



Labors of Love Mission Trip (LOLM)

Participant Application

CHECK LIST

Complete and return your application

Be sure to include:

- A photocopy of the information page of your passport
- \$250 deposit for your trip (this covers airfare; check, cash or credit card deposit required unless other arrangements have been made for your airfare)
- Medical Information (with approval to travel from your doctor)
- Emergency Contact

Please send completed information to: info@lolmission.org

Please note the following policy regarding your trip funding:

- Application Fee: A non refundable application fee of \$25 is required with your application.
- Deposit: \$250 deposit is required with your application
- Trip balance: The remaining balance is required 90 days before the trip. Final balance is due by July 15th. This can be paid directly by you or through support fundraising.
- Prior to leaving for your trip, the expectation is that 100% of your total trip cost must be paid for or raised.
- Total cost of the trip is \$3,000:00
- Any amount of support raised above your required trip total can be used as follows:
 1. You may apply this total to another team member to assist them with their fundraising.
 2. If you do not choose #1, then the money will be applied to cover medical mission supplies and any unforeseen expenses incurred by the Labors of Love for your trip.



Labors of Love Mission Team Participant Application

2025 LOLM Trip to Lagos Nigeria.

Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Important: If you do not yet have a passport, you need to apply for one as soon as possible. We aim to apply for visas at the same time. We will provide you with a letter to the consulate and assist with the process.

Do you have a valid U.S. passport? Yes No Passport #: _____

Are you a citizen of the U.S.? Yes No If not U.S. where:

List previous citizenships, if any:

Place of birth city/state:

Are you married?

Do you have children at home?

Are you employed part-time/full-time (and where)?

Background

Are you a licensed medical or nursing professional? If so, please provide license no. & specialty

If not, what is your profession _____

Do you have any connection or ties to Lagos Nigeria?

Are you able to participate in the training and orientation via Zoom? Yes No

If No, why?

Are you able to help coordinate our group fundraiser to help with cost of food and drinks?

Yes No

If No, why?

Cross Cultural Experience

Do you have any previous short-term mission or cross-cultural experience?
(Please list each and explain what you did)

What personal strengths would you bring to a Short-Term Missions Team?

Do you have any particular training or experience that you would like the prospective team to know about? (Languages, jobs, trades, talents, skill set, etc)

What prompted you to participate on this trip?

Health and Release Statement

Do you have any significant medical conditions that could impact you during this trip? Please list any allergies, physical disabilities or medical information we should know about. ***(Please list them in space below and please see the attached required medical questionnaire which needs to be completed and signed)***

Please list any medications that you will be taking:

Please list any dietary restrictions:

Please provide the names of two individuals who can attest to your character.

- 1) Your employer, a ministry leader or an individual in a similar position.
- 2) Someone from your church or any group in which you belong to and who knows you well.

Name	email address	phone
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Labors of Love MISSION Trip

STATEMENT OF HEALTH

I, _____ affirm _____
is a

(Physicians Name) (Patient's Name)
patient of this practice. _____ is
(Patient's Name)

medically, physically and mentally able to travel and participate in
activities of the Labors of Love Missions Medical mission trip to Lagos Nigeria

(Name and Location of Mission Trip)

Short Term Medical Mission Trip scheduled October 03 2025 - October 12 2025

(Dates of Mission Trip)

Print Physician Name

Physician' Signature

Date

Print Patient Name

Patient Signature

Date

Emergency Contact Form

MISSION TRIP: LOLM 2025 DATE OF TRIP: 10/3/2025 - 10/12/2025

1- EMERGENCY CONTACT/RELATIONSHIP:

ADDRESS:

HOME PHONE:

ALT. PHONE:

EMAIL:

2- EMERGENCY CONTACT/RELATIONSHIP:

ADDRESS:

HOME PHONE:

ALT. PHONE:

EMAIL:

RELEASE AND ASSUMPTION OF RISK

1. I acknowledge that I have voluntarily applied for enrollment in the above listed short term mission trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next of kin, my personal representative and my estate.
2. I acknowledge that I have been fully informed of the nature, scope and demands of the trip, and that I have met all of the prerequisites required for participation in this trip.
3. Many non-for-profit organizations sponsor short-term mission trips. These trips usually involve a number of risks that may not be covered by insurance. The form below is for use by members and/or volunteers of the non-for-profit organization who participate on a trip that involves travel inside and outside of the United States. It is quite likely that the non-for-profit organization will not have insurance to cover injuries or accidents that occur on such trips, and typically, the non-for-profit organization has no means of adequately supervising all activities involved on the trip. As a result, a non-for-profit organization may ask members/volunteers who participate on such trips to assume all risks associated with them as a condition of their participation. In such cases, a form similar to this one is often used.
4. I am aware of the hazards and risks to my person and property associated with serving in a mission's capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage's that may be available to me from any source, and only with respect to the non-for-profit organization and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release my said non-for-profit organization and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions trip. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
5. I understand that every care and attention will be given to the health and comfort of the members/volunteers, but the non-for-profit organization or its staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.
6. I hereby authorize the leader of the trip to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility, including in excess of the benefits allowed by provincial health insurance plans:
 - a. Where the health and well being of the applicant is involved.
 - b. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there was insufficient time to contact such parent or guardian. It shall be at the discretion of the leader of the non-for-profit organization as to what action must be taken for the welfare and safety of the member/volunteer.

7. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property or property issued to me by Labors of Love Mission while I am participating in the trip and, in furtherance thereof, I agree to indemnify and hold harmless LOLM and its employees, from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, or to my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity, and which results from causes beyond the control of and without the fault or negligence of LOLM and its employees.
8. I agree to abide by the rules and regulations imposed on participants by the agency and its staff.
9. I agree that I will be cooperative and helpful to and with all other participants in the trip and will not be disruptive of the objectives established for the trip or as may be designated by the staff or group consensus.
10. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated activities of this trip.
11. I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Arkansas, and if any portion thereof is held invalid, I request that the remainder continue in full force and effect.

Date

Date

Signature

Signature of Parent/Guardian (if under 21)

Street Address

Street Address of Parent/Guardian

City, State, Zip

City, State, Zip of Parent/Guardian

IMPORTANT: Please have 2 witnesses observe your signature, and have them sign below. They must be at least 21, and should not be relatives.

Witness

Witness

Address

Address

City, State & Zip

City, State & Zip

Volunteer Signature Page

SIGNED: _____ DATE: _____

Please note that all participants are responsible for raising full support for their short-term mission trip.