**How Do I Get Started?**

1. **PRAY**

The Holy Spirit will lead you in this process. He may reveal only one step at a time, but God will be faithful to lead you.

2. **GET INFORMATION**

Attend an information meeting or call the contact person for the trip. Most of trips are lead by qualified and trained volunteer leaders. They will give you the details of the dates, costs and the trip projects.

3. **FILL OUT THE MISSION TRIP APPLICATION**

We want you to succeed and the trip to be effective. You’re application will provide key information to your team leader to get to know you and better understand the dynamics of the team.

4. **GET YOUR PASSPORT**

Start on the process now. Even if you are unsure of what trip you are going to go on, get your passport. Download a passport application off the internet or obtain the application at the passport window at your local Post Office.

5. **DECIDE TO GO**

Give your trip leader the deposit amount necessary to make the travel arrangements.

6. **SEEK SUPPORT**

Talk with your small group and close friends about this opportunity. Their emotional, prayer, and financial support of you is a necessary part of this process.

7. **GO!**

8. **COME HOME & SHARE**

Your stories and enthusiasm will be the instrument God uses to encourage another to GO. Send a follow-up report to all those you asked to support in prayer and finances.

**INSTRUCTIONS FOR FILLING OUT TRIP APPLICATION**

* RTS Missions’ Offices uses this application form for all trips. Once it is filled out it is kept on file**. We do not require you to do additional ones for future trips unless your information changes**; such as name change, passport renewal, etc.
* Please fill out each page completely.
* Do not omit any pages from the packet.
* Be sure to include a copy of your insurance card as well as medical information and release to be treated.
* If you have an application on file please fill out the separate medical information form in the packet if there has been a change from the last application you filled out.
* Be sure your passport copy is clear and legible. These are used for purposes of identification should problems arise or you lose your passport. The picture must, therefore, be clear enough to identify you.
* If children are accompanying you on the trip, you must fill out an application for them as well. Treat them as separate applications- do not attach them to the parent application.
* Always put a copy of the photo page of your passport in every piece of luggage that you take.

Mail Completed Application Packets To:

RTS Missions, Inc.

PO Box 897

Land O Lakes, FL 34639

**Mission Trip Participation Agreement**

**Participant Personal Information**

Name of participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ( ) Male ( ) Female

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country of Birth:\_\_\_\_\_\_\_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Engaged ( ) Widowed ( ) Annulled ( ) Divorced & Remarried

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your spouse supportive of your

participation in this trip?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Ages of Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name As It Appears on Passport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State Where Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Missions Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Trip Information**

Sponsoring Organization: ***RTS Missions***

Trip Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Leader: ***Tim Walker, Cyndi Smith Holcombe***

Purpose of the Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your team orders T-shirts, what size would you desire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Medical Information**

Is sponsor authorized to approve medical treatment? ( ) Yes ( ) No

Is participant covered by family/personal medical insurance? ( ) Yes ( ) No

If yes, name the insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy or Group

number:\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please attach a copy of your insurance card.**

How would you describe your present health? ( ) Excellent ( ) Good ( ) Average ( ) Poor

Please state any major illnesses you have had in the last five years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you presently under the care of a physician? ( ) Yes ( ) No If yes, please explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications you are taking. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any allergies you have. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain any physical challenges that you may face on this missionary trip.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(night) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participation Agreement**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

The participant also understands that the deposit is non-refundable and he/she will be responsible for the purchase of airline tickets.

