



## INSTRUCTIONS

### MISSIONS TRIP APPLICATION PACKET

All items on this sheet must be complete in order for your application to be processed.  
Please check your packet for each of the following and obtain any that are missing.

1. Mission Trip Application – two-page application form. All items must be completed.
2. Consent for Medical Treatment Form. Read, sign and date at bottom.
3. Team Liability Waiver. Read, sign and date respective form at bottom.
4. Confidential Personal Reference Form.  
Must be completed by someone who knows you well. They are to complete the form and return it sealed in the enclosed envelope.
5. Team Travel Policies. *Detach and retain this form.*  
Your signature at the bottom of the Mission Trip Application says that you have read, understood and agree to abide by these policies.

*In addition to the above, the following must be returned with your application unless.*

- photocopy of current driver's license
- photocopy of passport (picture and facing page) *when received*

Complete and return to the WoL Information Center, or office during business hours or mail to:

Word of Life Fellowship  
ATTN: Vicki Miller  
1737 King Avenue W  
Billings, MT 59102

# Word of Life Mission Trip -2020

**Where:** Arusha, Tanzania in East Africa. We will be at Neema Village- a rescue center for orphaned, abandoned, and at-risk babies. visit [www.neemavillage.org](http://www.neemavillage.org)

**What:** This ministry relies on volunteers to interact with babies and children in various ways. The one on one time with these children is the **main way** we serve. On Sundays, we take them to local churches. There are some older children living on site too. These children love to have volunteers read to them, teach them, play on the playground, and take them on field trips. There is also an onsite Mothering Center where volunteers can teach various skills to women in the MAPS program. Some hands-on service projects include: yard work, maintenance, construction, organizing, and community or village outreach.

**When:** Jan. 30th-Feb. 15<sup>th</sup>, 2020 (Give, or take a few days)

**Cost:** \$3000 (give or take a couple hundred) this is inclusive of air, housing, food, transportation, and trip insurance.

**Payment Schedule:** Checks should be made out to Word of life, with **Mission trip 2020** in the memo. If donated by someone else, your name should also appear on the memo

May 1<sup>st</sup>            \$150 trip deposit

June 2<sup>nd</sup>            \$500

Sept. 15<sup>th</sup>        \$500

Oct. 13<sup>th</sup>         \$500

Dec. 1<sup>st</sup> Balance due to total =\$3000

All funds are donated to WoL missions and are non-refundable.

**Applications:** You will need to fill out two applications. WoL application is due **May 1<sup>st</sup> with the \$150 deposit**. The Neema Village Application is due June 2nd. You do NOT need to send another separate deposit to Neema (we will send it when you turn in your deposit to WOL). You do **not** need to fundraise for Neema since we will be doing that as a church.

**Passports:** If you do not have one, start the process **RIGHT AWAY!** Visit [www.travel.state.gov/passport](http://www.travel.state.gov/passport)

**Immunizations:** Call Riverstone health: 406 247-3382. Or visit: [www.cdc.gov](http://www.cdc.gov)

## **Team meetings and fundraiser dates:**

-Sunday, May 5th 12:15 on the Mezzanine, Welcome to the team meeting (lunch included)!

-Sunday June 2nd 12:15 team training, Neema Applications (lunch provided)

-Sunday, Sept. 15<sup>th</sup> 12:15 team meeting and planning fundraiser (lunch provided)

**-Nov. 2 & 3<sup>rd</sup> – Fundraiser** - funds will be divided among participating team members. We will set up Saturday and provide a meal and a sale after both services Sunday.

-Sunday, Dec. 1<sup>st</sup> 12:15 Team meeting & Ministry planning. Final payment due!

-Sunday, **January 26<sup>th</sup> TEAM SEND OFF & PACKING PARTY!** 8:00am- 2:30pm - We will be prayed for at both services; Lunch break, then pack all the team bags with the collected donations



MISSION TRIP  
APPLICATION

Team Destination: \_\_\_\_\_ Trip Dates \_\_\_\_\_

Full Legal Name on Passport: \_\_\_\_\_

Birthdate: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime (where you can receive calls): (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Social Sec. No.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequent Flyer No.: \_\_\_\_\_ Airline: \_\_\_\_\_

Frequent Flyer No.: \_\_\_\_\_ Airline: \_\_\_\_\_

EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

(Needs to be someone who is NOT on the trip)

CROSS CULTURAL EXPERIENCE:

Countries Visited: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose/Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL HISTORY:

Have you accepted Jesus as Lord of your life? \_\_\_\_\_ When? \_\_\_\_\_

How long have you been regularly attending Word of Life? \_\_\_\_\_

Where do you serve or are you connected at Word of Life? \_\_\_\_\_

Do you consider yourself flexible? How do you respond to “last minute changes” and/or the unfamiliar?

What specifically do you feel capable of or gifted with that would contribute to the team’s purpose?  
(Job history, education, interests, hobbies, skills, etc.)

PERSONAL HEALTH: (circle answers)

How do you appraise your present physical condition and health? VERY GOOD GOOD FAIR POOR

Do you have any medical conditions we should be aware of that could be challenging on our outreach?

YES NO If yes, please specify what: \_\_\_\_\_  
\_\_\_\_\_

Do you have a condition that requires a special diet? YES NO

If yes, please specify what: \_\_\_\_\_

Are you currently taking prescription medication? YES NO

Please list here: \_\_\_\_\_

Will you be taking this medicine on your trip? YES NO

Allergic to any medications? YES NO

If so, which ones? \_\_\_\_\_

FINANCES:

Application fee of \$150 is nonrefundable (unless your application is denied).

