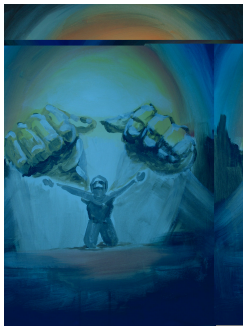


Experiencing His Presence Ministries

Dear Missions Trip Applicant:

Thank you for your interest in one of our upcoming International Ministry Team Mission Trips. This packet is to help you prepare for your trip. We hope it will be beneficial in answering your questions.

If you would like to join one of our teams, we are requiring a **$300.00 non-refundable** deposit by the date specified for the particular outreach of your choice. This cost includes all transportation, accommodations, 2 meals per day, country departing taxes, etc. However, it does not include your passport/visa purchase or passport/visa photos, trip travel insurance, souvenirs, meals bought traveling to and from the outreach location, additional snack purchases or any other personal items you might desire or need.

If your entire trip expense is not paid by the date specified in the outreach information, there will be a late fee of $200.00 added to your trip cost. Sorry, no exceptions! Please make your checks payable to EHPM. Please make sure the check is designated for your chosen trip, with your name on an attached note, so it will be appropriately credited to you.

Enclosed you will find a:

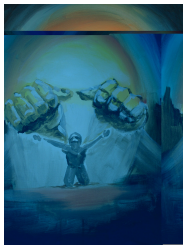
- EHPM Application Instructions and Application
- Confidential Reference Evaluation
- Deposit Form
- Discipline/Media Policy
- Release of Liability to Travel
- Temporary Guardianship and Consent to Travel (for 17 year olds and younger)

PASSPORTS AND VISAS will be needed for your trip (unless it's a trip in the US). If you do not have a passport, you need to begin working on getting it **immediately**. You can go to the U.S. Department of State website, http://travel.state.gov/passport/passport_1738.html, to see how to obtain your passport. Also, you will need to have a color, notarized copy of your passport to give to your team leader.

Please do not hesitate to contact EHPM with any questions 720-289-2287 or e-mail me at ehpmin@gmail.com. God bless each one of you as you prepare for a EHPM Mission Trip.

For The Kingdom,

Jim Rogers
Executive Director
EHPM



Experiencing His Presence Ministries

MISSION TRIP
APPLICATION INSTRUCTIONS

APPLICATION PROCESS

Please send all completed forms to the EHPM address on this letter or bring them to the office. Receipt of your deposit tentatively holds your spot pending review and approval of your application package. Space is limited and acceptance is based on a first come, first serve basis. If a deposit is not received with your application[1], we regret that we cannot process your application. Make checks or money orders payable to "EHPM". All amounts must be in U.S. dollars.

We will call or email you when your application has been received to confirm whether or not we have a complete application package. PLEASE **DO NOT** ATTEMPT TO ACQUIRE YOUR VISA PRIOR TO RECEIVING OUR INFORMATION! You do not have to be concerned about your visa until 6-8 weeks before the trip. The approximate cost for a Visa and processing fees varies per country. At times EHPM will obtain your visa depending on the country of our visit. We will inform you if this is the case.

If you experience any uncertainty about the application process, or if you have any questions, you may call our office at 303-695-8400 or email us at ehpmin@gmail.com

MINISTRY CONDITIONS

Some of the churches we will visit may seem primitive in comparison to what you are used to. The pace required on these trips can be rigorous, emotionally draining, and at times, physically exhausting. Every applicant must be able to handle this intense environment. We are there for spiritual war! It won't be easy, but we will also have lots of fun!

If you would like to get the flavor of traveling with a EHPM Team, go to our website at www.ehpm.us/trips.php. There you can read the testimonies of team members from past trips…just a bunch of "nobodys" being used by our awesome God.

May the Lord bless you and may you receive His guidance and direction as you seek His will.

For The Kingdom,

Jim Rogers
Executive Director

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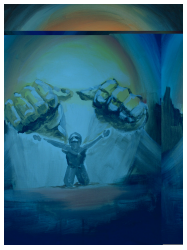
1 **For applicants who have been on a past International Trip with EHPM:** You do NOT need to submit another application, as your application is valid for 2 years from time of submission. Rather, you only need to call our office to update your info in our computer.



