

International Mission Trip Application

Personal Information (Please Print)

Name(As appears on passport) _____
Last Name First Middle

Preferred Name: _____

Home Address: _____

City: _____ State: _____ ZIP _____

Phone: Home _____ Work: _____ Cell: _____

E-mail address: _____

Occupation: _____

Social Security Number: _____ Citizenship: _____

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Gender: _____

Marital Status: _____ Spouse's Name: _____

Passport Number _____ Exp.: _____

Have you been on a mission trip before? _____ Where: _____

Church Information

Church Name: _____

Denomination: _____ Member? Yes/No

City: _____ State: _____ Phone: _____

How long have you been involved in this church? _____

Pastoral Ref: (Name) _____ Phone _____

Emergency Contact

Name: _____ Phone: _____

Address: _____ Relationship: _____

Email Address: _____

Special Interests

- Evangelism Construction Health Care Professional Educator
- Other _____



Name of Doctor: _____ Phone: _____

In the event of an emergency requiring medical treatment, I give permission for the leaders of this mission event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ as deemed necessary.
(Your Name)

To complete Application, please provide a copy of your insurance information, current passport, credit card, and copy of travel insurance policy.

Signature: _____ Date: _____

Witness: _____ Print Witness Name: _____

International Mission Trip Contract

A. General Attitude and Conduct

If you plan to join Advocates for Africa's Children on an international trip, you must be willing to embrace and follow the attitudes and guidelines listed below. Please check "yes" after each statement that you are willing to embrace and sign your initials next to each.

I realize that the following attitudes and guidelines are crucial to the effectiveness, quality and safety of our international trip to Africa with Advocates for Africa's Children, Inc. As a member of the group, I agree to:

1. I will follow the decisions of those in leadership above me, including the leadership of my pastor/missionary host.
 Yes, I agree Initials: _____
2. I will immerse myself in the local culture, as much as possible, and refrain from expressing criticism of local cultures, customs, and congregations.
 Yes, I agree Initials: _____
3. I will affirm joyfully the standards of the local body of believers, even if their standards are stricter than my own, including areas of dress such as dress length, wearing jeans, shorts, etc. (i.e. I will not cause my brother to stumble or fall. Romans 14)
 Yes, I agree Initials: _____
4. I realize that I may live in pioneer conditions including the possibility of different food and small quarters while on this international ministry trip.
 Yes, I agree Initials: _____
5. I will not use tobacco or illegal drugs during this ministry trip.
 Yes, I agree Initials: _____
6. I realize that the specific purpose of Advocates for Africa's Children is to share the gospel of Jesus Christ and provide the infrastructure to care for orphans. Any available sightseeing and shopping will be permitted only if it coincides with the team's main purpose, but could be cancelled if not deemed convenient for travel, time, or if it hinders the flow of our ministry trip.
 Yes, I agree Initials: _____

7. I will remember that I have come to serve. I may come across procedures that I think are inefficient or attitudes that I find close-minded, however I will resist the temptation to inform my hosts about how I would do things. I will be open to learning other people's methods and ideas.
- Yes, I agree Initials: _____
8. I will respect Advocates for Africa's Children, Inc.'s view on Christianity. I recognize that Christianity has many activities throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a new setting.
- Yes, I agree Initials: _____
9. I will develop and maintain a submissive and co-operative attitude toward all nationals and my teammates.
- Yes, I agree Initials: _____
10. I will not leave my assigned area of ministry or separate myself from my assigned group without first obtaining permission from the team leader or the group leader.
- Yes, I agree Initials: _____
11. I will refrain from gossip and criticism at all times.
- Yes, I agree Initials: _____
12. I will refrain from complaining. I acknowledge that participating in a trip to Africa can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are immense.
- Yes, I agree Initials: _____
13. I will respect the work that is going on in the country of destination with the particular church(s) or person(s) with whom we are working. I realize that our team is here for just a short while, but that the local church and/or people are involved for the long term, and thus I will respect their knowledge, insights and instructions.
- Yes, I agree Initials: _____
14. I will refrain from negative political comments or hostile discussions concerning our host country's politics and cultures.
- Yes, I agree Initials: _____
15. I will abstain from any behavior or practice that is not conducive to Advocates for Africa's Children, Inc.'s values and objectives in serving the community with its humanitarian initiatives.
- Yes, I agree Initials: _____

I have read all of the above statement under "General Attitude & Conduct" (Pages 4 – 6) and agree to abide by these guidelines at all times during the trip that I am applying for.