A detailed payment schedule will be provided.

All funds paid are non-refundable and will be receipted to the giver as a donation.

*Please note that all checks should be made to Word of Life with*

*“Missions – (Your Name)” on the memo line.*

Any support received in excess of your trip costs will be applied to the general Word of Life Missions Fund.

I have received a copy of the TEAM TRAVEL POLICIES and understand them and agree to abide by them for the duration of the trip.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent for Medical Treatment - Adult

Whereas, (my child/I) \_\_\_\_\_, wishes to be a member of \_\_\_\_\_ (sponsoring church/group) missionary team which will be traveling to and staying in \_\_\_\_\_ (country), and whereas, certain circumstances and situations may occur results in (my child's/myself) need for medical / dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

In consideration of permission for (my child/myself) to participate in said mission, I \_\_\_\_\_, being of legal age, authorize Trip Armor or any agent of Foursquare Missions Outreaches, to act in (my child's/my) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission trip. .

This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf.

Any consent by Trip Armor or the sponsor church/group shall have the same force and effect as if I had personally given the consent.

I understand that insurance in foreign countries, provided by Trip Armor, and is included in the cost of the trip.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND RELEASE AND FULLY UNDERSTANDS IT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Team Member (Please Print)

\_\_\_\_\_  
Signature

# Adult Team Liability Waiver

The undersigned, being of lawful age, for sole consideration of being allowed and permitted to be a member of the mission team, does hereby and for my heirs, executors, administrators, successors and assigns, waives all rights, demands and claims whatsoever and releases, acquits and forever discharges Word of Life Fellowship Foursquare Church, the International Church of the Foursquare Gospel and their agents, employees, servants and successors of all compensation whatsoever, which the undersigned may hereafter accrue, on account of or in any way growing out of any or all foreseeable and unforeseeable injuries and damages and expenses arising out of all team activities.

This includes any active, passive, primary or secondary negligence or fault by Word of Life Fellowship Foursquare Church, the International Church of the Foursquare Gospel and its agents, employees, servants and successors of any and all responsibilities, obligations and duties for said injuries, damages and expenses relating to any and all activities of Word of Life Fellowship Foursquare Church Teams.

It is understood that the Waiver and Release is a waiver of any and all rights, demands and claims whatsoever by the undersigned against Word of Life Fellowship Foursquare Church, the International Church of the Foursquare Gospel, their agents, employees, servants and successors, during any and all activities involving mission teams, whether in this state of Montana, any other state or territory of the United States, any nation or country, and all international waters.

The undersigned hereby declares and represents that any injuries sustained during any and all activities with Word of Life Fellowship Foursquare Church, from any and all causes whatsoever, may be permanent and progressive, and that recovery there from is uncertain indefinite and in making this Waiver and Release, it is understood and agreed that the undersigned relies wholly upon the undersigned judgment, and this Waiver and Release is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Waiver and Release contains the entire agreement between the parties hereto, and that the terms of this Waiver and Release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND RELEASE AND FULLY UNDERSTANDS IT.

Sign this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Team Member Name (Please Print)

\_\_\_\_\_  
Signature

# Team Travel Policies

1. Every team member will be responsible for their own travel, and room and board expenses.
2. Team members are expected to attend all pre-trip meetings. These meetings are held for the purpose of planning, briefing, team building, and prayer for each other and the upcoming trip.
3. Alcohol and tobacco are not to be used at any time. Illegal drugs may not be taken or used by any team member at any time. Violation of either of these policies may lead to a team member being sent home early.
4. Team members agree to abide by the behavior and dress codes set by the team leadership for each trip and to respect the judgment and position of the team leader in these matters at all times. This includes purchase of souvenirs, use of jewelry, clothing style, hairstyle and make-up, which shall be appropriate to the cultural setting. Team members must see themselves as guests of the culture. We are there to serve, not to be served. (NOTE – some foreign Christian cultures may seem “legalistic” to U.S. Christians but it is not our purpose to change their perspective, rather to honor it.)
5. Each team member will be responsible for their own belongings at all times and must account for checked baggage at all checkpoints and/or transfers. In addition, members will be given team items to check and transport. These items become the responsibility of members just as their own belongings. Team members should plan to have carry-on **only** for personal belongings and one or more team bag/s to be checked.
6. Each team member is responsible for being at the departure gate AT LEAST 30 minutes prior to boarding time. Failure to do so may result in being left behind at which point it is the team member’s responsibility to pay for any extra charges acquired in changing flights.
7. All team members must function as a team. Accountability to the team leader is mandatory at all times. Team schedules must be followed for all of, but not limited to, the following: lights out and quiet time, wake up, team devotions and other meetings, work schedules, and all meals. At all times, including free time, the team leader must know where each member is. This is the responsibility of the individual member. At no time is a team member, even an adult team member, to “go out alone.”
8. There will be no vehicle driving in a foreign country except by hired local drivers.
9. All personal expenses such as phone calls, faxes, excess baggage charges, room service, extra meals, and non-team activities or purchases are the responsibility of the individual and will be paid at the time incurred.
10. It is understood and agreed to by all mission team participants that the code of conduct described in this document, and other requirements set forth by the leadership, including any team leader, are required behavior. Word of Life Foursquare Church and its team leadership reserve the right at all times to deny participation or terminate participation in any trip or event when this agreement is not honored. At the discretion of the team leader, at any time, any participant may be required to terminate their participation with the team and can be sent home at their own expense.

