

ARVADA COVENANT 2010 ADULT AND FAMILY MISSION TRIPS

For more information, contact the team leader. To sign up, fill out this application, and submit it to the team leader. Team members under 18 will need an adult sponsor on the team. Team meeting attendance is mandatory. Teams going outside the US will be need valid passports and be required to purchase inexpensive, group travel/medical insurance.

Mission Team Member Application Form

Which team do you want to join?

Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____ Other _____

e-mail _____ Marital Status _____

SS# _____ Passport Number _____

Home Church _____ Pastor's Name _____

Pastor's Phone _____

If not Arvada Covenant Church

Emergency contact information:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ e-mail _____

Are you committed to doing what it takes to make this trip happen? _____

Do you agree to follow through on the mission assignments given you? _____

Team building is getting to know, and learning to trust your teammates. It is very important, as you will be spending a lot of time in close quarters with them. Do you agree to give team meeting attendance a very high priority? _____

Are you financially able to meet the cost of this trip? _____

Are you up to the physical challenges of this trip? _____

Are you willing to submit to the authority of the mission team leadership while on this trip, even if you disagree? _____

Applicant's signature _____

Date _____

If you've never filled out this application before, continue answering the questions on page 2.

Mission Team Member Application Form

page 2

Briefly tell how you received Jesus as Savior and Lord.

How have you grown spiritually in the last year; what has God taught you lately?

List any other mission trips you've participated in, with what organization, and what you did.

Briefly tell why you want to join this mission team, and what you can contribute.

What, if any, foreign languages do you speak, and how well?

Other comments:

P.O. Box 38
Xenia, OH 45385-0038
Phone: (937) 372 3503
Fax: (937) 372 6318

2010 AGREEMENT AND RELEASE FORM

I understand that I am visiting Honduras, Nicaragua, or Costa Rica as a guest of Heart to Honduras and that my actions will reflect on the work and efforts of this ministry; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit as well as adhere to the stringent policy of no use of tobacco, alcoholic beverages, or illegal drugs.

This instrument is freely given, and fully understood, by the undersigned to Heart to Honduras Inc., for myself, my heirs, and personal representatives for the opportunity to witness and travel in Honduras. It must be fully executed, then accepted, before travel will be permitted.

WHEREAS, the undersigned desires to travel to, within, and to return from the country of Honduras under the auspices of Heart to Honduras Inc., now I therefore, for good and valuable consideration received, the receipt and sufficiency of which is hereby acknowledged, declare:

1. **Authorization.** If I need medical care, including surgery, while with Heart to Honduras Inc., I authorize and appoint Heart to Honduras Inc. and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U. S. health insurance is not valid in Honduras and I have obtained international health insurance for this trip.
2. **Release.** I completely understand and fully acknowledge that there is physical risk and danger to my person and property inherent in travel to, within, and returning from Honduras. Nevertheless, I waive and release any and all right, claim, or cause of action which may arise against Heart to Honduras Inc. due to any risk or danger, including property loss, injury, sickness, death, or being taken hostage, or for any other reason.

I agree to exempt compensation and hold harmless Heart to Honduras Inc. against any claim, cause of action, or judgment obtained, arising from negligence, recklessness, willfulness, or from any other cause. This instrument is valid only when accepted by Heart to Honduras Inc. within the state of Ohio, and any litigation concerning my travel, any injury or loss, or the construction of this instrument shall be brought only in Greene County, Ohio.

Signature of Traveler

_____/_____/_____
Date of Birth

Print Name

Home Telephone

Work Telephone

Mobile Telephone

Street Address

City, State, Zip Code

ACKNOWLEDGEMENT

This instrument was acknowledged under oath before me in _____ County, state of _____,

on _____ by _____.

Personally known to me (), or identity verified by driver's license () (indicate by an "X").

My commission expires: _____

NOTARY PUBLIC

SEAL

ACCEPTED by Heart to Honduras, Inc. by _____ on _____