

HAITI MISSION TRIP 2011

APPLICATION

NAME OF PARTICIPANT _____	DATE OF BIRTH _____	HOME PHONE # _____
PRINT FULL ADDRESS: STREET, CITY, STATE, ZIP _____	PASSPORT # _____	EXPIRATION DATE _____
EMAIL ADDRESS _____		

I, _____ hereby submit this application for the mission trip to Haiti as a part of the team indicated:
◦Evangelism ◦Medical ◦Health Education ◦Construction ◦Children's Ministry

CONTACT INFORMATION (SPOUSE/GUARDIAN)

Name _____ Email _____ Home Phone _____
Cell phone _____ Relationship to Participant _____

DECLARATION OF RELEASE OF LIABILITY

I have volunteered to participate in the Amour en Action, Inc., **June 4-11, 2011** Mission Trip. I realize and acknowledge that my participation in this mission trip exposes me to such risks as accidents, disease, war, political unrest, injury and other possible calamities. Therefore, I am releasing and forever discharging Amour en Action, Inc., and all individuals and organizations associated with this trip from any and all reason of injury, damage (including personal property damage), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while on the trip.

I hereby assume any risks that might result from my travel and I unconditionally agree to hold Amour-en-Action, its officers or agents blameless for any liability concerning my personal health and well being or any liability for my personal property that might be lost, damaged or stolen while on this mission trip.

I have carefully read the foregoing and I understand that my signature attests to my full understanding of the Declaration of Release of Liability and Medical Release.

MEDICAL RELEASE

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participant and that parent/spouse will be contacted immediately in the event of an emergency. In case of sickness or accident, I authorize and consent to any medical or dental treatment and hospital care to be rendered to said applicant under the general care and advice of a physician, dentist or surgeon licensed to practice medicine. I further consent and authorize the trip coordinator to seek immediate emergency medical treatment at whatever facility he/she deems appropriate, if necessary.

Participant Name (PRINTED) _____ Date _____
Participant Signature _____ Date _____
Parent Signature _____ Date _____

(REQUIRED FOR PARTICIPANTS UNDER 18)

Part – 2 - Personal Agreement and Guidelines

We expect everyone on the mission trip team to comply with the guidelines and requirements provided below. Please indicate your promise to comply by checking off each of the guidelines below and by signing the agreement at the place provided below.

As a member of the mission trip team, I promise to comply to the following guidelines for the safety, effectiveness and success of the trip, and for the glory of God:

1. Follow the decisions of those in leadership. Express disagreement in civil and respectable manner.
2. Be respectful of the team and the local culture, as much as possible. Abstain from making derogatory comments about local cultures and congregations.
3. Acknowledge that by engaging in this journey, I am subjecting myself to certain risks voluntarily, including, but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation, potential injury while working and inadequate medical facilities.
4. Affirm joyfully the standards of the local body of believers, particularly if their standards are stricter than my own, including areas of dress such as dress and shorts length, jeans, etc.
5. Not use tobacco, alcohol or illegal drugs during this ministry trip.
6. Refrain from complaining, gossiping, criticizing, and using obscene or insensitive language or humor.
7. Realize that any planned sightseeing and shopping will be permitted only if feasible; but could be canceled if not deemed convenient for travel, time, or if it hinders the flow of our ministry trip.
8. 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 *be patient and* open to learning other people's methods and ideas.
9. Develop and maintain a submissive and cooperative attitude towards my teammates and others.
10. 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.
11. Abstain from any behavior or practice that is not conducive to basic Christian values and beliefs.
12. Not wear clothing that may be indecent or provocative (too short, too tight, too much cleavage), or clothing with inappropriate slogans. We may have the opportunity to go to a private beach. Please bring decent swim shorts (*guys*) and decent swimsuit (*ladies*), if you desire to swim.
13. Respect my fellow participants' right to privacy, possession and peace and quiet.
14. Be as flexible and open-minded as possible.
15. The philanthropic activities undertaken by Amour en Action are significant financial burdens. Though not required, we ask each trip participant to support the mission trip financially by raising funds from friends and family and through fundraising drives.

Participant Signature: _____ **Date:** _____

Part 3 INFORMATION AND APPLICATION FORM (page 1 of 2)

Amour en Action, Inc.

2011 Medical and Evangelical Mission Trip, Saturday June 4 – Saturday, June 11

Deadline for applications and payment of \$175 is due on Monday, March 21, 2011

The balance of your fee (\$200) is due by Monday, April 26, 2011.

Please make checks payable to “Amour en Action, Inc.”

Application can be turned in by email (glendaj1@yahoo.com) or to the address below:

Amour en Action, Inc.

c/o Duclair Atis

355 Independence Blvd

Lawnside, NJ 08045

Current Medical Insurance is required for all participants

Insurance Provider: _____ Policy Number: _____

Dr.'s Name: _____ Phone #: _____

Are there any known allergies to food or medications? NO ; YES : if yes, explain:

Are there any known physical, psychological, or emotional limitations that could affect participation in this event? NO ; YES : if yes, explain: _____

In case of a medical emergency, I authorize my trip leader to make decisions to allow me the best possible care.

(Signature)

Date