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

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

Parent/guardian if participant is a minor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Signature)

**Liability Form**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of my acceptance as a participant on a Mission trip

sponsored by RTS Missions, Inc. to Haiti represent and agree that:

1. I am aware of the potential hazards and risks to my person and property associated with serving in a mission’s capacity, such hazard and risks including, but not limited to, injury or death by accident or intent, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and acts. I choose to go on this trip with full awareness of these risks and I will rely upon any insurance coverage that may be available to me from another source. I do this recognizing that RTS Missions might not be able to offer the opportunity for missions’ service such as this without a release such as this. With respect to RTS Missions and its agents, officers, volunteers, directors, and employees, I voluntarily assume all risks of death, injury, illness or loss associated with such risks, and any damage to my personal property, and I release RTS Missions, Inc. and its agents, officers, directors, and employees from any liability that I may suffer or claims I may have as a result of participation in the missions trip even if resulting from the negligence of RTS Missions,Inc., it agents, officers, directors, and employees. I further acknowledge that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

3. I attest and certify that I have no known medical conditions that would prevent me from performing my duties.

4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me and the participant enforceable against me and the participant in accordance with its terms. I am going on this trip at least in part for the spiritual blessing of serving as God asks.

5. I further understand that RTS Missions does not have or offer any insurance coverage that would apply in the event of my illness, injury or death, or damage to my property that may occur during participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.

6. I expressly agree that this assumption of risk agreement is intended to be as broad and as inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT. I UNDERSTAND THAT I HAVE THE OPPRORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Sworn to and

Subscribed to me this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

Notary Public Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission

expires:\_\_\_\_\_\_\_\_\_\_\_\_\_

**RTS Missions, Inc. Medical Release**

***For completion by all participants age 18 or older***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Insurance Information***

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants must have coverage outside the U.S.**

***Medical Information***

List all prescription medications you will bring on the trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what conditions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot(must be within 10 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical disabilities or limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies or reactions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any major illnesses within the past year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you fainted or past out?\_\_\_\_\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Completion by Physician***

(If you are under the care of a physician for any condition or medication, have him/her complete the following.)

I Have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and find him/her to be in good general health and

physically able to take part in the Love Haiti Mission trip on (date)\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Doctor’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Release***

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or

accident which require medical attention, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my

permission to RTS Missions, Inc., its representatives and all attending health care professionals (defined

as including, but not limited to registered nurses, licensed practicing nurses, physicians’ assistants, doctors and

paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, do release, acquit, discharge and

covenant to hold harmless RTS Missions, Inc. and its representatives from all actions, damages or liabilities

arising out of the treatment of any illness, injury or accident incurred during my participation on the trip. It is the

intention of this release that RTS Missions, Inc. and its representatives incur no liability whatsoever while

attempting to meet all medical needs that I may require during this trip.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Sworn to and

subscribed to me this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

Notary Public Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Medical Release**

***For completion by the parents of all participants under the age of 18***

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact other than parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact daytime phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Insurance Information***

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants must have coverage outside the U.S.**

***Medical Information***

List all prescription medications you will bring on the trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what conditions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot(must be within 10 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical disabilities or limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies or reactions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any major illnesses within the past year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you fainted or past out?\_\_\_\_\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Completion by Physician***

(If you are under the care of a physician for any condition or medication, have him/her complete the following.)

I Have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and find him/her to be in good general health and

physically able to take part in the Love Haiti Mission trip on (date)\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Doctor’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parental Release***

In an emergency, illness, injury, or accident which require medical attention, I give my permission to RTS Missions, its representatives and all attending health care professionals (defined as including, but not

limited to registered nurses, licensed practicing nurses, physicians’ assistants, doctors and

paramedics) for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive medical treatment, to hospitalize,

anesthetize, or perform surgery. I understand that every effort will be made to contact me before these actions

are taken. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, do release, acquit, discharge

and covenant to hold harmless RTS Missions and its representatives from all actions, damages or

liabilities arising out of the treatment of any illness, injury or accident incurred during my child’s participation on

the trip. It is the intention of this release that RTS Missions and its representatives incur no liability

whatsoever while attempting to meet all medical needs that my child may require during this trip.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Sworn to and

subscribed to me this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

Notary Public Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Permission and Liability**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for whom I am

legal guardian, accept the conditions and risks outlined in this release and consent to his/her participation as a participant on the mission trip sponsored by RTS Missions, Inc. represent and agree that:

1. I am legally responsible for the above identified minor (participant).

2. I am aware of the potential hazards and risks to the participant and property associated with serving in a mission’s capacity, such hazard and risks including, but not limited to, injury or death by accident or intent, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and acts. I accept these risks on behalf of the participant and choose to allow the participant to go on this trip with full awareness of these risks and I will rely upon any insurance coverage that may be available to me from another source. I do this recognizing that RTS Missions might not be able to offer the opportunity for missions’ service such as this without a release such as this. With respect to RTS Missions and its agents, officers, volunteers, directors, and employees, I both individually and on behalf of the participant voluntarily assume all risks of death, injury, illness or loss associated with such risks, and any damage to my personal property, and I release RTS Missions and its agents, officers, directors, and employees from any liability that I may suffer or claims I may have as a result of participation in the missions trip even if resulting from the negligence of RTS Missions, it agents, officers, directors, and employees. I further acknowledge that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

3. I attest and certify that the participant has no known medical conditions that would prevent them from participating, and provide further assurance of this with a separate Medical Release Form, signed by a medical doctor.

4. I expressly waive, on behalf of the participant, any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me and the participant enforceable against me and the participant in accordance with its terms. I am allowing my child or ward to go on this trip at least in part for the spiritual blessing of serving as God asks.

5. I further understand that RTS Missions does not have or offer any insurance coverage that would apply in the event of the participant’s illness, injury or death, or damage to his/her or my property that may occur during participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.

6. I expressly agree that this assumption of risk agreement is intended to be as broad and as inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT. I UNDERSTAND THAT I HAVE THE OPPRORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Father’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Sworn to and

subscribed to me this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

Notary Public Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Involvement**

Church Membership: ( ) yes ( ) no What church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List ministries you have been involved in at your

Church including time of involvement with any leadership positions held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your daily relationship with Jesus Christ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any ministries that you have been involved with outside your church, including time of involvement with any

leadership positions held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your spiritual gifts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How can you use your spiritual gifts on this trip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had personal training in evangelism? ( ) Yes ( ) No Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you witnessed to someone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently attending a Bible Study Class? ( ) Yes ( ) No

How long have you been in that class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list any responsibilities you have in that

class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your class adopted any people group? ( ) Yes ( ) No Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been on a short term mission project? ( ) Yes ( ) No Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Testimony**

How was your life before coming to Jesus? (What got me interested in God?)

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How and when did you come to know Jesus as your Savior?

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How is your life now that you know Him?

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In what areas of your life have you seen spiritual growth over the last month, 3 months, and year?

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Briefly describe why you see God calling you to participate in this trip?

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What talents do you have that you would like to use on this trip?

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What do you see as your role on this ministry team?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Packing Tips**

1. You are allowed 1 checked bag at 50 pounds. You may check a second 50 pound bag for $30. Pack Light! Please do not bring 2 bags of personal clothes. Pray about using one bag for supplies for the children, schools, or pastors. If you are local we always have supplies to fill your bags if needed. You will also be permitted to have one carry-on bag (regulation size to fit under the seat) and one personal bag (camera, laptop, purse, etc…)

2. Tightly secure with tape any items that might come open while traveling.

3. Take luggage you don’t mind having damaged.

4. Carry one change of clothes and some toiletries (allowed) with you in your carry on luggage. Sometimes luggage is lost or delayed.

5. Take items you won’t mind leaving behind if you need.

6. Leave room for souvenirs.

7. If you are taking a camera, pack enough batteries. These are costly and difficult to find.

**Don’t Forget**

* Bible
* Camera (with batteries and film if not digital)
* Handy wipes or hand cleaner
* Toiletries: shampoo, shaving items, toothbrush, toothpaste, tissue packs
* Raincoat or umbrella(optional)
* Snack foods or money for snacks
* Spending money in small bills
* Toilet paper (optional)
* Check electricity, if 220v you will need a 110v to 220v transformer(radio shack)
* Water bottle
* Travel sickness medicine