



# American Baptist Churches of Pennsylvania and Delaware Haiti Mission Trip: November 5-14, 2011

## Part 1: Mission Trip Application

**Cost: \$1,600 – Please Make All Checks Payable to ABCOPAD (Price May Vary.)**

**\$600 Deposit Due August 1, 2011**

**Second Payment \$500 Due September 30, 2011**

**Final Payment of \$500 Due By October 21, 2011**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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 Devotions with the Group

(Leading Devotions is Voluntary.)

**Why Have You Decided to Participate in This Mission Trip?**

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**Please Briefly Describe Your Spiritual Journey?**

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**How Do you Plan to Share this Experience with Family and Friends?**

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Please make a copy of your driver’s license and return it with this registration packet.

**Part 3: Emergency Contact Information:**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

List Any Allergies: \_\_\_\_\_

List Any Food Allergies or Concerns: \_\_\_\_\_

List All Medications: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Carrier’s Telephone: \_\_\_\_\_ (Make Sure Your Policy Covers You Overseas)

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

If you have a history of seizures, heart disease, respiratory problems, diabetes, if you are recovering from recent surgery, or if you have any other chronic medical conditions, you may want to reconsider. Conditions in Haiti are difficult. There is no medical care other than you and the other members of your team.

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

#### **Part 4: Health Risks and Responsibilities:**

Please read the following carefully and sign at the end of the registration form.

There are risks and responsibilities you assume when you volunteer. I have discussed with my team leader/missionary/host partner/agency the health responsibilities I will have and the health care risks I may face.

I understand that certain dangers that result from my travel in the pursuit of voluntary mission service are unforeseeable, such as illnesses without access to adequate medical facilities for treatment, political unrest that may result in injury, imprisonment or death. Accidents may occur with no advance notice. Hostilities may result in my being held hostage, or being stranded and not being able to return to home. I understand that this list of dangers is not comprehensive.

I understand that the dangers are beyond the control of American Baptist Churches of Pennsylvania and Delaware (ABCOPAD), International Ministries/American Baptist Foreign Mission Society (the Society) and/or international partner and host churches, but I still want to volunteer my services. I recognize that ABCOPAD and the Society's policies prohibit it from intervening on my behalf should any calamity arise. I recognize that ABCOPAD and the Society will not pay any amounts to remedy my situation, including the payment of ransom or bribes.

I recognize most United States insurance policies do not cover me outside the United States and that I am responsible for securing medical insurance to cover my activities on the trip beyond the minimal travel insurance policy secured through the Society.

I understand that traveling, living, and working abroad may present health risks through illness or accident greater than those I may encounter in the United States. I know that access to effective medical care may be difficult abroad. I assume the responsibility to familiarize myself and talk with my personal physician regarding the risks attendant upon traveling, living, and working in the areas to which I will be going.

I also understand that I must take reasonable steps to minimize foreseeable risks to my health, and that of others, by taking necessary precautions before and while traveling, living and working abroad. I will adhere to the health and safety practices, policies and precautions in any mission community that I join or visit.

I realize that there are health risks, which can be encountered overseas including, among others, the risk of contracting Hepatitis and Acquired Immune Deficiency Syndrome (AIDS). I am aware that AIDS can be contracted through bodily fluids. I understand that in some countries, tests for the presence of AIDS antibodies are mandatory for all foreigners--before, during or at the close of their stay. I understand that a foreign government may condition entrance to, visitation in or departure from a country upon the satisfactory results of such medical tests. I will cooperate with ABCOPAD and the Society and comply with any such governmental condition or requirement. I understand that various inoculations and vaccinations may be required or advisable prior to traveling to the country or countries where the mission to which I am assigned is located. I acknowledge that it my responsibility to determine which inoculations and vaccinations are required and I have received all such required treatments.

If my spouse or any minor child or other person who is my dependent is accompanying me, I understand that I will be responsible for the health care of such person. I acknowledge that I have considered and discussed with each such person the health needs of and health risks to them and, if appropriate, to others, in accordance with the foregoing. With respect to any such person, I will comply with the requirements set out above, and I will use my best efforts to have such person comply with those requirements.

**Part 5: Volunteer Request and Release:**

In consideration of the grant by ABCOPAD and the Society of the permission I hereby request, I agree that I shall perform such volunteer work at my own risk.

I, for and in consideration of being permitted to participate in the mission of ABCOPAD and of the Society as a volunteer, and other valuable consideration received from ABCOPAD and the Society, the receipt of which I hereby acknowledge, hereby waive, release, and forever discharge ABCOPAD and the Society, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, agreements, promises, claims and demands whatsoever, which I have, or which my personal representative, successor, heir or assign, can or may have, against said ABCOPAD and the Society, by reason of or related in any way to my participation in the mission sponsored by ABCOPAD and the Society .

I agree to indemnify ABCOPAD and the Society from all liabilities arising in favor of third parties resulting from my conduct while serving as a volunteer on a mission, preparing for a mission, or traveling to or from the location of a mission.

I also waive any right to assert any claim against ABCOPAD and the Society or its agents with respect to 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 volunteer work or such accompaniment. I waive any such claim both for myself and for any such minor child or other dependent person.

I understand that the Society provides travel accident insurance that provides accidental death and dismemberment benefits with a principal sum of \$25,000.00 and accident medical treatment benefits of up to \$5,000.00 for accidental injury occurring from service by approved volunteers and persons, such as spouses, minor children or others, who accompany such volunteers.

I agree to be liable for any expenses that exceed the original cost, including but not limited to early return expenses, uninsured medical expenses and emergency evacuation.

I have reviewed and signed the ABCOPAD and International Volunteer Health Responsibilities and Risks and the Volunteer Request and Release forms. I have read these documents thoroughly and agree to all their terms. I have had an opportunity to consult with an attorney before signing them.

I support the mission of International Ministries to “glorify God in all the earth by crossing cultural boundaries to make disciples of Jesus Christ.”

I hereby authorize International Ministries to correspond and seek information, if necessary, in relation to my upcoming term of service as a volunteer missionary. This registration material may be shared with IM staff, missionaries, and international partners as appropriate.

I have read, understood, and agree to abide by all the statements on this application and have provided truthful accurate information in response to the questions, to the best of my knowledge.

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

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