

Mission Trip Application



VICTORY
FAMILY CHURCH

This application must be
notarized and returned to:

Missions

Attention: Nancy Owens

Victory Family Church

21150 Rte 19

Cranberry Township, PA 16066

nowens@lifeatvictory.com

The first and most critical thing that you need to do in order to become a member of the mission team headed for foreign travel is to secure a passport. All information regarding securing a passport can be found on the web at www.travel.state.gov/passport. It can take as long as 10 weeks to obtain a passport, so we strongly recommend that you apply immediately. Also, there are specific provisions concerning minors and passports. Please be sure to read through all of the information provided. This can save you much time, money, and aggravation. If you have any questions or concerns, feel free to call the office at 724.453.6200.

GENERAL INFORMATION

This application is to be completed by all applicants participating in any mission trip of Victory Family Church.

ALL INFORMATION GIVEN IS CONFIDENTIAL.

Date _____

Name _____ Male / Female Birth Date _____

Address _____

City/State/Zip _____

Home Phone _____ Cell # _____ Email _____

Are you a member of Victory? yes no How long have you been a member of VFC? _____

Have you received Jesus Christ as your personal Lord and Savior? yes no

If yes, where? _____ Year? _____

LIFESTYLE and BACKGROUND QUESTIONS

(Please answer the following questions carefully and truthfully. Failure to do so may result in penalties on current or future trips.)

Do you have any condition which might affect your ability to fully function as a missionary on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders, fainting spells, heart problems, diabetes, eating disorder, respiratory problems, seizures, chronic illnesses or allergies)? yes no

If yes, please explain fully: _____

Do you presently have any communicable diseases (including HIV or AIDS)? yes no

If yes, please explain: _____

Do you currently use tobacco? yes no Do you currently use illegal drugs? yes no

Do you currently view pornography? yes no Do you currently use alcohol? yes no

I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Victory Family Church's and my Christian ministry on the mission trip. I understand that any breach of this agreement will be cause for dismissal from the mission trip and return home at my own expense. ____Agree ____Disagree

Have you ever:

Had diabetes or hypoglycemia? yes no Had seizures? yes no

Had fainting spells? yes no Struggled with an eating disorder? yes no

Do you have a serious illness? yes no Had breathing problems? yes no

Had psychiatric care? yes no Taken depression medication? yes no

Intentionally inflicted harm on yourself? yes no Attempted suicide? yes no

MISSION TRIP EXPERIENCE

Have you ever been on a mission trip? yes no

If yes, list your most recent mission trip: Location: _____ Duration of trip: _____

With what church or organization? _____

TRAVEL RELEASE FORM (Pages 3 through 7 of this document)

This form must be completed in its entirety and notarized on Page 7. Please do not add your signature until you are in the presence of a notary.

The Travel Release Form is an extremely vital item for you as a participant. Victory Family Church and the project directors use Travel Release Forms in case of medical treatment / concerns and for accountability to the discipline agreement. Note that Parent / Guardian signatures are required only if the participant is under 18. Follow these 3 easy steps for completing this form: **Health Insurance, Medical Information, and Notarization.**

Step 1: Health Insurance

- A copy of the insurance card must be provided.
- Without Medical insurance covering international travel, you/your child will not be able to participate on a mission trip with Victory Family Church. If you do not have health insurance, you may purchase a comprehensive, temporary health insurance plan. Call 866.5.GLOBEX or visit the website at: www.globalhealthplan.com.

Consent for Medical Treatment

Participant's Name: _____ Birth date: ____/____/____

_____(participant), wishes to be a member of the VFC missionary group which will be traveling to and staying in (country/project) _____ and certain circum-stances may occur resulting in my/my dependent's need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; In consideration of permission from Victory Family Church for myself/my dependent to participate in said missionary group, I (parent/guardian if participant is under 18), _____, being of legal age, authorize Victory Family Church, or any designated agent of VFC, or medical facility to act on my/my dependent's behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which VFC deems necessary for my/my dependent's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic test, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my/my dependent's behalf. Any consent by Victory Family Church shall have the same force and effect as if I had personally given the consent.

