

THE CHURCH OF



Short-term Missions Application

Mission Trip: Honduras - Team Trip

Date of trip: _____

I. General Information

Name as it appears on **PASSPORT**: (Very important that it is exact!!)

LAST

FIRST

MIDDLE

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell-Phone Number: _____ E-Mail Address: _____

Gender: M F Marital Status: Single Married

Occupation: _____

II. Travel Information

*Passport Number: _____ Citizenship: _____

*Date of Issuance: _____ *Date of Expiration: _____

**Note: If you are in the process of obtaining your passport, please leave these spaces blank.*

Date of Birth: _____ Place of Birth: _____

Frequent Flyer Number and Airline: _____

ACKNOWLEDGEMENT, RELEASE, AND INDEMNIFICATION OF ADULT TRAVELER

Medical Conditions

Honduras is a Third World country and travel within the country can be strenuous. Therefore, it is necessary to insure your acknowledgement of these conditions. In the event of a need to secure medical attention, every effort will be made to insure the best possible treatment is administered. However, please be aware that medical services, particularly emergency services, consistent with United States standards are *not* available. Consult with your personal physician before your trip to Honduras and obtain all appropriate vaccinations and protective medicines. You should have a physical if you have not recently had one, and you must supply The Church of Joy, with a physician's statement indicating that your doctor is not aware of any health condition or other reason you should not participate in the trip planned to Honduras.

Release

In consideration of the opportunity afforded me by The Church of Joy to visit Honduras, and in recognition of the possible hazards to which I may voluntarily subject myself to and in traveling outside the United States of America to visit substantially less developed region of the world, I hereby knowingly, freely and voluntarily waive any right, claim or cause of action, of any kind whatsoever, arising as a result of my visit to Honduras and activities there, including travel relating to the visit, from which liability may or could accrue to The Church of Joy or its officers, directors or employees (collectively, the "Releasees"), and I hereby release the Releasees from any such claim or causes of action I may in the future have against only of them arising out of such activities.

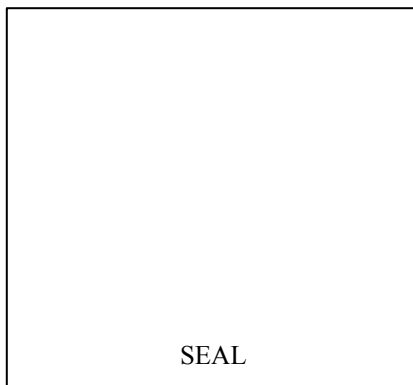
Signed, under seal, on the date shown below. (In the presence of Notary)

Signature: _____

Print Name: _____

Date Signed: _____

Date of Birth: _____



Notary Signature and Date

My Commission Expires: _____

RELEASE, INDEMNIFICATION, AND PERMISSION BY PARENTS OR GUARDIAN OF MINOR TRAVELER

Both parents and legal guardian of each visitor to Honduras who is less than 21 years old should read carefully and must sign the following Release and Indemnification.

Medical Conditions

Honduras is a Third World country and travel within the country can be strenuous. Therefore, it is necessary to insure your acknowledgement of these conditions. In the event of a need to secure medical attention, every effort will be made to insure the best possible treatment is administered. However, please be aware that medical services, particularly emergency services, consistent with United States standards are *not* available. Consult with your personal physician before your trip to Honduras and obtain all appropriate vaccinations and protective medicines. You should have a physical if you have not recently had one, and you must supply The Church of Joy, with a physician's statement indicating that your doctor is not aware of any health condition or other reason you should not participate in the trip planned to Honduras.

General Release

In consideration of the opportunity afforded me by The Church of Joy to visit Honduras, and in recognition of the possible hazards to which I may voluntarily subject myself to and in traveling outside the United States of America to visit substantially less developed region of the world, I hereby knowingly, freely and voluntarily waive any right, claim or cause of action, of any kind whatsoever, arising as a result of my visit to Honduras and activities there, including travel relating to the visit, from which liability may or could accrue to The Church of Joy or its officers, directors or employees (collectively, the "Releasees"), and I hereby release the Releasees from any such claim or causes of action I may in the future have against only of them arising out of such activities.

