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## 2020 Mission Trip

### Instructions

1. Read all the information and be sure you understand the statements, and agreements.
2. Complete the following forms.
3. Sign the risk statement, and medical release form.
4. Obtain a copy of your health insurance card (front and back). If you do not have health insurance, indicate this to us.

Pearl Haven Ministries  
315 Ridge Run Dr.  
Georgetown, Texas 78628

### Notes:

- We suggest that you make a couple of photocopy of the following information for your files.
- ✚ Copy of your passport, immunization form, flight itinerary, and insurance information.

**Please do not hesitate to contact us if you have any questions:**

John Brattlof  
[john@pearlhaven.org](mailto:john@pearlhaven.org)  
512.751.2343

Paul Ortega  
[paul@pearlhaven.org](mailto:paul@pearlhaven.org)  
512.733.3804

[www.pearlhaven.org](http://www.pearlhaven.org)

# Volunteer Application

**A. Mission Destination** Uganda/Ethiopia Dates: Mar 19th – Apr 4th

**B. Personal** Name (exactly as it appears, or will appear, on passport)

\_\_\_\_\_

(last) (first) (middle) (name you go by)

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date (mo/day/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Place of Birth - City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

A travel insurance policy will be purchased for each person going on the trip. Make sure to check the policy for details of coverage and exclusions. In order to secure the policy, you must list the name, address, and phone number of a beneficiary.

Beneficiary Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

# Service

What are your spiritual gifts?: \_\_\_\_\_

What areas are you planning to serve? \_\_\_\_\_

Do you have any previous mission experience?: \_\_\_\_\_ If Yes, When and where?:

\_\_\_\_\_

What other language do you speak?: \_\_\_\_\_

## E. Travel

Do you have a Passport? Yes No If Yes: Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

## F. Health Information

What is your general health condition? Excellent Good Fair Poor

Have you ever had a serious illness or been hospitalized? No Yes\*

Do you have any known allergies? No Yes\*

Are you currently using any medications? No Yes\*

Are you currently receiving medical treatment or care for anything? No Yes\*

Do you have any other limitation or significant health condition which might affect your involvement with Pearl Haven Ministries or which you believe your physician would want us to know about? No Yes\*

Do you have any limitation to strenuous physical activity? No Yes\*

Do you have health insurance? No Yes

\*NOTE: If you check "yes" above on limitations, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## **SHORT-TERM MISSION TRIP RISK STATEMENT AND RELEASE**

This Risk Statement and Release is an Agreement by and between Pearl Haven Ministries and participants as to the potential risks involved with working in international settings, especially in developing nations. Working internationally carries with it certain risks not traditionally found or associated with work in the USA. These risks can include, but are not limited to, hazards to person and property through cross-cultural offenses, accidents, diseases, criminal and/or terrorist acts, weather conditions or inadequate medical services and supplies. It is impossible for us to predict or fully prepare you for every circumstance you will possibly face during your short-term mission trip. However, it is our goal to ensure all Pearl Haven Ministries team participants are made aware of the possibilities of potential risks you may face. In addition, we encourage you to prepare for service in the following ways:

- Prepare yourself spiritually, physically and mentally for service.
- Read all you can on the country of service.
- Contact your government office, such as the United States State Department to obtain the most up-to-date information on the area.
- Take any additional steps you feel are necessary.

### **Volunteer Agreement**

Before you go we want you to be aware of the following:

- Any available sightseeing and shopping will be permitted only if it coincides with the team's main purpose. It could be cancelled if deemed necessary by the leadership.
- Volunteers should be prepared for heavy physical activities, including hiking and continuous walking.
- All participants are required to be in good physical condition.
- Travel destinations may be changed or cancelled in the event of any political, natural or mission-related crisis at the sole discretion of Pearl Haven Ministries.
- Any travel-related expenses due to delays or cancellations are the responsibility of the team member, including name changes to flights.
- All application fees and contributions are non-refundable.

\*\*\*\*\*Although donations received by Pearl Haven Ministries go toward exempt projects expenses, the IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the non-profit organization. Consequently and, for this reason, money cannot be refunded or designated to a person but solely to Pearl Haven Ministries. The Pearl Haven Ministries volunteer will become a fundraiser and receive credit for raising funds equal to the cost of their trip. Any excess funds raised will be used for other program/project expenses. If any individual is unable to participate in their assigned trip, the funds he/she has deposited with Pearl Haven Ministries, less incurred expenses and administrative fees, will be considered as a donation.

# Security

I/We give Pearl Haven Ministries the right to use my picture, videotaped image, voice, and testimony in any type of material promoting or recapping the trip. My signature herein (and the enclosed signature of my parents/guardians if I am under the age of 18 years) signifies my acceptance of these terms and approval of all conditions and limitations listed above.

**Signatures below will indicate the following:**

- I have read and understand the Risk Statement and Release and I am aware of the hazards and risks to both me individually, and to my property associated with serving internationally in a mission capacity.
- In exchange for the opportunity to serve with Pearl Haven Ministries, I fully release Pearl Haven Ministries from any and all claims for injury, disease, or delay of return, or any other claims, of any kind of nature, in any way related to my service with Pearl Haven.

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Parent's or legal guardian's signature is required if you are single and under 18, (or under 19 and reside in Alabama, Nebraska, or Wyoming; or under 21 and reside in Colorado, Mississippi, West Virginia, Pennsylvania or Puerto Rico).*

Parent/Legal

Guardian's Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL PERMISSION

This is for emergency situations only; in the event that an individual be incapable of making rational decisions, or is a minor whose parents cannot immediately be reached. In the event that an emergency arises, I give the Pearl Haven Ministries leaders permission to authorize anesthesia, surgery, and/or procedures deemed necessary at the time.

Name of applicant (please print): \_\_\_\_\_

Signature (of applicant if age 18 or older): \_\_\_\_\_

*NOTE: Parent's or legal guardian's signature is required if you are single and under 18, (or under 19 and reside in Alabama, Nebraska, or Wyoming; or under 21 and reside in Colorado, Mississippi, West Virginia, Pennsylvania or Puerto Rico).*

Parent/Legal Guardian (Signature): \_\_\_\_\_

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