


drops of grace® Trip Application

*This application is for those who would like to participate in an International short-term mission trip with *drops of grace*®*

PLEASE MAKE SURE TO:

- Please review and complete The Mission Trip Application in its entirety before submitting.
- Include a copy of the photo page from your passport & driver's license
- Please read & sign the following: Code of Conduct, Financial Understanding, Photo Use, and Liability Release Form and return with your application.
- Please complete in its entirety the Health History Form.
- Complete & Sign the Consent to Perform Criminal History Background Check
- Include your non-refundable deposit made out to: *drops of grace*® In the memo line please write the person's name going on the trip and the trip name. Deposit amount is: \$300
- Mail the completed forms along with your deposit to:

drops of grace®
Attn: Diane Bouchard
P.O. Box 2168
Round Rock, TX 78680

 Please note: This is a mission trip application form. Once your application has been reviewed along with the Criminal Background check, the mission coordinator will contact you regarding your participation on the trip. If you have any questions, please contact: Diane Bouchard at 512-784-0461, or diane@dropsofgrace.org.

drops of grace® Trip Application

1. TRIP INFORMATION

Destination _____ Trip Dates: _____

2. PERSONAL INFORMATION

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Your Birth Date _____ (month-day-year)

Emergency Contact in the U.S. _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Phone _____ Email _____

3. PASSPORT INFORMATION

The Passport Application process may take 6-8 weeks. See http://travel.state.gov/passport_services.html

Name (as written on passport) _____

Passport # _____ Exp. Date _____ Place _____

Your application cannot be processed until we have your passport information and a copy of your passport in our office. All passport fees are the responsibility of the applicant and are over and above the fees for your trip.

4. OCCUPATION

Occupational Skills _____

Talents and/or Hobbies _____

Languages spoken? _____ Proficiency? _____

5. MISSIONS INFORMATION *(use other sheets if necessary)*

What experience or training have you had in cross-cultural missions?

Code of Conduct

I agree to the best of my ability to fulfill the following requirements for this *drops of grace*® short-term mission trip:

- I will participate in and complete any preparation activities, including assigned readings, necessary before the trip,
- I understand that I am to raise 100% of my own support for this trip, & will meet all financial requirements within the designated time frames.
- I am responsible for passport, immunizations, and food/drink while traveling to and from trip destination,
- I will be flexible in all situations,
- I will fulfill all requirements for visa, passport, and immunizations,
- I will participate & contribute in all pre-trip team meetings,
- I will follow my team leaders and the leadership of the host ministry, respecting their knowledge, insights and instruction,
- I understand that I am going on this mission to learn and to serve and that, though I may run across procedures and attitudes that I feel are inefficient or incorrect, I will be open to learning other people's methods and ideas,
- I understand that cross-cultural ministry often places participants in situations where standards for accommodations, food, and other amenities may be far below those to which I am accustomed and I will cheerfully accept the provisions offered,
- I will do my best to have a servant's heart, a humble spirit, and a submissive attitude at all times,

Signature _____ Date _____

Financial Understanding

In order to abide by IRS regulations, *drops of grace*® has the following policy in regard to money donated to a mission trip.

1. Your deposit is non-refundable.
2. If you are not able to participate in the mission trip any payments that have been made towards trip expenses (plane tickets, medical insurance, etc) will be used to reimburse *drops of grace*®. Any monies remaining in your account can be used in two ways:
 - You can request that the money be given towards the expenses of another team member.
 - You can request that the money be used toward ministry expenses.

Photo Use Agreement

I grant, voluntarily and with full understanding, to *drops of grace*® a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to this short-term mission trip.
2. Use of any stored data including my name and image in printed publications of *drops of grace*®
3. Use of any stored data including my name and image in electronic publications of *drops of grace*®
4. Use of any stored data including my name and image in any Web site created by or for *drops of grace*® for its sole benefit.
5. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with the organization upon such a process, the dispute will be submitted to a three member arbitration panel of the American Arbitration Association for final resolution.

I understand *drops of grace*® Financial policy regarding money donated to a mission trip & the Photo Use Agreement.

Signature _____ Date _____

HEALTH HISTORY FORM

Dear Trip Applicant;

You may be serving in an environment that has limited health care resources. In order to provide for your health care needs and assure your medical safety, your team leader will bring your completed health form on the trip to use as a reference should you require medical attention. Therefore, we need your honest answers to the following questions. The information you provide will be kept confidential. Please use the back of the form to expand on any answer you need to.

Name: _____ Birthdate: _____

Home Address and Telephone: _____

Today's date: _____

LIFESTYLE

Please list any dietary restrictions _____

IMMUNIZATIONS (for informational purposes only - these are not necessarily recommendations)

Tetanus	NO	YES	Year: _____ (required – must be w/in past 10 years)
Hepatitis A	NO	YES	Year: _____
Hepatitis B	NO	YES	Year: _____
TB Screening	NO	YES	Year: _____
Typhoid	NO	YES	Year: _____

Do you have, or have you ever had, any of the following:

Explanation/Medication using

Allergies to food, medicine or other substances	NO	YES	_____
Back problems, back pain or ruptured disk(s)	NO	YES	_____
Shortness of breath or asthma	NO	YES	_____
Diabetes	NO	YES	_____
Epilepsy or seizure disorder	NO	YES	_____
Thyroid problems or goiter	NO	YES	_____
Any heart disease	NO	YES	_____
High blood pressure	NO	YES	_____
Stroke(s)	NO	YES	_____
Hernia	NO	YES	_____