- I certify that I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical service to me/my dependent which will provide coverage for me/my dependent during the duration of said mission. I understand that Victory Family Church provides no health insurance plan.
- I understand that all copies required by my insurance company will be due to my health care provider at the time of treatment or office visit.

Policy Holder's Name _____ Policy # _____

Insurance Company _____ Insurance Company Phone _____

TRAVEL RELEASE FORM CONTINUED

Mother/Guardian's Information

Name _____ Phone # _____
Address _____ Work Phone # _____
City _____ St _____ Zip _____ Cell # _____

Father/Guardian's Information (if different)

Name _____ Phone # _____
Address _____ Work Phone # _____
City _____ St _____ Zip _____ Cell # _____

Emergency Contact (in the event that a parent can't be reached)

Name _____ Phone # _____
Address _____ Work Phone # _____
City _____ St _____ Zip _____ Cell # _____

Step #2: Medical Information

What you need in order to complete this section:

- You will need the participant's immunization record to complete this step. We do not have access to records of the participant's shot dates from previous trips. The participant's tetanus shot (received every ten years) must be up-to-date before the mission trip.

Childhood Immunizations

Type	Y	N	Year Administered	Type	Y	N	Year Administered
Mumps/Measles/Rubella	Y	N	_____	Tetanus	Y	N	_____
Diphtheria/Pertussis	Y	N	_____	Polio	Y	N	_____

I, _____ agree that it will be my sole responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area to which I/my dependent will be traveling. I realize that immunizations must be completed 4-6 weeks prior to travel.

Please complete the following questions:

Are you currently taking any prescribed medications? yes no

If yes, please specify the medication and the dosage: _____

Are you currently taking any non-prescription drugs on a regular basis? yes no

If yes, please specify: _____ Will you take these on your trip? _____

Are you allergic to any medications/foods? yes no

If yes, please specify which medications/foods: _____

Have you ever received treatment/counseling for alcohol or chemical abuse? yes no

If yes, please specify when and where: _____

Are you presently under a physician's care for any illness? yes no

If yes, please explain: _____

What was the date of your most recent physical exam, and who was the Physician? _____

TRAVEL RELEASE FORM CONTINUED

Are you a vegetarian? yes no

If yes, how long? _____ What are your limitations based on health requirements, not preferences? _____

Note to vegetarians: You may need to eat meat as part of cultural sensitivity!

Please list all surgical operations or hospitalizations the participant has undergone. (for more than 2, please attach a sheet of paper.)

Operation, illness _____

Reason _____ Date ____/____/____

Name and address of hospital _____

Name of physician _____

Remaining Effects _____

Operation, illness _____

Reason _____ Date ____/____/____

Name and address of hospital _____

Name of physician _____

Remaining Effects _____

Please provide any details pertaining to your health not covered in this Travel Release Form that could hinder your performance.

Step #3: Notarization

Important Information:

- Parent/Guardian signatures are required if the participant is under 18.
- **Parents/Guardians and participants *must sign this form in the presence of a Notary Public.***
- All those with legal custody of the participant ***MUST*** sign this form in the ***presence of a Notary***. If the participant is in the legal custody of ***BOTH*** parents, ***BOTH*** parents' signatures are ***required***.

What you need in order to complete this section:

- If you are NOT in the legal custody of both parents, your parent/guardian who has legal custody of you MUST sign this form and a copy of a legal document (EVIDENCING THE SOLE CUSTODY ARRANGEMENT) or a COPY of the death certificate for a deceased parent MUST BE PROVIDED. If you only have one parent, we must have a COPY OF YOUR BIRTH CERTIFICATE SHOWING ONLY ONE PARENT. We apologize for the inconvenience, but this is for your child's safety as well as assurance of entrance into the country.
- ***This form must be stamped and signed by a Notary Public.*** A Notary may be found at a bank, real estate office or Kinko's, etc. Without the signatures signed in the presence of a Notary Public, this Travel Release Form is considered to be incomplete, and we will not complete the processing of the participant's mission trip.