Experiencing His Presence Ministries

MINISTRY TEAM TRIP APPLICATION

I AM APPLYING FOR ACCEPTANCE AS A EHPM MINISTRY TEAM MEMBER FOR:

_____

DESTINATION (CITY, COUNTRY) DATES OF TRIP

NAME_____ NICKNAME* _____

(EXACTLY AS IT APPEARS ON YOUR PASSPORT) *THIS WILL APPEAR ON YOUR NAMETAG

_____

FIRST CHOICE OF DEPARTING CITY SECOND CHOICE OF DEPARTING CITY

DATE OF BIRTH___/___/___ GENDER ☐ Male ☐ Female OCCUPATION* _____

***IF A MEDICAL PROFESSIONAL, PLEASE INDICATE YOUR FIELD _____**

STREET ADDRESS _____

CITY*_____ STATE* _____ ZIP_____

Shirt Size: ____S ____M ____L ____XL ____XXL

PHONE NUMBERS

HOME (_____) _____ WORK (_____) _____

FAX (_____) _____ CELL (_____) _____

EMAIL _____

PASSPORT NUMBER _____ PASSPORT EXPIRATION DATE: _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP_____ PHONE NUMBER (_____) _____

HAVE YOU PREVIOUSLY TRAVELED WITH EHPM? ☐ Yes ☐ No IF SO, GIVE DATES _____

ARE YOU BORN AGAIN? ☐ Yes ☐ No ☐ Unsure ARE YOU SPIRIT-FILLED? ☐ Yes ☐ No ☐ Unsure
ARE YOU WILLING TO MINISTER CONSISTENT WITH EHPM'S GUIDELINES? ☐ Yes ☐ No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? ☐ Yes ☐ No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? ☐ Yes ☐ No SPOUSES NAME _____

DO YOU HAVE ANY PHYSICAL DISABILITY? ☐ Yes ☐ No IF SO, PLEASE DESCRIBE ON BACK OF PAPER

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? ☐ Yes ☐ No IF SO, PLEASE

DESCRIBE _____

_____

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE

CURRENTLY TAKING _____

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. _____

_____

MEDICAL INSURANCE PROVIDER_____ POLICY # _____

PHONE (_____) _____ (IF POSSIBLE, OTHER THAN A TOLL FREE NUMBER)

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? _____

CHURCH NAME_____ DENOMINATION _____

CHURCH ADDRESS_____

CITY _____ STATE _____ ZIP_____

CHURCH PHONE (_____) _____ HOW LONG HAVE YOU ATTENDED? _____

NAME OF PASTOR_____ PHONE (_____) _____

DO YOU TITHE REGULARLY? ☐ Yes ☐ No DO YOU ATTEND CHURCH REGULARLY? ☐ Yes ☐ No

HAVE YOU BEEN WATER BAPTIZED? ☐ Yes ☐ No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? ☐ Yes ☐ No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

_____

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? ☐ Yes ☐ No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? _____

_____

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? ☐ Yes ☐ No

IF SO, PLEASE DESCRIBE _____

_____

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TAINING? ☐ Yes ☐ No
IF SO, PLEASE DESCRIBE _____

_____

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? ☐ Yes ☐ No

IF SO, NAME LANGUAGE(S) _____)_____

I, _____, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE EHPM TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

SIGNED: X_____ DATE_____/_____/_____

CONFIDENTIAL REFERENCE EVALUATION

(NOTE: THIS FORM CANNOT BE COMPLETED BY A FAMILY MEMBER OR RELATIVE OF THE APPLICANT)

I, _____, WISH TO BE CONSIDERED AS A EHPM MINISTRY TEAM

MEMBER FOR: _____
DESTINATION (CITY, COUNTRY) DATES

I GIVE MY FULL CONSENT THAT_____ COMPLETE THIS
NAME OF REFERENCE

CONFIDENTIAL REFERENCE EVALUATION AND RELEASE IT TO EHPM.

SIGNED: X_____ DATE____/_____/_____

Dear Friend of the Applicant,

The applicant above has applied to be on a EHPM Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, EHPM greatly appreciates your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank You!

1. How long have you been acquainted with the applicant? _____
2. What is your relationship to the applicant? _____
3. In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving?

_____

_____

4. <u>Evaluation of Applicant's Emotional & Spiritual Maturity:</u> The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- ❑ Frequently incapacitated
- ❑ Somewhat below par
- ❑ Fairly healthy
- ❑ Good health

<u>EMOTIONAL RESILIENCE</u>
(In trying situations)

- ❑ Gets angry; impulsive
- ❑ Withdrawn
- ❑ Gets discouraged easily
- ❑ Meets constructively
- ❑ Unusual ability to lead

ACHIEVEMENT
(Ability to formulate, execute & carry plans to conclusion)

- ❑ Starts but doesn't finish
- ❑ Does only what is assigned
- ❑ Meets average expectations
- ❑ Superior creative ability

SOCIAL INTERACTION

- ❑ Avoided by others
- ❑ Tolerated by others
- ❑ Liked by others
- ❑ Well-liked by others

