



The mission trip team leader will not share this information except as required and related to the mission trip

NAME & LOCATION OF PROJECT: _____

PROJECT DATES: _____ COST: \$ _____ DEPOSIT:\$ _____

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, State, Zip: _____ Cell Phone: _____
Age: _____ Sex _____ E-Mail: _____
Birthdate: __/__/____

Emergency Contact Person: _____ Phone #(s): _____

Passport Number: _____ Date of Issue: __/__/__ Place of Issue: _____
Occupation: _____ Hobbies/Interests: _____
Languages: _____ T-Shirt size: S M L XL

Mission Experience & Locations: _____

Name of Church or Organization: _____ Pastor: _____

Address: _____ Pastor's Phone: _____

Type of Team: Please check as many as apply
Construction __, Teaching __, Evangelism __, Music __, Puppets __, VBS __, Other __

Above individual cost includes: _____

It does not include: _____

- 1. Why do you wish to participate? (Please use separate page or back)
2. Have you traveled to a developing country? _____ Which one(s)? _____
3. Please indicate your state of physical and emotional health (the project and trip will include rigorous activity and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.) _____
4. Team members may be asked during a church service to give a two-to-three minute testimonial before or after the project. Would you be comfortable doing this?
5. Please circle all applicable skills below and explain in detail where appropriate. Team assignments will be based on this information.
• Building/carpentry/masonry skills: Fair Good Excellent Professional Other: _____
• Health Care: Physician Nurse Dentist First-aid training CPR training Other: _____
• Teaching Health Care: be specific _____
• Working with youth: Recreation Storytelling Art Singing Crafts Other: _____
• Singing Skills: Solo Small groups Instruments: _____
• Preaching : Devotionals Leading in prayer related skills: _____
• Photography (Explain): _____
• Giving post-trip talks and slide presentations (elaborate): _____
• Other skills and abilities that will contribute to team experience: _____

I understand that team members must be cheerful, cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, and transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to the end of the trip (except as excused by the team leader), to abstain from the use of alcohol and tobacco while on the mission trip, and generally to behave in a Christ like manner.

Applicant's Signature

Date

Financial Requirements:

- 1. \$100 Deposit due with application**
- 2. ½ due 3 months prior to departure**
- 3. Paid in full 1 month prior to departure**

Any alterations to this schedule must be negotiated by team leader and PAPA's.

*****PAPA's Ministries is a Non-profit Charitable Organization supported solely by donations. PAPA's cannot be held responsible for accidents that occur to team members while on a mission trip. Please complete the Medical Insurance form included with this application. The cost of the insurance is included in your team costs.**

Applicant's Signature

Date

Return together to project organizer or team leader:

- Completed application (6 pages)**
- \$100 Deposit**
- Copy of Passport**

MEDICAL AND LIABILITY RELEASE FORM

I _____, authorize _____
(UMVIM Participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care rendered to me under the general or specific supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

UMVIM Project _____ Dates _____
Home Physician _____ Phone _____
Medical Insurance Provider _____ Phone _____
Policy Number _____ Group # _____
Allergies _____
Medications _____

Person in USA to contact in the event of an emergency:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Blood Type: _____ Do you have diabetes? Yes No Seizures: Yes No

Physical Limitations: _____

Other Medical Information: _____

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, the UMVIM Board of the North Central Jurisdiction of the United Methodist Church, the _____ Annual Conference, and any related agency, conference, district, local church, member, employee, or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above-named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitudes, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his/her heirs, representatives, and assignees.

Participants Signature _____

(If Participant is under 18, this must be signed by parent or legal guardian)

NOTICE OF DEATH

Name: _____ **Passport #:** _____

In the event of my death, should my death occur outside the United States a family member, team member or pastor, or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately Contact the Following:

A. A Consular duty officer at the US Embassy in the country where the death occurred.

Phone _____ Fax _____ E-mail _____

B. My Church

Phone _____ Fax _____ E-mail _____

C. My Family or Other

Phone _____ Fax _____ E-mail _____

2. My Wishes are as follows:

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred.

My remains are to be shipped to: _____

If Cremation is not possible, then my body is to be shipped home, in keeping with requirements of the host nation, to (Funeral Home): _____

I do not wish my body to be cremated. My body is to be shipped home, in keeping with the requirements of the host nation to (Funeral Home): _____

All my valuables, money, and personal possessions are to be kept in control of the representative of the United States Embassy and subsequently shipped to: _____ or delivered to my family member listed above if able to receive them personally.

Signature _____ Date _____

(If under 18, must be signed by parent or guardian)

TO BE COMPLETED AND RETURNED TO PAPA'S MINISTRIES BY THE APPLICANT'S PASTOR:

I believe that the above applicant is a dedicated Christian, a team player, and a friendly, flexible person who will make a valuable contribution to this mission team. I am/am not personally acquainted with the applicant and recommend her/him for volunteer mission service.

You may contact me for additional information if needed.

What missionary qualities does this person possess?

Pastor's Signature

Date

PAPA's Ministries
2317 W. Price Road
St. Johns, Michigan 48879
(517) 290-0116

EMERGENCY CONTACT INFORMATION

Return to Team Leader

Name on passport: _____ Passport #: _____
Address: _____ Date of Birth: __/__/____

Home Phone: _____ Work Phone: _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name: _____ Relationship: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name: _____ Relationship: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

OTHER INFORMATION YOU WITH TO ADD IF AN EMERGENCY ARISES:

A copy of this form will be left with the local church in the event of emergency.