

Short-Term Mission Trip Application

All participants are required to complete this application and attach a copy of your PASSPORT!

Date _____ Which trip are you applying for? _____

Last Name _____ First _____ Middle Initial _____

Nickname _____ Email Address (Preferred method of communicating) _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

D.O.B. _____ Gender _____ Cell Phone _____

S M L XL XXL
Tee-Shirt Size _____ Church Affiliation _____

Occupation _____ If student, provide school name _____

Passport Information (Passport must be valid for six months beyond your travel dates – Please attach a COPY)

Jurisdiction _____ Passport Number _____ Expiration Date _____

List previous international travel experience: _____

Do you speak a foreign language? _____ If so, what? _____

Are you proficient enough to serve as a translator? _____

Select a mission: Children/Youth Construction Dental Medical Outreach

What special skills, abilities and hobbies do you have to contribute to the team? _____

Describe your health: Excellent (always well) Good (minor illnesses) Frail (frequently ill)

What is your personal goal for this mission? _____

**Please return to: The People Helping People Network, Inc.
3205 Madison Avenue · Indianapolis, IN 46227**

ASSUMPTION OF RISK AND INSURANCE ELECTION

Medical, Dental, Outreach and Construction

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Medical, Dental, Outreach and/or Construction Teams represent and agree that:

1. I am a volunteer worker.

2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

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

4. I waive and release any and all claims for damages which I, or my heirs or successors, may have against the organization sponsoring this mission, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and 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.

7. I am aware of the hazards and risks to my person associated with serving in a mission's capacity, as described above. I further understand that I am responsible for obtaining any medical or life insurance coverage that I consider necessary for this trip.

SIGNATURES

Date: _____

Legible signature

Address

Legible signature of spouse (if he or she will accompany you on your assignment)

Address

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.

Witness' legible signature

Address

Witness' legible signature

Address

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