

*"You show that you are a letter from Christ,  
the result of our ministry, written not with ink but with  
the Spirit of the living God, not on tablets of stone  
but on tablets of human hearts." 2 Corinthians 3:3*



**Intergenerational Mentorship Project Application Form (International Mission Trip)**

Please complete the following application form to be considered for participation in our Intergenerational Mentorship Project. Ensure that you meet all requirements and submit all necessary documents along with this form.

**Personal Information:**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mailing address \_\_\_\_\_

**Application Requirements:**

1. Letter of Recommendation:

Please attach a letter of recommendation from your Pastor\*, affirming your commitment to the Lutheran Faith and suitability for participation in the mentorship project.

2. Letter of 50% Financial Commitment from Congregation\*\*:

Attach a letter from your congregation confirming a financial commitment of at least 50% of the program costs.

3. Letter of Expression of Interest:

Submit a letter expressing your interest in the mentorship project, outlining your motivations, goals, and expectations for participation.

**Declaration:** *(please check box)*

I confirm that all information provided in this application is true and accurate to the best of my knowledge.

**Project Participation Expectations:** *(please check boxes)*

By submitting this application, I acknowledge and understand the following expectations and commitments associated with participation in the project:

**Attendance at Monthly Meetings with Team Zion** *(in person if possible or over Zoom):*

I understand that if selected for the project, I will be required to attend monthly meetings with Team Zion to discuss project updates, planning, and preparations.

**Assistance with Project Preparation and Fundraising:**

I acknowledge that participation in the project will involve assisting with project preparation activities and fundraising efforts as needed to support the mission project.

**Compliance with Medical and Travel Guidelines:**


I agree to adhere to all medical and travel guidelines required for participation in the mission trip to Nicaragua, including obtaining necessary vaccinations, medications, and travel documents.

**By signing this disclaimer, I affirm my commitment to fulfilling these responsibilities to the best of my ability.**

Signature: \_\_\_\_\_

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

Please submit this signed disclaimer along with your application form and required documents to complete your application process.

A handwritten signature in black ink, appearing to read "L. Jackson", is written over a light gray rectangular background.

Lisa Jackson

Managing Director

Lutheran Laymen's League/Lutheran Hour Ministries Canada

*\*If your congregation is currently in a vacancy, please provide a letter from a Pastor or Lay Leader who can provide the necessary recommendation.*

*\*\*If your financial support is coming from somewhere other than your home congregation that's okay! Please provide a letter from the mentor(s).*