



**Thailand
Now**

Team Thailand

July 22-August 2, 2026

- ❖ Cost: \$2,000 (shared room) or \$2,500
(individual room) (not including flights)

Please make check payable to Thailand NOW and send completed application and funds to:

Thailand NOW

P.O. Box 56

Mannsville, KY 42758

Deadline for application and payment is April 20, 2026

- ❖ Any questions? Contact Jeremy and Shelby Folkerts

via email – folkerts@thailandnow.org

MISSION TEAM APPLICATION

Thailand NOW

P.O Box 56
Mannsville KY
42758

PERSONAL INFORMATION

Legal Name (as on passport): _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home: _____ Work: _____ Cell: _____

Place of Employment: _____

Job Title: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Country of Birth: _____

Passport Number: _____ Date of Issue/Date of Expiration: _____ / _____

Frequent Flyer Program and Number: _____

Male Female Marital Status (please check one): Single Married

Spouse's Name: _____ Names of Children: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home:

Work:

Cell:

Email:

MISSIONS EXPERIENCE

Location

Mission Organization

Dates

Ministry

CHURCH INVOLVEMENT

Church Membership: _____

How long have you been a member? _____ List the ministries with which you have been

involved at your church, including time of involvement with any leadership positions held.

COMMUNITY INVOLVEMENT

List any ministries or organizations with which you have been involved outside of your church and include any leadership positions held.

REFERENCES

Please provide two references. One reference should be a church pastor or department director in a ~~ministry in which you serve or have served. The other reference should be someone who knows your~~ ministry abilities as well as your strengths and weaknesses.

*Name _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Email: _____

*Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Email: _____

MISSIONS TESTIMONY

Please explain briefly why you feel led to be involved with the Thailand NOW Mission Team and what you hope to see the Lord do in and through you.

SALVATION TESTIMONY

In the space provided below, please share your salvation testimony. Include how long you have been a believer, how you were saved and describe your walk with the Lord at the present time.

How might you be used on a mission team? Check all that apply.

Agriculture	Children's Ministry	Community Development
Construction	Church/Leadership Development	Communications/Media Ministry
Creative Arts	Cultural Exchange	Deaf Ministry
Disaster Relief	ESL/EFL/English	Education
Evangelism	Ethnographic Research	Human Needs Ministry
Information Technology/Computer Support	Literature Distribution	Medical Ministry
Prayerwalking	Sports/Recreation	University Ministry
Vision/Discovery	Youth Ministry	
Other: _____		Other: _____

Abilities

Special Training/Courses/Classes/Foreign Languages:

Anything else you'd like to share about how God has shaped you:

TEAM EXPECTATIONS

The following statements represent attitudes and behaviors that will contribute to a successful, God-honoring mission trip:

1. Be prayerful, in the Word and dependent on the leadership of the Holy Spirit.
2. Be conscientious to serve with excellence and have a “whatever it takes” attitude.
3. Be humble and have a servant’s heart toward nationals, missionaries and teammates.
4. Be positive in my conversations and actions and open to other people’s methods and ideas.
5. Be submissive to the authority of my team leader and host missionaries.
6. Be respectful of the culture in which I serve.
7. Be thankful for the privilege of serving.
8. Be willing to abstain from the use of alcohol, tobacco or any other behavior that Thailand NOW missionaries consider disruptive to the purpose of the trip. I understand that these behaviors are grounds for dismissal from any volunteer project and I will return home at my own expense.

I have read and affirm these attitudes.

Signature

Date

Printed Name

INTERNATIONAL MISSION TRIP RELEASE

I, _____, desire to visit foreign countries with and participate in mission trips organized by the Thailand NOW. I release and forever discharge Thailand NOW and any other ministry/organization involved and each of the respective members, employees, officers, directors, and representatives from any and all claims for any and all injuries, illnesses, losses or damages I might have on or in any way relating to such mission trips, including without limitation, those relating to me leaving the United States of America and visiting foreign countries, including my stay in any such foreign country and my trip to and from any such country.

I further understand that such mission trips may expose me to unique hazards such as disease, dangerous environment and hostiles that might lead to serious illness, bodily injury, or death. I release and forever discharge Thailand NOW and any other ministry/organization involved and each of their respective members, employees, officers, directors, and representatives from any and all claims, including claims of negligence or gross negligence, for any and all injuries, illness, losses or damages I might have on or in any way relating to such mission trips.

I am eighteen (18) years of age or older, and the RELEASE is binding on me and my executor, administrators, and heirs.

I give Thailand NOW and its representatives with me on any such mission trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of an injury or sickness sustained by me while on such mission trips, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse Thailand NOW for all costs and expenses incurred by it with respect to such treatment.

I have fully read the above and understand it.:

Date

Signature _____

Printed Name _____

ACKNOWLEDGEMENT

STATE OF: COUNTY OF: _____

The foregoing RELEASE was acknowledged before me on this _____ day of _____, 20 _____.

_____ personally appeared before me, whose identity I proved on the basis of _____.

(Notary Seal)

Notary Public

My Commission expires:

HEALTH INFORMATION FOR EMERGENCY PURPOSES

Information provided on this form will be kept in confidence and only accessed in case of emergency on a mission trip.

After you complete this page, please put it in a sealed envelope with your name

written on the outside and return it with your application.

Name: _____ Date _____

Do you have any particular health problems, diseases, or physical limitations? YES NO

If yes, please briefly describe your condition:

Have you had any serious illnesses in the last five years or been under the ongoing care of a doctor in the last year? YES NO

If yes, please describe:

Do you have any chronic allergies? YES NO

If yes, please list any allergies and how you typically treat them:

Are you allergic to any medications? YES NO

If yes, please list any medication allergies:

Please list ALL medications you take on a regular basis, including dosages and frequency:

Do you have health insurance? YES NO

Name of Company:

Policy Number:

Background Check Permission

Name _____ Date of Birth _____

Present Address _____ SS# _____

City _____ Zip _____ Marital Status* _____

Phone (evening) _____ Phone (day) _____ Maiden Name _____

How long at this address? _____ If less than five years, give previous address.

Address _____ City _____ State _____ Zip _____

Do you have a current driver's license? No _____ Yes _____ State _____

Drivers License Number _____

Have you ever been charged with, convicted of, or pled guilty to a felony or an offense

involving a minor? No _____ Yes, please describe _____

List all previous church work involving minors:Church name _____
Address _____ City _____ State _____ Zip _____

Type of work performed _____ Dates _____ to _____

List all previous non-church work involving minors:

Organization Numbers _____ Address _____ Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the policies of Thailand NOW and to refrain from unscriptural conduct in the performances of my services on behalf of the mission. I hereby authorize any references or churches listed to give you any information, including opinions that they have regarding my character and fitness for mission trip participation. I authorize Thailand NOW and/or its representatives to make necessary background checks including criminal or police records, driver's license records and any other record check needed.

Signature: _____

Date: _____

Printed Name: _____