

Dear Applicant,

Thank you for your interest in joining Glory Culture International as a part of the ministry team for the “Malawi Miracle Mission” crusade in Lilongwe, Malawi, June 2-10, 2025. Upon selection, members will receive multiple training and equipping sessions with David and Teryn Yancey, prior to departure for Malawi. The trainings will include an overview of the time of ministry that will be conducted in country, as well as itinerary, local culture, and customs. You will be trained in street evangelism, as well as flowing in the gifts of the Spirit and the casting out of devils, as written in scripture.

This application includes a questionnaire that asks personal questions but will be kept private and not shared with anyone outside of Glory Culture International. There is also a deposit form that **MUST** be included in the submission of this application. Applications that do not include the deposit of **\$100** will not be considered. If selected, the application deposit will be credited towards the overall balance of the team fee.

Please submit your completed application, along with your deposit form, and a current photo of yourself to Glory Culture International by scanning and emailing to:

info@glorycultureintl.com

To mail in your application contents, please send to

Glory Culture International
P.O. Box 27092
Fresno, CA 93720

Thank you for your interest in joining us, we are very excited about coming together for the preaching the Gospel, as well as seeing the Glory of God released upon the nations of the earth!

David & Teryn Yancey
Co-Founders
Glory Culture International

WHAT TO EXPECT

Everyone who joins us will be expected to work as a team and be in a spirit of unity with one another. Unity not only breeds a more wholesome team dynamic and a more enjoyable experience for all, but it is also connected to a commanded blessing by the Lord (Psalm 133). Each person will also be in a double occupancy hotel room with a teammate, unless otherwise pre-arranged with Glory Culture International.

The team will spend an extensive amount of time together in prayer, as well as eating meals together and ministering side by side. You will be sent out in smaller groups to do street ministry during the daytime in the days leading up to the crusade nights. During the crusade, the team will be released into the crowd to begin praying for the people, as well as taking testimonies and bringing them to the stage to testify of the work God has done.

The conditions of a crusade mission trip can be very demanding. You will have down time to rest, recover, and be with the Lord, but the time of ministering can be rigorous. You will encounter situations that will be very emotionally draining, mentally taxing, as well as physically demanding at times. To be an effective team member you must remain flexible. Please come with an expectation of being stretched, remaining open to what the Spirit of God is doing, and have a willingness to step out beyond the measure that you have before. It is key to remember the eternal impact that you will leave upon on the people that you encounter.

It is also possible that you may be asked to speak at a church service, or even at a leaders' conference. All this will be done at the leading of the Holy Spirit.

The focus of this mission is to see a mass harvest of souls to the salvation of Jesus Christ, to see a fresh fire released upon the local ministry leaders, and to be a blessing in the lives of the poor. There will be a heavy emphasis placed upon the supernatural, including healings, miracles, signs, and wonders, as this is the example demonstrated by the ministry of Jesus, as well as the apostles and the early church in the Book of Acts.

Conditions

Once your application has been reviewed, if you are selected to be a member of the team, you will have a team fee of \$1,700 for double occupancy, \$2,200 for single occupancy and \$3,000 for married couple that will have to be paid in full on the appointed date.

The team fee includes your hotel accommodations, water bottles for the duration of the trip, team dinners, transportation while in country, and the security detail during the crusade.

AIRFARE IS NOT COVERED BY THE TEAM FEE

You are responsible to book your flight to Lilongwe (LLW) to ARRIVE AND DEPART on the designated day. No one will be permitted to arrive early or stay late during this trip. It is important that we arrive together and depart together. While many team members will be traveling in from different parts of the world, we will do our best to arrive and depart on the same days. More information will be given after approval.

You will also be required to purchase your own Visa for entry into the nation. Details will be provided when notified of team selection.

You will need to bring some spending money in the event that you would like purchase anything extra such as souvenirs, snacks, coffee, or local attire to wear to the crusade grounds. It is also encouraged that you carry some sort of traveler's or medical insurance while traveling overseas. We will seek to assist if necessary, however, you will be responsible for extra expenses incurred.

Breakfast is included in your hotel stay and dinners will be paid for by your team fee. Lunch will be on your own, and the hotel has high quality restaurants on site that accept major US credit cards.

We reserve the right to deny any application that does not comply with the conditions stated in this form.

IMPORTANT PAYMENT INFORMATION

A NON-REFUNDABLE \$100 APPLICATION DEPOSIT MUST BE TURNED IN WITH THE APPLICATION. THE INFORMATION FOR SUBMISSION IS ON THE DEPOSIT FORM AT THE END OF THIS PACKET.

ALL APPLICATIONS MUST BE SUBMITTED BY APRIL 15, 2025, AT 4 PM EASTER TIME, 1 PM PACIFIC. ANY APPLICATIONS SUBMITTED AFTER THIS DEADLINE WILL NOT BE CONSIDERED.