Yes, I agree Initials: _____

Your Name: _____

Your Signature: _____ Date: ____/____/____

Parent's Signature (if applicant is a minor): _____

Date: ____/____/____

B. Terms and Conditions

Following are terms and conditions relating to participation in Advocates for Africa's Children, Inc. trip:

1. All payments both for trips and donations are NON REFUNDABLE.
2. Payments by check, are to be made payable to Advocates for Africa's Children, Inc., or AFAC.
3. 100% of the trip costs must be paid at least 45 days prior to departure date.
4. All trip participants must be 18 years or older unless accompanied by a parent or guardian. Prior permission must be obtained for all children.
5. Advocates for Africa's Children, Inc. reserves the right to reschedule the participant's trip, when circumstances require.
6. In the event that a participant cannot go on a scheduled trip and has made partial or full payment thereof, and/or if the participant raises funds in excess of the trip costs, then the funds raised will go to support other trip expenses and organizational costs as determined by Advocates for Africa's Children, Inc.
7. Any additional costs incurred by Advocates for Africa's Children, Inc. which are the direct cause of a change of plans by the participant (e.g. airline cancellation fees, etc.) will be charged to the participant's credit card account. Or deducted from the monies already raised in his or her account.
8. If you would like to use an overage of funds for a future trip, the request must be presented to Advocates for Africa's Children, Inc. within 30 days of current trip departure date. The approval of all requests regarding transfers of monies is at the discretion of Advocates for Africa's Children, Inc.
9. Participant must bring a valid Visa or MasterCard with a minimum available balance of \$10,000. This is for the participant's benefit in the unforeseen instance when an emergency occurs or a flight is missed and additional costs must be incurred. Any additional personal costs related to the participant's mission trip, including change in flights or additional hotel stays, would be charge directly to the Participant's credit card.

I have read all of the above statements under "Terms and Conditions" (Page 7) and agree to them.

Your Name: _____

Your Signature: _____ Date: ____/____/____

Parent's Signature (if applicant is a minor): _____

Date: ____/____/____

C. Release Form

Advocates for Africa's Children, Inc.

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND COVENANT NOT TO SUE FOR PARTICIPATION IN INTERNATIONAL MISSIONS

Important: *This is a binding legal document; please read and understand this document before signing it.*

I, (your name) _____, herein referred to as "The Participant" desires to participate in a short-term humanitarian mission trip (Herein referred to as the "African Mission") with Advocates for Africa's Children, Inc. a Hawaii nonprofit corporation, which is providing assistance in arranging this mission. In consideration for being permitted to participate in the African Mission, the Undersigned acknowledge and agree to the following:

The Participant, of his or her own free will, agrees to participate in the African Mission.

Yes, I agree Initials: _____

The Undersigned understands and agree that international travel and missions involve inherent risks, hazards and dangers, including but not limited to – foreign, political, social and economic conditions which are different than the United States and which can change in an unpredictable manner, differing standards of design, safety and maintenance of buildings, public spaces and transportation, varying quality of available medical treatment and different health, safety, legal, cultural and religious beliefs and conditions, poor and/or inadequate water and sanitation, the hazards of traveling by air, train, automobile or other conveyance, the possibility of accident or illness in remote places, the exposure to acts of terrorism, civil unrest, war or forces of nature, and/or the exposure to pathogens and disease – all of which could cause serious personal injury or loss of life to Participant and/or loss of or damage to property. The Undersigned agrees to assume all risk for any such personal injury, loss of life to Participant or property loss or damage.

Yes, I agree Initials: _____

The Undersigned understand that Advocates for Africa's Children, Inc. is not responsible for any medical expenses anywhere in the foreign country being visited and is not responsible for any medical expenses Participant may incur while participating in the African Mission. Advocates for Africa's Children, Inc. may take any action it considers to be warranted under the circumstances regarding Participant's health and safety. The Undersigned agree to release Advocates for Africa's Children, Inc. from any liability in connection with such action.

Yes, I agree Initials: _____

The Undersigned further understand the Advocates for Africa's Children, Inc. does not provide the Participant with any insurance, whether health, accident, or otherwise, in connection with this activity, and the Undersigned state the Participant is covered by an accident and health insurance policy which would provide insurance coverage for medical treatment outside the United States, medical evacuation, and repatriation.

The Undersigned understand and agree that Advocates for Africa's Children, Inc. does not represent or serve as agent for and cannot control the acts or omissions of transportation carriers, hotels and other suppliers of goods and/or services in connection with the African Mission.

Yes, I agree Initials: _____

The Undersigned agree that Advocates for Africa's Children, Inc. is not responsible for any personal injury to or loss of life of the Participant or loss or damage to the Participant's property that may be caused or contributed to by the act or omission of any suppliers of goods and/or services in connection with the African Mission.

Yes, I agree Initials: _____

The Undersigned agree that the Participant bears the sole responsibility for any and all travel expenses which he/she incurs in the event Advocates for Africa's Children, Inc. finds it necessary to send the Participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the Undersigned's participation in the African Mission or not.

Yes, I agree Initials: _____

The Undersigned agree that Advocates for Africa's Children, Inc. is not responsible for any injury Participant may suffer while traveling independently before or after the program or during free time.

Yes, I agree Initials: _____

For and in consideration of Advocates for Africa's Children, Inc.'s assisting me in the African Mission, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Participant for himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians and next of kin (herein the "Releasors") hereby irrevocably and unconditionally releases, waives, acquits, covenants not to sue and forever discharges Advocates for Africa's Children, Inc., Inc. and its affiliates, subsidiaries, divisions, members, trustees, officers, agents and employees (herein the "Releasees") of any and from all claims, demands, rights and/or causes of action or whatever kind or nature now or hereafter existing whether known or unknown, including but not limited to all liability to the Releasors on account of foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from Participant's participation in, or in any way connected with Releasees, whether caused by or related in any way to the negligence of Releasees or otherwise.