Arthritis or joint problems	NO	YES	_____
Stomach trouble or ulcers	NO	YES	_____
Migraine headaches	NO	YES	_____
Immune system disorders	NO	YES	_____
Are you now pregnant?	NO	YES	_____

Please describe any other significant illnesses or diseases not listed above? _____

Who is your primary physician? _____

Telephone number: _____

Health Insurance Company: _____

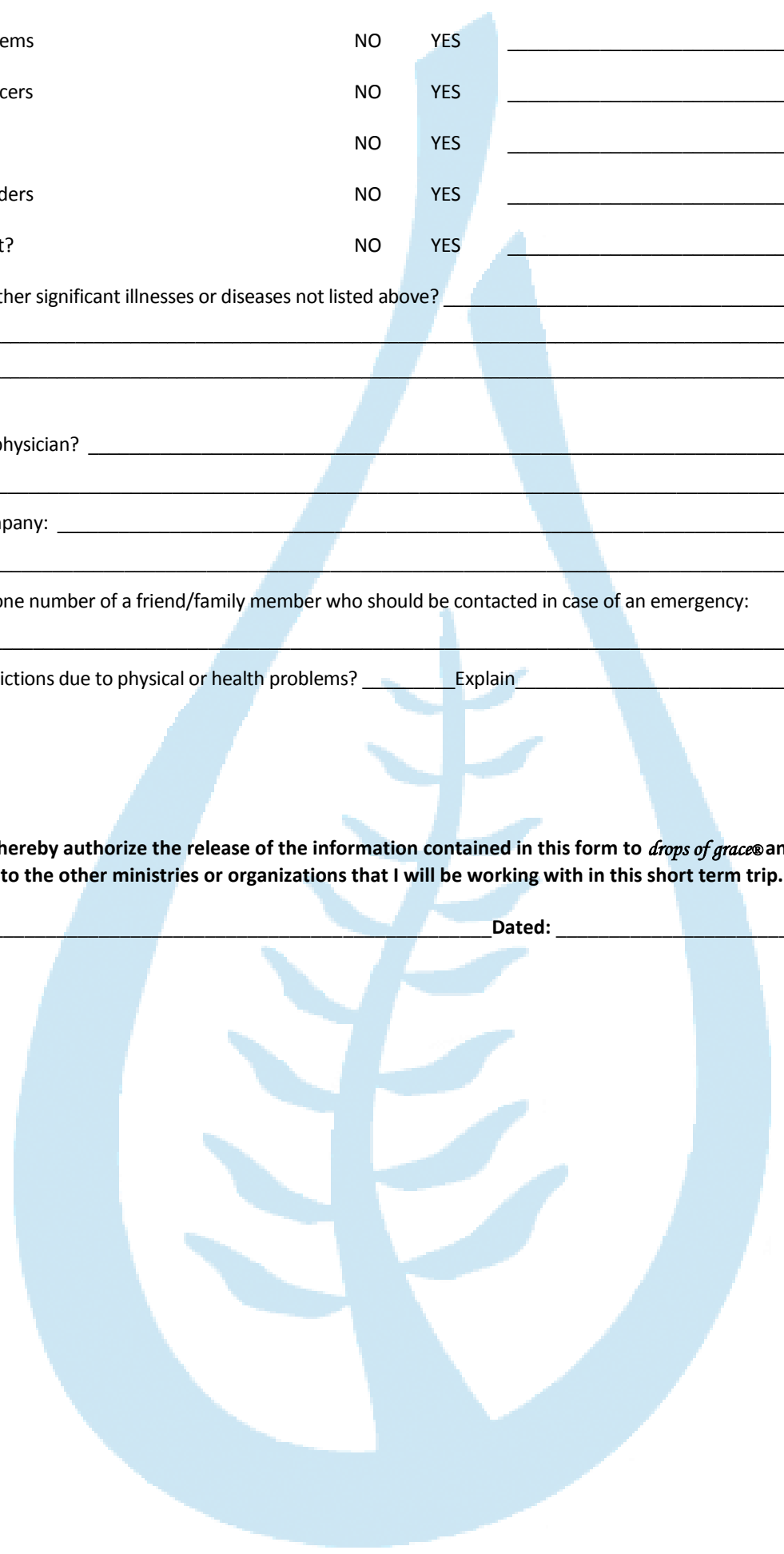
Policy Number: _____

List the name and phone number of a friend/family member who should be contacted in case of an emergency:

Do you have any restrictions due to physical or health problems? _____ Explain _____

I hereby authorize the release of the information contained in this form to *drops of grace*® and to the other ministries or organizations that I will be working with in this short term trip.

Signed: _____ **Dated:** _____



Participation Agreement

Trip Information

Sponsoring organization: *drops of grace*®

Location of mission trip:

Name of team leader: Diane Bouchard

E-mail: dianeb@dropsograce.org

Dates:

Telephone: 512-784-0461

Participant Information

Name of participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Daytime telephone: _____ Evening telephone: _____

Is sponsor authorized to approve medical treatment? Yes No

Participant Agreement:

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ (participant), am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release *drops of grace*® its governing board, officers, employees, volunteers, and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence *drops of grace*® its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless *drops of grace*® and its governing board, officers, volunteers, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

I hereby grant permission for *drops of grace*® to perform a background check.

Date: _____ Driver's Lic # _____ State Issued _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County State and Zip Code

Date of Birth Social Security Number

Circle One:

Male / Female

Please attach copy of driver's license.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____