wake-up times. Our schedule has been designed to enable the entire team to reach each destination on time and to allow you enough rest each evening. Please be involved in personal and group devotions at the times designated.

Philippians 2:4, Matthew 25:23

(Initial) _____

Language

Please no sarcasm, cutting remarks, bad language, and complaining.

Philippians 2:14

(Initial) _____

Dating

Avoid starting a relationship with someone during this trip. If you are presently dating someone who will be going to Minneapolis, we expect you to follow the same guidelines. There will be no public displays of affection (holding hands, prolonged hugs, kissing, dancing, etc.).

(Initial) _____

Culture

Please understand that even though you will be in the U.S.A. on this trip, it is necessary that you respect the customs and traditions of those to whom you minister. Conduct yourself in a respectful manner at all times. Always travel in groups of three or more.

Matthew 5:14-16

(Initial) _____

Clothing

Clothing MUST be modest. Please read the section on proper dress and clothing on page 5, then initial here.

(Initial) _____

Authority

You must listen to and respect ALL leaders. Please think before you ask questions. Try to avoid inquiring "Why?" and "How come?" You must be a servant on this trip. Be willing to serve and help out in any way possible. Please offer assistance in every situation that requires help.

Hebrews 13:7 & 17

(Initial) _____

Vans

Please keep the vehicle clean at all times. Do not throw your garbage on the floor. Throw all trash in the van garbage bag or throw it in a trash can at the next destination.

(Initial) _____

Parental Consent, Certification and Medical Authorization for Dependent Children

Parents or legal guardians of dependent children are required to complete this form. The information requested is designed to assist Reach the Heart in providing safety of participants during this trip. ***This form is not valid if completed by the dependent child.***
This form must be completed by the parent or legal guardian of the dependent child listed below.

General Information (All information must be filled out completely)

Dependent's Name:(First) _____ (Middle Initial) _____ (Last) _____ **DOB:** _____
Dependent's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
Dependent's Father's Name: (First) _____ (Last) _____
Father's Phone #: (Home) (_____) _____ - _____ and/or (Cell) (_____) _____ - _____
Father's Email Address: _____
Dependent's Mother's Name: (First) _____ (Last) _____
Mother's Phone #: (Home) (_____) _____ - _____ and/or (Cell) (_____) _____ - _____
Mother's Email Address: _____
Preferred Emergency Contact Name: (First) _____ (Last) _____
Emergency Contact Phone #: (Home) (_____) _____ - _____ and/or (Cell) (_____) _____ - _____
Family Doctor: _____ **Dr.'s Phone #:** (_____) _____ - _____

Insurance Company Covering Dependent Child

Please mark here if the applicant does not have insurance

Insurance Provider Name: _____ **Policy #:** _____

Consent, Certification and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the dependent child named above, do hereby consent to the dependent child's participation on Reach the Heart's 2021 Reach Minneapolis trip, including, but not limited to, all the activities customarily associated with this trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

Further, I certify that the dependent child is physically fit and adequately trained to participate in such a trip. I understand that while the above-named dependent child participates in these activities, he or she is responsible to comply with all orders and directives of the team leader and/or agent(s) in charge of the project.

I am aware of the hazards and risks to my dependent child and his or her property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness and damage to my dependent child associated with such assignments, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service.
(2 Corinthians 11:23-28)

I waive and release any and all claims for damages which I, or my heirs or successors, may have against Reach the Heart, the local church sponsoring this trip, or any agents, representatives, employees, volunteers and contractors of this organization, arising from my dependent child's death, injury or illness, or any property damage/loss occurring during the term of his or her assignment or as a result of his or her assignment.

I do hereby assume all risk of death, illness or injury that my child may suffer as a result of said assignment, from those causes described above.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration, and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.

PICTURES/VIDEOS

I authorize Reach the Heart to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against Reach the Heart for the use of such photos or videos. *(continued on next page)*

Medical Questionnaire

(All information must be filled out completely. Circle all yes or no answers.)

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No
If yes, explain and list any/all medications: _____
2. Is your child allergic to any type of medication? Yes No
If yes, explain and list any/all medications: _____
3. Does your child medically require a special diet? Yes No
If yes, explain and list any/all medications: _____
4. Does your child have any allergies other than medical (i.e. foods, etc.)? Yes No
If yes, explain and list any/all medications: _____
5. Does your child have (or has ever had) any of the following: (circle all that apply and explain below):
Seizures Asthma Heart Murmur Diabetes Hay Fever Kidney Disease Other: _____
Explain: _____
6. Does your child ever sleepwalk? Yes No
7. Can your child swim? Yes No
8. Does your child have any physical conditions or illness which would prevent him/her from participating in normal, rigorous activity? Yes No
If yes, explain and list any/all medications: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my dependent child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the provision of necessary medical services in the event my dependent child is injured or becomes ill. I authorize the director or properly-appointed staff to make emergency medical care decisions on behalf of my child if required by law or a health care provider. I agree to notify Reach the Heart in the event of any health changes that would restrict my dependent child's participation in this trip. I understand that the adult supervisors reserve the right to restrict my dependent child from any activity that they do not feel is within the physical capabilities of my dependent child.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

ALL FORMS MUST BE NOTORIZED IF YOU ARE UNDER AGE 18 OR UNDER YOUR PARENT(S)/GUARDIAN(S) HEALTH INSURANCE REGARDLESS IF YOU ARE 18 YEARS OR OLDER.

FOR NOTARY USE:

State of _____ SS• County of _____

Subscribed and sworn that on this _____ day of _____, 202____, before me personally appeared _____, and executed and acknowledged the foregoing instrument.

(NOTARIAL SEAL)
Notary Public

My Commission Expiration