Yes, I agree Initials: _____

The Participant acknowledges that he or she has read this document and has had the opportunity to ask questions concerning this document before signing, that no oral representation, statements or inducements apart from the foregoing written agreement have been made to the Participant, and that he or she voluntarily signs the same, thereby agreeing to be bound by all of the above.

Yes, I agree Initials: _____

D. Completion of Contract for International Mission

By signing this contract form, I acknowledge that I have carefully read and fully understand all the contents detailed above (i.e. sections A, B, C and D, (Pages 4 - 10) that comprise the full contract form and that the details requested are complete and accurate. I also confirm that through the completion of this contract form, I have agreed to all the terms and conditions therein, and am legally binding myself with Advocates for Africa's Children, Inc. and its affiliated organizations and entities. I am also releasing these organizations from liability and agree that I am releasing forever my legal rights by signing it. I sign this application form as an exercise of my own free will.

PARTICIPANT:

Signature: _____

Date: _____

Print Name: _____

Witness: _____

Date: _____

Print Name: _____

PARENT: (if applicant is a minor)

Signature: _____

Date: ____/____/____

Print Name: _____

Witness: _____

Date: _____

Print Name: _____

Pastor's Recommendation

Senior

Associate

Youth

Elder

Mail to: Advocates for Africa's Children, P.O. Box 283 233, Honolulu, HI 96828

Name of Applicant: _____ Applicant's Phone: _____

Your Name: _____ Phone: _____

Church: _____ Position of Leadership: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ How long have you known applicant? _____

How well do you know him/her: By Face Casually Fairly Well Very Well

How would you rate the applicant in the following:

Circle a number from 1-5, which would best reflect how the applicant reflects the following character traits, with 5 representing "excellent" and 1 representing "poor".

Servant hood	1	2	3	4	5	Dependability	1	2	3	4	5
Spiritual Life	1	2	3	4	5	Respect for Authority	1	2	3	4	5
Maturity	1	2	3	4	5	Leadership Ability	1	2	3	4	5

Circle a number from 1-5, which would best reflect how the applicant reflects the following character traits and problems, with 5 representing "often" and 1 representing "never".

Procrastination	1	2	3	4	5	Critical	1	2	3	4	5
Argumentative	1	2	3	4	5	Irritable	1	2	3	4	5
Domineering	1	2	3	4	5	Rebellious	1	2	3	4	5
Overly Emotional	1	2	3	4	5	Depressed	1	2	3	4	5

Is the applicant active in his/her Church? Yes No

To your knowledge, has the applicant had a salvation experience? Yes No

Are you aware of any instances of mental or emotional illness or difficulty in the applicant? Yes No

To your knowledge, has the applicant struggled with the use of tobacco, alcohol, or illegal drugs in the past 2 years? Yes No

Have you ever had a reason to question the applicant's morals? Yes No

Do you have any reason to lack confidence in this applicant? Yes No

On the basis of the above information the applicant is:

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended

Your Name: _____

Your Signature: _____ Date: ____/____/____

Personal Reference (Not a Family Member)

Mail to: Advocates for Africa's Children, P.O. Box 283 233, Honolulu, HI 96828

Name of Applicant: _____ Applicant's Phone: _____

Your Name: _____ Phone: _____

Church: _____ Position of Leadership: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ How long have you known applicant? _____

How well do you know him/her: By Face Casually Fairly Well Very Well

How would you rate the applicant in the following:

Circle a number from 1-5, which would best reflect how the applicant reflects the following character traits, with 5 representing "excellent" and 1 representing "poor".

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On the basis of the above information the applicant is:

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended

Your Name: _____

Your Signature: _____ Date: ____ / ____ / ____

Application and Contract Check List

Please enclose the following with your application:

- This Sheet
- Your Completed Application and Contract (Pages 1 – 10)
- Your non-refundable deposit of \$200 in check or money order, made out to “Advocates for Africa’s Children
- Make sure that the recommendation forms were given to the appropriate individuals, along with adequate explanations concerning the trip. Make sure to provide these references with postage stamps and envelopes addressed to “Advocates for Africa’s Children”
- Include a photocopy of your passport
- Provide a copy of your insurance card
- Provide credit card information
- Attach a copy of travel medical insurance policy

All applications and contributions are non-transferable, non-refundable and not carried over for another year. Team members, leaders, and staff adhere to the policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members, leaders and staff serve at their own risk and Advocates for Africa’s Children is not liable in the event of sickness, accident, death or terrorist acts, or for transportation or any other expense beyond that of the normal team involvement. We require that all participants be in good health and carry travel medical insurance.

Your Name: _____

Your Signature: _____ Date: ____/____/____

Parent’s Signature (if applicant is a minor): _____

Date: ____/____/____