WILLINGNESS TO SERVE

- ❑ ***Reluctant to serve***
- ❑ Motives confused
- ❑ Usually willing to serve
- ❑ Eager to serve as needed

<u>LEADERSHIP</u>
(Ability to inspire others & maintain their confidence)

- ❑ Makes an effort to lead
- ❑ Tries but lacks ability
- ❑ Has some leadership promise

TEAMWORK

- ❑ Frequently causes friction
- ❑ Insists on having own way
- ❑ Usually cooperative
- ❑ Works well with others
- ❑ Energized by teamwork

INTELLIGENCE

- ❑ Learns and thinks slowly
- ❑ Average mental ability
- ❑ Alert; has a good mind
- ❑ Brilliant, exceptional

<u>CHRISTIAN EXPERIENCE</u>

- ❑ Relatively superficial
- ❑ Over-emotional
- ❑ Genuine but mild
- ❑ Rich and growing
- ❑ Warmly contagious

RESPONSIVENESS
(To the feelings and needs of others)

- ❑ Slow to sense how others feel
- ❑ Reasonably responsive
- ❑ Understanding thoughtful
- ❑ Extremely responsive

<u>PRAYER MINISTRY</u>
(Praying for inner and physical healing)

- ❑ Has had much experience and expertise
- ❑ Has some training and experience
- ❑ Has not been trained and is very new at this

Evaluation of applicant's skills, training, profession, or trade. (Answer only if you have first hand info)

_____Incompetent
_____Doubtful
_____Adequate
_____Superior in competence

In what other skills or areas is he/she well qualified?

_____

_____

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant.

Please Circle any words or descriptions which pertain to applicant:

Impatient	Argumentative	Domineering	Cocky
Easily offended	Critical of others	Anxious	Easily embarrassed
Easily discouraged	Frequently worried	Nervous or tense	Given to moods
Intolerant	Lacking in humor	Can't take a joke	Unable to cope with stress
Erratic in attitudes	Racially Prejudiced	Self-absorbed	

If the applicant seems relatively free from all such tendencies, check here_____

Please comment briefly on the family and social background of the applicant.

_____

_____

Is the applicant financially responsible? ☐ Yes ☐ No

Please describe any physical limitations the applicant may have.

_____

_____

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
d) Has the applicant had psychiatric treatment?
e) Are you aware of any unresolved problems in their life? (Ex: Unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c) d), and e) above are all "no", please check here_____

What is your overall evaluation of the applicant's promise as a EHPM Ministry Team participant?

_____He/she is definitely unsuited
_____At this time I feel he/she is not suited
_____He/she is a good prospect, but I do have reservations
_____He/she is an average prospect
_____He/she is an above average prospect
_____He/she is an unusually exceptional prospect

Check any of the following that you feel are motivating the applicant to become involved with a EHPM Ministry Team:

_____Christian Service
_____Travel
_____Adventure
_____Discipleship
_____Desire to spread the gospel
_____Desire to help others
_____Receive help, ministry
_____Escape unpleasant home situation
_____Other: _____

_____

REFERENCE NAME_____

ADDRESS_____

PHONE (_____) _____

SIGNATURE: X_____

PLEASE MAIL DIRECTLY TO:
EHPM
P.O. Box 471178
Aurora, CO 80047
Phone 720-289-2287

MISSION TRIP DEPOSIT FORM

I wish to be considered as a EHPM Ministry team member to _____
(Location)
on _____.
(Date)

*Amount Included $*_____***($300.00 per person per trip)***

<u>Cancellation & Refund Policy</u>

If you are not selected for a team, this deposit will be refunded in full. After your application has been processed and you're accepted, your deposit is NOT refundable. Final payment must be received by the appointed date to avoid the $200 late fee and possible additional airfare charges, even if you are traveling from a hub airport.

Make checks payable to: <u>EHPM</u>. Please note: Your application for EHPM Ministry Team participation cannot be processed unless the deposit amount is included with this form.

Print Name of applicant:

_____

I understand and agree to the above cancellation and refund policy. If paying the deposit by credit/debit card, I authorize the above amount to be charged to my credit/debit card.

Sign Name _____Date _____

Discipline policy

"If your brother sins go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector." – Matthew 18:15-17

It is the intent of EHPM to follow the biblical patterns of discipline within the confines of all international ministry trips. EHPM ministry trips are attempting to open up countries to renewal and revival, often attracting spiritual warfare. *1 John 2:1- "My little children, I am writing these things to you so that you may not sin And if anyone sins, we have an Advocate with the Father, Jesus Christ the righteous."* The goal of EHPM is to create a safe, healthy environment, in order to minister to the people of the country visited.