APRIL 15, 2025: THE FULL PAYMENT IS DUE. THAT WILL BRING THE TOTAL TO \$1700. (THIS INCLUDES THE \$100 CREDIT FROM THE APPLICATION FEE)

No payments will be accepted after this date. If unable to provide full payment, the money will be returned in full with the exception of the NON-REFUNDABLE \$100 application fee.

When making payments, please note in the comment section "Malawi team fee." If people are making donations on your behalf, please have them list YOUR NAME AND MALAWI TEAM FEE on their donation.



Applicant Information

Full name:	_____	DOB:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		
Passport No.	_____	Expiration	_____
		Country of Issue	_____
Name as it appears on your passport:	_____		

Are you a Born-Again believer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Are you Spirit filled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Are you willing to submit to the leadership of Glory Culture International while on this ministry trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Are you willing to minister according to Glory Culture International's ministry guidelines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Are you willing to be lovingly corrected if necessary? Yes No

Do you agree to treat all other team members and translators with kindness and respect? Yes No

Have you ever traveled on a crusade style ministry trip in the past? Yes No

Do you attend church regularly? Yes No

Name and address of Church: _____

Denomination of Church: _____

How long have you attended? _____

Are you currently serving in church? If so, list any current or past positions you have served in:

Are you currently a pastor or ministry leader? If so, what is the name of the ministry?

Have you been baptized in the Holy Ghost? _____

What do you believe are your spiritual giftings? _____

What do you believe are your natural talents and giftings? _____

Please list any allergies you may have, including food or medicine: _____

Please list any medical condition that may limit your ability to participate on this team: _____

Please list any medications that you are currently taking that may limit your ability to participate:

Do you have primary medical insurance? If so, please list carrier: _____

How would you describe your personality and temperament? _____

Have you had any training or experience with street ministry before? _____

Are you comfortable with ministering according to standards recorded in Mark 16:15-20? _____

References

Please list three references, the first one being your pastor/leader/spiritual covering.

Full name: _____ Relationship: _____

Ministry: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Length of Relationship: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Length of Relationship: _____ Phone: _____

Address: _____ Email: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to approval, I acknowledge that any/all information that is found to be falsified may result in my dismissal from the ministry team.

Signature: _____ Date: _____

DEPOSIT FORM

Your application for the Lilongwe, Malawi “Malawi Miracle Mission” crusade ministry team for the dates of June 2-10, 2025, will not be processed without deposit form completion.

The application deposit amount is \$100 USD, per person.

The application deposit amount of \$100 is non-refundable.

Upon application approval, this amount will be credited towards your overall team fee.

To pay by check, please make it out to Glory Culture International, and mail to:

Glory Culture International
P.O. Box 27092
Fresno, CA 93720

To pay online, please go to:
glorycultureintl.com/donate

Be sure to write “Malawi 2025 application deposit” in the comments section.

To give by credit card, please fill out the section below:

Name on Card: _____ Amount: \$100.00

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Card # _____ Exp. _____ CVV _____

Signature: _____

**THIS LIABILITY WAIVER IS A COMPLETE RELEASE
OF ANY POTENTIAL CLAIMS.**

I, _____, IN CONSIDERATION OF ACCEPTANCE BY GLORY CULTURE INTERNATIONAL FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR THE CRUSADE IN MALAWI, JUNE 2-10, 2025, HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I am in good health and have received of or will be receiving all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.**

I understand that the above and/or other possibilities are risks in ministry and/or missions travel.

I acknowledge that Glory Culture International **does not** accept any responsibility for illness, injury or loss suffered by me, and that all personal or medical expenses in connection with or made necessary by any possible illness or injury on this trip are my own responsibility.

I hereby assume all risk of personal injury, sickness, or even death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. **I agree to be fully responsible for my actions.** Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A MINISTRY TEAM MEMBER ON THE **MALAWI 2025 MINISTRY TRIP WITH GLORY CULTURE INTERNATIONAL:**

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING--BUT NOT LIMITED TO--THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initial: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initial: _____

I AUTHORIZE GLORY CULTURE INTERNATIONAL TO ARRANGE FOR TRANSPORTATION AND LODGING FOR ME ON THIS TRIP.

Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY GLORY CULTURE INTERNATIONAL, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____

I HEREBY KNOWINGLY AND VOLUNTARILY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR _____

SIGNATURE OF MINOR _____

I HAVE READ CARE FULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____ / ____ / ____

PRINT NAME _____



MEDIA RELEASE FORM

I, _____, grant permission to **GLORY CULTURE INTERNATIONAL**, to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

Videos and photographs Emails Brochures Newsletters Magazines General Publications Website and/or Affiliates

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 18 years of age)