

Dear Prospective Honduras Hope Mission Team Member:

Thank you for being willing to give of yourself, to be used by our Lord, for this most valuable opportunity to serve him. Enclosed are the application documents for the 2022 Honduras Hope Mission.

The team's capacity, as set by the board, is 25 persons. **If you are interested in participating, please submit an application by November 1, 2023.** Planned dates for the trip are February 3 - February 11, 2024. **(Depending on the airline schedule, we may need to leave the evening of February 2 and stay in a hotel that night - at an additional expense to the team member.)** Note that vacancies will not necessarily be filled on a "first-come, first served basis," but rather according to the staffing requirements of the mission.

Instructions for Completing the Application Form and Waiver of Liability Form:

1. Read and complete the forms.
2. Sign the Application, Waiver of Liability, Custody Agreement and Medical Release.
3. Keep a copy of all papers for yourself.
4. Mail the completed forms indicated and additional items no later than October 1 to:

Honduras Hope Mission, Inc.
P.O. Box 463
Mars, PA 16046

Forms and items to include:

- Application
- Waiver of Liability
- Custody Agreement.
- FOR HEALTH PROFESSIONALS ONLY: a copy of your current professional license
- Valid passport copy
- \$150 check for first installment of Fee Schedule (made out to "Honduras Hope Mission, Inc." with "Honduras Hope Mission Fee – 1st Installment" written in the memo section of the check)
- **Copy of your your required background clearances:**
 - Report of criminal history from the Pennsylvania State Police (PSP);
 - Child Abuse History Clearance from the Department of Human Services (Child Abuse);
 - If you have not resided in Pennsylvania for at least the past 10 years: Fingerprint based criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI).

How to obtain clearances: If you do not already have clearances, you can apply for them through the Pennsylvania Department of Human Services. The Child Abuse, PSP and FBI clearances can all be applied and paid for electronically. The FBI clearance also requires a fingerprint submission. Necessary instructions and links to apply for these clearances can be found at <https://www.identogo.com/locations/pennsylvania>.

5. **IMPORTANT:** Mail the Medical Release **ONLY** to:
Dr. Robert Potter
1125 Bay Hill Court
Gibsonia, PA 15044

Honduras Hope Mission

Policies, Application and Waiver of Liability

Policies

Honduras Hope Mission, Inc. (HHM) has a mission to spread the word of God through Christian values and ideals by providing hands-on humanitarian aid to the Honduran people. In order to assure a pleasant, safe, efficient, productive and positive experience for everyone, the board of HHM has established the following protocols.

These policies apply to any HHM participant.

1. All activities requiring HHM support must be cleared through the board.
2. All travel arrangements must be cleared by the board. This includes early and late arrivals and departures.
3. While in Honduras, only those approved by the board may provide transportation to team members and translators. This cannot be waived and is solely for safety reasons.
4. There will be no support for team members before or after the duration of the time frame of the mission. This includes those traveling to another country after the trip, rather than going back to their home location. Through team member fees, HHM will provide transportation (excluding airfare), food, lodging, sheets, a pillow and pillow case, a blanket, towels and emergency evacuation insurance for team members. Other travel is at the expense of the travelers and can be accommodated only by requesting such travel *before* the team member arrives in Honduras.
5. Team members are not permitted to take public transportation to a medical brigade or some other site designated as part of the mission, except as designated by the board. While all risk would be borne by the individual, an incident would greatly inhibit our ability to continue our mission.
6. U.S. Passports must have AT LEAST a SIX MONTHS expiration date past the entry date into Honduras. It is suggested that you make three copies: one for your family back home, one for the transportation coordinator, and one for your own use. Additional recommended documents would be driver's license, health insurance card, and credit card. Late arrivals due to improper documents will be solely responsible for any additional costs incurred for their trip. Non-U.S. passport holders MUST obtain visas if required by Honduras to enter. This is the team member's responsibility.
7. All team members will have evacuation insurance included in their travel fees. If the team member has their own insurance, this is fine, but the evacuation insurance will still be included automatically.
8. It is recommended that the team member have the following immunizations: the CDC suggests that people traveling to Honduras be immunized for tetanus, hepatitis A & B, typhoid, and take malaria pills. The current recommended malaria drug is Chloroquine. **It is the sole responsibility of the team member to obtain these immunizations.** Please consult your physician about these and any additional immunizations you may need before traveling. Expenses for these immunizations and medications are the responsibility of the team member.
9. Please note that Internet usage is limited, as is the use of HHM cell phones.
10. Airline tickets will be purchased for each team member by the Transportation Coordinator, but all fees for tickets and baggage are the sole responsibility of the team member.
11. No special meals can be promised to team members with specialized dietary restrictions (e.g. gluten intolerance, etc.). There should be a sufficient variety of foods for anyone with special needs, but the team member with extraordinary needs should be prepared to support their own needs.
12. Use of the area designated as lodging for team members and translators is restricted to team members and translators only, or those who have been approved by the board.
13. Honduran translators are provided according to need and availability. They are not charged for their participation in the mission. They must abide by the rules and regulations as set forth by the board.