We recognize that Ministry Team Members must be in correct relationship with God and with others, in order to ensure completion of mission objectives. The consequences of one's sin or disobedience have the potential to bring confusion and destruction to any ministry trip. We desire to come along side each Ministry Team Member in loving correction only when necessary. All compliance with any disciplinary action by EHPM is greatly appreciated.

Below are procedures that will be followed by EHPM leadership, if any disciplinary action is necessary. To avoid any misunderstanding, please read the outlined procedures below, sign the consent form, and return it to EHPM. By consenting to the following, you agree to receive correction, public rebuke and/or removal, if decided necessary by EHPM leadership. If issues of sin or disobedience come to light, rest assured, the steps below will be followed to bring resolution to the situation.

1. If you have a problem with any individual, you are to lovingly approach that person first, without going to any other Ministry Team Member. Attempt to bring understanding and resolution to the conflict. If it is with someone of the opposite sex, please talk with him or her in a place where others are present, but can not hear your conversation. Many times what you may consider a problem is simply a misunderstanding and bringing it to their attention often brings resolution.

2. If you find no resolution after you have conversed with the individual, the individuals involved are required to discuss the problem with a Ministry Team Leader. The Ministry Team Leader should be able to determine what the problem is, who is at fault, and bring closure to the situation.

3. If the Ministry Team Leader discovers that there has been no closure to the situation, there will be another meeting with the parties involved, the Ministry Teal Leader, and the Trip Coordinator in order to bring closure to the difficult situation.

4. If the Ministry Team Leader and Event Coordinator find any individual to be in *rebellion to correction*, a senior EHPM representative will be informed. A senior EHPM representative will bring definite closure to the situation, in which all parties will be present to hear the final conclusion of the matter. Possible conclusions may include an individual returning home within 24 hours or being brought before the whole Ministry Team for public correction. If absolutely necessary, the Ministry Team will be informed not to have any personal contact with the individual throughout the remainder of the trip. The individual will not be permitted to eat, sleep, or travel with any Ministry Team Member.

5. If any individual is involved in any sin that can not, at the discretion of leadership, be taken care of in a timely manner or would affect the team in an adverse way, leadership reserves the right to put procedure (4) into action immediately.

I AGREE TO FOLLOW THE DISCIPLINE PROCEDURES LISTED ABOVE IF DIRECTLY INVOLVED IN CONFLICT. AS A MINISTRY TEAM MEMBER I AGREE TO FOLLOW THE DIRECTIONS AND DECISIONS MADE BY EHPM LEADERSHIP REGARDING OTHER MINISTRY TEAM MEMBERS.

CONCERNING EHPM'S DISCIPLINE POLICY, I ALSO AGREE NOT TO CONSUME ANY ALCOHOL, DRUGS AND/OR TOBACCO, AND NOT TO USE ANY FOUL LANGUAGE FOR THE DURATION OF THE TRIP.

SIGNED:X_____DATE_____/_____/_____

MEDIA RELEASE

EHPM often takes photographs and video footage on ministry trips using them in EHPM advertising, promotional materials, web page, and publications. In signing below, you fully authorize EHPM to use video or photographs taken of you in any or all of the above-mentioned materials.

I AUTHORIZE EHPM TO USE ANY PHOTOGRAPHS OR VIDEO FOOTAGE TAKEN OF MYSELF IN ANY AND ALL PUBLICATIONS MENTIONED ABOVE.

SIGNED:X_____DATE_____/_____/_____

LIABILITY RELEASE FORM FOR MISSION TRIP

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

TO BE COMPLETED BY APPLICANT IF 18 OR OLDER OR BY PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS UNDER 18.

In consideration of my being accepted by EHPM for participation on a Ministry/Missions team to _____ on _____, I make the representations and undertakings set out below:
(Location) (Dates)

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

I know that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.

I know that EHPM does not carry any insurance, and I acknowledge that EHPM has advised me that EHPM does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that EHPM has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that EHPM has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

I hereby assume all risk of personal injury, sickness, or 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.

Please carefully read and have the other side of this page notarized

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A EHPM MEMBER ON THE ABOVE MINISTRY/MISSIONS TRIP: (*Please initial each paragraph*)

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.

Initials: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY EHPM, 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.

Initials:_____

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.

Initials: _____

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.

Initials: _____

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.

Initials: _____

I AUTHORIZE EHPM TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initials: _____

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.

Initials: _____

I have read this release carefully, including this page and the prior page. I am aware that i am giving up important legal rights and sign of my own free will. (to be completed by applicant if 18 or older or by parent or guardian of applicant if applicant is under 18.)

Signature
_____Date_____

Print Name
_____

Full Address
_____

I hereby 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 child_____

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, 20___.

_____

NOTARY PUBLIC

My commission expires: _____