TRAVEL RELEASE FORM CONTINUED

Medical and Travel Release: (If you are under 18, a parent/guardian must complete the following):

On behalf of myself/my dependent, and to the fullest extent permitted by applicable law,

I further authorize Victory Family Church to release any and all other medical information or records to any party deemed necessary by Victory Family Church, its agents, servants, and employees; assign for the providing of medical treatment to my dependent or to members of the missionary group; to insure proper placement of my dependent in such group.

I hereby release Victory Family Church, its agents, servants, employees, and assigns for any and all damages, liability, or costs resulting from the authorizing of medical treatment on my/my dependent behalf under the terms of this consent.

I further hold Victory Family Church harmless from any and all costs, damages, or expenses incurred by Victory Family Church as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I understand that this release and indemnification releases treatment for the conduct of Victory Family Church and its agents, servants, employees, or assigns even if such conduct is negligent.

I am aware that serious illness or injury may occur on a missions trip and that such illness and injury may result in myself/my dependent incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, all costs incurred to return of myself/my dependent by air ambulance or other extraordinary means.

I hereby release and hold harmless Victory Family Church, its officers, employees, representative/volunteers, and any chaperone(s) from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my dependent's participation in this trip. I certify, represent, and agree that I fully understand that this release will provide an absolute defense to any lawsuit or claim against Victory Family Church, its officers, employees and representatives for any injuries or damage that I/my child/my dependent may incur by reason of participation in the mission trip.

I also give Victory Family Church the right to use my/my dependent's picture, voice, and/or testimony in any form of promotional or advertising materials. I irrevocably authorize Victory Family Church to edit, alter, copy, exhibit, publish, or distribute such images for the purposes of publicizing Victory Family Church's programs or for any other lawful purposes. I waive any right to inspect or approve the finished images that may be used in conjunction with the images, whether that use is known to me or unknown. I agree that Victory Family Church may choose not to use the images at this time, but may do so later at its discretion. I understand that once an image is posted on the Internet, the image may be downloaded by any computer user without knowledge or consent of Victory Family Church.

Behavioral Agreement

By participating in a Victory Family Church mission trip, I understand that I am expected to follow the stated rules.

Honor – I will be honorable through thoughts, actions, and speech daily.

Faith – I commit to listen to and obey God's Word, knowing that when I do, His power will be made manifest in my life and in the lives of others.

Relationships – I commit to love and esteem others higher than myself, understanding that my leaders, team members, and the people of the world are God's creation and are to be treated with love and respect.

Accountability Agreement

The rules and regulations of Victory Family Church's mission trips are expressly designed to ensure the safety and well being of each team member and to maintain the highest degree of Christian integrity required to minister effectively in a cross-cultural setting. The enforcement of all aspects of these rules and regulations is the responsibility of Victory Family Church staff, which includes Project Directors. Enforcement shall occur in a manner which Victory Family Church's staff deems to be in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members and parents in disciplinary decisions made. The discipline committee reserves the right to send home any team member who shows disregard for the stated rules and regulations. The team member and/or his or her family is responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel, and food for the team member and chaperone. I have read the rules, regulations, and the disciplinary measures and agree to abide by them.

TRAVEL RELEASE FORM FINAL WITH NOTARIZATION

My enclosed signature signifies my approval of all limitations listed on the previous page as well as my agreement with the Accountability, Behavioral Agreement, and Fundraising Parameters. I have read and understand the information. My signature represents that all information on these forms is true and correct to the best of my ability.

Participant's Signature _____ Date _____

Father's Signature (if applicant under 18) _____ Date _____

Mother's signature (if applicant under 18) _____ Date _____

Guardian's Signature (if applicant under 18) _____ Date _____

For Notary

State of _____, County of _____,

Before me, the undersigned, a Notary Public in and for said and state on _____, 20_____,

Personally appeared before the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

Notary Signature _____

My commission expires ____/____/____

Notary Stamp

*Note to notary: If you do not have a notary stamp, we need other proof of Notary such as a copy of Notary Certificate.