14. All mission fees, not including airline fees, must be paid by January 1. All participants must sign and send the Waiver of Liability with the \$150.00 first installment payment by November 1. Without this, an individual is not permitted to take part in the mission. The mission fees must be paid per schedule below.
15. If a team member must cancel his/her participation for personal reasons, the \$150 initial deposit will be non-refundable. Should the mission trip be canceled for reasons beyond the board's control, then any uncommitted monies will be refunded.
16. Team members are responsible for paying the Honduran exit fee at the airport. It is currently \$43 in cash, U.S.D. and is usually included in the airline ticket price. Credit cards and Honduran lempiras are accepted.
17. Team members agree to have one of their large check-on bags filled with mission supplies. HHM will pay any baggage service fee for this second piece of luggage that may be charged by the airline.
18. If Team members desire to have personal funds available for use in Honduras they must be provided to the mission coordinator by January 1st, who will then have them wired to Honduras for conversion from U.S. Dollars into Honduran Lempiras. The Lempiras will then be returned to the Team member when he or she arrives in La Villa de San Francisco.

Mission Fee Payment Schedule for the mission – Total fee \$550.00 (plus the cost of airfare and Friday night lodging if necessary.)

| | | |
|------------|-------|--|
| November 1 | \$150 | 1 st installment with application |
| December 1 | \$200 | 2 nd installment |
| January 1 | \$200 | 3 rd installment |

Honduras Hope Mission

Application Form

Name on Passport _____

Home Address _____

City _____ State _____ Zip Code _____

Home Church _____

Date of Birth _____ Sex: M _____ F _____ Citizenship _____

Passport Number _____ Passport Expiration Date _____

Telephone Numbers _____
(home) (cell) (work)

E-mail _____

EMERGENCY CONTACT INFORMATION:

Name _____

Relationship to you _____

Telephone Numbers _____
(home) (cell)

Email address _____

GENERAL:

Do you speak Spanish? Yes ___ No ___ Some ___ Function as a translator? Yes ___ No ___

Current or previous occupation(s) _____

If a student - high school ___ or college ___ major? _____

List any previous international experience that would be germane to this trip. Please indicate where, when and the nature of the mission:

Please list any special skills, talents, interests or hobbies. (ex. sports, woodworking, sewing, game playing, puppetry, crafts, singing, playing an instrument, teaching, nursing EMT skills, cooking, etc.)

What is your reason for wanting to participate in this mission trip?

Is there any other additional or helpful information that you would like share?

Signature _____ Date _____

Honduras Hope Mission

Waiver of Liability

I have applied to participate in this mission trip to Honduras, Central America. I understand that this mission involves serving in a variety of capacities to an under-served population. As such, I understand that I will encounter cultures and laws that are different from those of the United States. I agree to obey local laws and to recognize that common liability insurance policies may not provide coverage outside of the U.S. or Canada. I acknowledge that foreign travel can involve exposure to disease, and I agree that it is my responsibility to obtain appropriate immunizations. I acknowledge that I am in generally good health and that I am covered with personal health insurance. I understand that I will be working in a rural area of Honduras. Should an emergency arise, I will be treated by our team medical personnel immediately, then taken to a hospital if it is deemed necessary; however, I do acknowledge that I will usually be more than an hour from a hospital with medical care of a sophisticated nature. I will call my personal health insurance carrier in advance of the trip and discuss coverage should I be injured or become ill in Honduras. I also acknowledge that foreign travel can involve exposure to political and civil dangers, including instances in which missionaries or other foreign travelers have been robbed, kidnapped or killed. I agree to purchase evacuation insurance through the Honduras Hope Mission.

This mission trip is undertaken through the Honduras Hope Mission, Inc. (HHM). I recognize that HHM cannot control conditions in a foreign country such as Honduras, and I am traveling at my own risk. In consideration of my participation, for myself, my heirs, executors and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which I may have, and agree not to make any claim or file a lawsuit against HHM, its board of directors, or its agents.

As well, I agree to the following:

1. I will behave in a professional, kind and prudent manner.
2. I will comply with the governmental, cultural and moral standards of Honduras.
3. For safety reasons, I agree to any travel restrictions communicated by the board. This could include information provided to it by the U.S. State Department, Honduran Government or the local Gerizim Church.
4. I will inform the Mission Coordinator of my plans and whereabouts at all times.
5. There will be a daily plan for communication, transportation and leadership, and my flexibility and positive attitude will help with all planning. I will ask if unclear of any plans.
6. I agree to the following: alcohol will not be consumed; illegal substances of any kind will not be tolerated; no smoking on Gerizim Church property.
7. I understand that men's and women's quarters will be separate and off limits to the opposite sex.
8. I agree, to the best of my ability, to help the team in whatever duties I am assigned.
9. I will comply with evacuation procedures, should this become necessary.
10. I have read the Honduras Hope Mission Policies.

