

American Baptist Churches of Pennsylvania and Delaware
Gulf Coast Mission Trip: January 17 – 23, 2010

Part 1: Mission Trip Application **Cost: \$450 – Please Make All Checks Payable to ABCOPAD**

\$225 Deposit Due By Nov. 20

Final Payment by Dec. 18

Name: _____ Phone: _____

Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Sex: _____ E-mail address: _____

Occupation: _____ Hobbies/Interests: _____

Languages: _____ Association: _____

Church Name: _____ Phone: _____

Church Address: _____

Part 2: General Information

Skills Survey: Please circle the appropriate number related to your skill level
 (1 = I have no experience in this to 5 = I can do professional work in this area):

Framing	1	2	3	4	5	Roofing	1	2	3	4	5
Demolition	1	2	3	4	5	Siding	1	2	3	4	5
Excavation	1	2	3	4	5	Electrical	1	2	3	4	5
Dry Wall	1	2	3	4	5	Plumbing	1	2	3	4	5
Spackle Work	1	2	3	4	5	Painting	1	2	3	4	5

I Would be Willing to:

_____ Lead a Work Team _____ Lead Devotions _____ Work on the Meal Prep Team One Night

Why Have You Decided to Participate in This Relief Trip?

Please Briefly Describe Your Spiritual Journey?

Please make a copy of your driver’s license and insurance card and include it when you return this registration packet.

Part 3: Medical Information and Release:

In the event of a medical emergency, I/parent/guardian hereby authorize those in charge to take me/my minor child to the nearest licensed physician, medical center or hospital, and to secure necessary treatment (medications, injections, anesthesia or surgery) to protect my well being. I will be responsible for all medical costs not covered by my insurance.

Signature (Over 21 Years) _____ Date: _____

Signature (Parent/Guardian) _____ Date: _____

Family Doctor: _____ Telephone: _____

List any Health Issues or Special Needs Regarding Meals, Transportation, Housing, etc. _____

List Any Allergies: _____

List All Medications: _____

Insurance Carrier: _____ Policy # _____

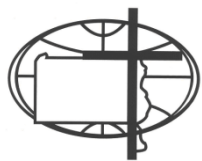
Insurance Carrier’s Telephone: _____

Emergency Contact _____ Telephone: _____

If I am ill at the time of trip departure, I will notify the Team Leader immediately. If requested, I will attain a Doctor’s release to show I am not contagious.

**Please Return to Gulf Coast Mission Trip; ABCOPAD
159 N. Bellefield Avenue; Pittsburgh, PA 15213
Phone: 412-687-3940/pghbaptist@aol.com**





American Baptist Churches of Pennsylvania and Delaware
Gulf Coast Mission Trip: January 17 – 23, 2010

Participant Liability Release Form

This constitutes the agreement as an American Baptist Churches of Pennsylvania and Delaware volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church Texas Annual Conference Disaster Recovery.

I, _____ acknowledge the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

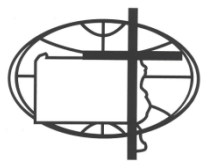
By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The American Baptist Churches of Pennsylvania and Delaware and The United Methodist Church of the Texas Annual Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature: _____ Date: _____

Address: _____

Emergency Contact: _____ Telephone: _____

**Return to Gulf Coast Mission Trip; ABCOPAD; 159 N. Bellefield Avenue; Pittsburgh, PA 15213
Phone: 412-687-3940/pghbaptist@aol.com**



American Baptist Churches of Pennsylvania and Delaware
Gulf Coast Mission Trip: January 17 – 23, 2010

I hereby request permission to participate in the Gulf Coast Mission Trip to Galveston, TX, on January 17-23, 2010, sponsored by the American Baptist Churches of Pennsylvania and Delaware (ABCOPAD), a non-profit organization. I also hereby request that my spouse, minor child or children and/or other person who is dependent on me, _____ be given permission to accompany me.

I understand that I could be exposing myself to certain dangers by participating in this trip, but not limited to, the hazards of accidents or illness in remote places without medical facilities, the risks of political turmoil, the forces of nature and risks of negligence of the Church and its agents or employees in the exercise of reasonable care to avoid harm to participants.