**RELEASE, INDEMNIFICATION, AND PERMISSION BY
PARENTS OR GUARDIAN OF MINOR TRAVELER**

Name of Minor: _____ Age: _____

RELEASE, INDEMNIFICATION, AND PERMISSION

I/we, the parents or guardian(s) of the minor identified above (the "Minor), in consideration of his or her being permitted to visit Honduras and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, acknowledge that I/we have read and understand the information about Honduras set forth above, and I/we hereby agree: (1) to indemnify and hold forever harmless the Releasees against loss from any and all claims, demands or actions in law or in equity that may hereafter at any time be made or brought by the above identified minor or by anyone on behalf of him or her for the purpose of enforcing a claim arising out of or in connection with the visit and (2) to waive and release the Releasees from any claim, right or cause of action, of any kind whatsoever, arising as a result of the visit by the Minor, which I/we may ever have. (3) I/we grant permission to The Church of Joy officers, directors or employees in charge to act on my/our behalf to seek out and procure any necessary medical treatment for above mentioned minor. All expenses accrued from such services will be assumed by parents or legal guardian(s) and paid back to The Church of Joy within thirty (30) days of medical services rendered.

Signed, under seal, on the date shown below:

Signature: _____

Print Name: _____

Relationship to Minor: _____

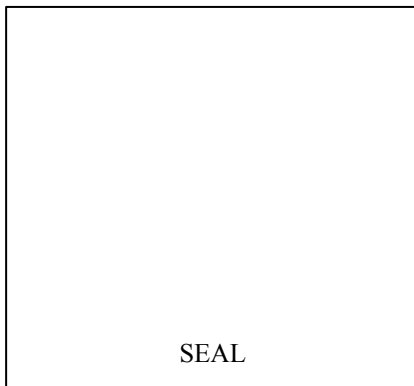
Date: _____

Signature: _____

Print Name: _____

Relationship to Minor: _____

Date: _____



Notary Signature and Date

My Commission Expires: _____

III. Field Ministry Experience *(Use back of form if needed)*

1. Are you an ordained pastor or a lay preacher? YES NO

2. Have you previously participated in a mission trip? YES NO

* If "YES" - Where? _____

* Briefly describe other foreign field experience:

3. Do you speak a foreign language? YES NO Language: _____

* If "YES" - Rate your language proficiency: EXCELLENT GOOD BASIC

4. Which ministry are you interested in working:

MEDICAL CHILDREN CONSTRUCTION WHEREVER NEEDED

5. Do you possess any special skills or abilities you would like to use during the week of the mission trip? i.e. sports, music, teaching, construction. . .

IV. Emergency And Medical Information

Parents or Spouse: _____

Address: _____
_____.

Home Phone: _____ Mobile Phone: _____

Emergency Contact other than parents/spouse: _____

Relationship: _____

Address: _____
_____.

Home Phone: _____ Mobile Phone: _____

Does your Health Insurance Provider cover travel outside the U.S.? YES NO

If Yes, Health Insurance Provider: _____

Group/Policy Number: _____

Health Ins. Provider Address: _____

Health Ins. Provider Telephone No. _____

V. Pastoral Endorsement (Please have a pastoral staff member of your church sign).

I recommend that this applicant represent Jesus Christ and our church on the foreign missions field with The Church of Joy:

Date: _____ Pastor's Name: _____

Office Phone or Mobile: _____

Pastor's Signature: _____

Personal Testimony

Please write a brief personal testimony of your salvation. This testimony may be translated into the appropriate language and used on the trip during our time of sharing and witnessing. It is an important tool in the introduction of the Gospel presentation. Please use this guide as “closely as possible”. (Omit confusing “religious words such as “Christian”, “born-again”, “saved”, “lost”, as we will be sharing our faith with unchurched people.) (Use back of this form, if needed)

Hello, my name is _____

I live in _____

I am a _____

Before following Christ _____

I realized I needed _____

(How) I became a Christian _____

Today my life as a Christian is _____

(Invitation to place their trust in Jesus Christ as Savior) _____

The Church of Joy

PO Box 41
3080 HWY 362
Williamson GA 30292
(770)227-1671
www.TheChurchofJoy.org



Dear Physician,

Your patient identified below plans to accompany a group visiting the capital city of Tegucigalpa and Olancho, Honduras for a period of at least one week.

We will be working in a rural village during our visit. The visit to Honduras will involve travel on U.S. and/or Honduran air carriers, as well as, buses and possible other land transportation. Medical services, particularly emergency services, are not consistent with United States standards are not available. There is a hospital available in Juticalpa, Olancho.

Activities in Honduras may include vigorous athletic and physical activities in connection with projects in or near the village. The climate in Honduras is tropical and humid with an average daytime temp. of 87 F and an average night temp. of 55F.

The Church of Joy requires that each prospective mission team member to Honduras obtain the following statement from his or her physician.

Thank You,
The Church of Joy

PHYSICIAN'S STATEMENT

To The Church of Joy:

Based on my examination and familiarity with the medical history of _____
_____ and the information set forth above, I am aware of no reason
he or she should not travel to Honduras or, except as noted below, participate in vigorous
physical activities.

Limitations on activities: _____

Medications: _____

Physician's Signature

Print Name: _____

Date: _____