I understand that if I do not follow the above agreed-to statements, I may be asked by the board of directors of HHM to leave the mission at my own expense.

Printed Name _____

Signature _____ Date _____

• **HONDURAS HOPE MISSION CUSTODY AGREEMENT for the 2024 TRIP**

This Custody Agreement (“Agreement”) is made as of _____, 20____, by and between the Honduras Hope Mission, Inc. (HHM) and the undersigned individual (“Mission Worker”).

WITNESSETH:

WHEREAS, the Mission Worker is intending to participate in an upcoming mission trip to Honduras;

WHEREAS, the Mission Worker desires that HHM act as a custodian of the Mission Worker’s funds that may be delivered by HHM to provide for the efficient coordination of the payment of certain expenses to be incurred by the Mission Worker; and

WHEREAS, HHM is willing to act as a custodian of such funds, subject to the terms and conditions of this Agreement.

NOW, THEREFORE, the parties agree as follows with the intention of being legally bound:

1. The Mission Worker hereby appoints HHM to act as custodian of his/her funds delivered to HHM, whether directly by the Mission Worker or through a third party on the Mission Worker’s behalf, and HHM hereby accepts such appointment.
2. HHM shall be entitled to disburse any funds held hereunder pursuant to and in accordance with the oral and/or written instruction of either the Mission Worker or the Mission Coordinator. HHM shall have no liability whatsoever to the Mission Worker to see to the proper application of such disbursement or for following the instructions of the Mission Coordinator. In addition, HHM shall have no obligation to notify the Mission Worker when funds are disbursed by HHM.
3. The funds delivered to HHM shall not accrue interest while held by HHM.
4. HHM shall not be entitled to any compensation for acting as custodian.
5. Either party may terminate this Agreement by delivering written notice of termination to the other. In such case, HHM shall promptly return directly to the Mission Worker any of his/her funds then in HHM’s possession.

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the date first written above.

The Honduras Hope Mission, Inc.

The undersigned Mission Worker

Signature: _____

Signature: _____

Name: Rev. Gary Weston,
Mission Coordinator

Name: _____
(Please print)

Address: P. O. Box 463

Mars, PA 16046

Address: _____

Telephone: 724-816-0573

Telephone: _____

Medical Information/Release and Authorization Form

The Honduras Hope Mission Trip

2024

(Please be sure to fill out both pages of this form)

Name: _____

Address: _____

Birth Date: _____ Phone: _____

Name of Parent/Guardian: _____

Address and Phone Number (if different from above)

Insurance Coverage: _____

(Please attach a copy of insurance card, if applicable)

Family Physician: _____

Phone: _____

Pre-existing conditions: (allergies, injuries, illnesses, physical/mental/legal restrictions)

Medications used: (ALL medications, prescription and over-the-counter, MUST be listed with dosage and frequency) _____

Tetanus vaccination date: _____ (If you do not have an up-to-date Tetanus vaccination, you are STRONGLY urged to get it updated prior to the trip)

ADULT COVENANTS

I am familiar with the pertinent information concerning the Honduras Hope Mission Trip to Honduras. I agree to hold Honduras Hope Mission, Inc. (HHM) and its designated representatives exempt from liability from any accident or injury that might befall me in the normal conduct of the trip. I understand that by so exempting HHM and its representatives I do not waive any rights to which I am entitled under the laws of the State of Pennsylvania. It is also understood that if I should become disruptive or a burden on the delegation that the delegation has the right to send me home.

Signature: _____

MEDICAL RELEASE STATEMENT

In the event that I am unable, I hereby give permission to Dr Robert Potter to authorize medical care, and emergency medical treatment including X-rays and routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the above to arrange necessary transportation including hospitalization until such time that I am able to assume responsibility for such decisions.

Signature: _____

Printed Name: _____ Date: _____

Please mail this form to:

Dr. Robert Potter
1125 Bay Hill Court
Gibsonia, PA 15044

Honduras Hope Mission 2024

Tentative Meetings & Dates (2023-2024)

| | |
|-----------------------------|---|
| November 1, 2023 | Initial \$150.00 deposit due |
| December 1, 2023 | Second payment of \$200.00 due |
| Saturday, November 11, 2023 | First Timers Orientation 9 AM to 11 AM at FPCB Administrative Bldg. |
| January 1, 2024 | Final payment of \$200.00 due |
| Saturday, January 13, 2024 | Team Dinner Meeting 5 PM to 7PM at FPCB Cafe* |
| Sunday, January 28, 2024 | Commissioning Sunday 10 AM at FPCB |
| Saturday, February 3, 2024 | Team leaves for Honduras (Possibly 2/2 evening) |
| Sunday, February 11, 2024 | Mission Team returns home |

Additional small group meetings and work parties will be held throughout this period of October through January and everyone is welcome at all meetings, including the board meetings.

* FPCB is the First Presbyterian Church of Bakerstown, 5825 Heckert Road, P.O. Box 127 Bakerstown, PA 15007 724-443-1555 (The Cafe is in the basement of the sanctuary building.)