In consideration of the grant by ABCOPAD of the permission which I hereby request, I agree that I shall participate at my own risk and I waive any right to assert any claim against ABCOPAD or its agents in respect of work performed or any injury, illness or loss which I or any minor child or other person who is dependent on me may sustain in the course of or which arises out of such participation in this trip or such accompaniment. I waive any such claim both for myself and for any such minor child or other dependent person.

Publicity

On many occasions, members of ABCOPAD will take photographs or make an audio or videotape recordings of other children and/or adults involved in various activities during national and international mission tours. Such photographs or video recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in ABCOPAD publications, websites or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above, or me, to be used, distributed, or displayed as agents of the ministry and/or mission as they see fit. This consent includes but is not limited to photographs, videotapes, and audio recordings. Furthermore, I give permission for myself and/or the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

I am submitting this Registration Form to participate on the Gulf Coast Mission Tour to Galveston, TX, from January 17-23, 2010. I release ABCOPAD and its appointed tour leader(s) of any liability during this tour. It will be the responsibility of my church and myself to pray for the Lord's guidance as I prepare and participate on the tour.

Signature _____ Date: _____
 (Participant over age 21)

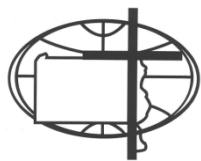
Signature _____ Date: _____
 (Parent/Guardian of Participant if under age 21)

Witness: _____ Date: _____

Address: _____

**Please Return to Gulf Coast Mission Trip; ABCOPAD
 159 N. Bellefield Avenue; Pittsburgh, PA 15213
 Phone: 412-687-3940/pghbaptist@aol.com**





American Baptist Churches of Pennsylvania and Delaware
Gulf Coast Mission Trip: January 17 – 23, 2010

Permission for A Minor to Travel

I Hereby Grant Permission to (Name of Minor) _____

Age _____, Who is My (Relationship: Son, Daughter, Ward) _____

and Who was Born in (City, County, State) _____

on (Date) _____, to Travel with the American Baptist Churches of Pennsylvania and

Delaware Mission Team to the Gulf Coast. (Minor's Name) _____

will be Accompanied by (Adult's Name) _____

(Adult's Church) _____

Parent/Gardian Signature: _____ Date: _____

Notarization of Permission For Minor to Travel:

State of _____ Parish/County of _____

On this _____ day of _____, _____ (year), before me

personally appeared _____ to me known to be the same

person described in and who executed the within instrument, and who acknowledged the

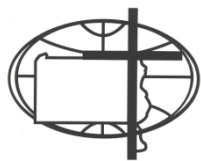
same to be the free act and deed thereof.

Notary Public: _____ My Commission Expires: _____

State of _____ Parish/County of _____

**Please Return to Gulf Coast Mission Trip; ABCOPAD
159 N. Bellefield Avenue; Pittsburgh, PA 15213
Phone: 412-687-3940/pghbaptist@aol.com**





American Baptist Churches of Pennsylvania and Delaware
Gulf Coast Mission Trip: January 17 – 23, 2010

Mission Covenant

I am a volunteer working in the Texas Annual Conference and will abide by the following covenant, **from the time I leave my home until I return home.**

I will:

1. Respect all customs, cultures, and traditions of the Texas Gulf Coast which includes my actions and clothing so I will not offend the community.
2. Respect the views and feelings of the other mission team members and those of the host community.
3. **Refrain from all conduct that may reflect poorly on myself and my work team, including consumption of alcoholic beverages, use of tobacco, illegal drugs, gambling, or possession of weapons of any kind.**
4. Respect the Disaster Recovery staff leadership. Make sure all paperwork is handed in on time.
5. Follow the rules set out by the host church housing the team.
6. Respect the client and their house as we are working to bring wholeness. Clean the site at the end of each day.
7. Take care of any tools and materials that have been in our care.
8. I will not travel on this mission if I am sick on departure day as this could have negative affects on the teams health.

I understand that if I fail to abide by this covenant, I may be immediately returned home at my own expense and that I will reimburse my team the full cost of my trip over and above the portion paid by me.

Signature: _____

Date: _____

**Please Return to Gulf Coast Mission Trip; ABCOPAD
159 N. Bellefield Avenue; Pittsburgh, PA 15213
Phone: 412-687-3940/pghbaptist@aol.com**

