



MISSION POSSIBLE

Equipping the Next Generation of Christ Centered Leaders

Team Member Guide

Application and Requirements



Please notice the details on the Short Term Field and Release of Rights agreements.

It is necessary for us to receive from you information that will allow us to contact you, ensure your safety, and have adequate information if an emergency situation occurs.

The Short Term Mission Application gives us pertinent personal, family, and church information. All of this information has a purpose. For example, you will see that we ask for your weight. Although for some this is very personal, we need this information in the case of having to arrange alternative flight plans (different carrier, small plane, etc.) for you. Know that we keep all application information secure and it is used only by Mission Possible personnel.

It is necessary for us to have a copy of your passport photo page so that we have your legal name, passport number, and other passport information if it is required for alternate flight arrangements or government notification.

If you have made your own flight arrangements, we ask that you give us a copy of your flight itinerary, including confirmation numbers, so that we can track your flight progress and to be able to assist if alternative flight arrangements need to be made.

We suggest that you consider, under the guidance of your family physician, getting the shots and other suggested medicines as outlined by the CDC for travel to Haiti and the Dominican Republic. In unusual events like the Haiti earthquake, health and sanitation conditions may change unexpectedly. The medical preparation you do for your trip may prevent unnecessary, future medical issues.

CDC – Haiti: <http://wwwnc.cdc.gov/travel/destinations/haiti.aspx>

CDC – DR: <http://wwwnc.cdc.gov/travel/destinations/dominican-republic.aspx>

We will be registering you with the proper governmental agency. Registration allows you to record information about your upcoming trip abroad that can be used to assist you in case of an emergency.

USA:

<https://travelregistration.state.gov/ibrs/ui/index.aspx>

Canada:

https://www.voyage2.gc.ca/Registration_inscription/Register_Inscrire/Login_ouvrir-une-session-eng.aspx?fwd=true&hash=p0V4sJhYtXNnDsAOImpW8w6161

Here is the list of items we need from you to complete your trip application:

- A completed and signed Short Term Mission Application
- A copy of your passport photo page
- Your flight itinerary with confirmation number(s)
- The Short Term Field Agreement
- Release of Rights Agreement
- If under 18 years old, a signed and notarized Permission of Minor to Travel Outside United States
- If under 18 years old, a signed Parental Consent for and Health Release
- \$200 deposit (non-refundable after flights have been purchased)

Mission Possible - Short Term Mission Application

Please complete **both pages** of this application as fully as you can. If you have any questions, please ask your team leader for help or contact Mission Possible. **A copy of your passport picture page and signature page of this application is required.**

Your Full Name (as on passport) _____

Team Leader _____ Date / Country of Trip _____

Your Residential Address _____

City/State or Providence/Zip or Postal Code _____

Your Mailing Address (if different from above address) _____

Your Home Phone _____ Your Work Phone _____

Your Cell Phone _____ Email _____

Male Female Married Single Date of Birth _____ Weight: _____ lbs. Shirt Size: _____

Do you know Jesus Christ as your personal Savior? _____

Name, Telephone, and Email of Emergency Contact _____

Home Church _____ Pastor _____

Church Full Address _____

of Mission Field Trips _____ Date/Place of Last Trip _____

I speak: Creole _____ French _____ Spanish _____

Do you have any physical or health condition that may limit your ability to perform ministry on this trip (sensitivity to heat, semi-strenuous hiking, etc)? If yes, please explain. _____

Allergies _____

Prescription drugs you are currently taking _____

Dietary restrictions or needs _____

Please list any skills or talents you have that may be useful on this mission trip _____

Are you currently, or in the last year have you been, under a doctor's care (including psychiatric/psychological)? If yes, please explain. _____

Have you had any emotional problems that would be aggravated by the increased stress of being on a cross-cultural mission (depression, anxiety, etc)? If yes, please explain. _____

If you sponsor a child with Mission Possible please provide his/her ID number _____

I am aware that basic, short term trip insurance is provided for persons participating in the program. It is my responsibility to review the policy details and ensure this level of protection meets my needs. If additional protection is needed, I agree that it is my responsibility to engage an insurance provider for such protection.

I am aware of and agree with Mission Possible's policy to refuse to pay ransom or make other concessions to kidnappers or terrorists, believing such actions would encourage more hostage-takings. I understand Mission Possible discourages private individuals or companies from paying ransom to free a hostage.

I have read the Team Member Guide and agree to abide with the Short-Term Team Agreement, dress code and other rules of Mission Possible. I understand that no smoking, alcohol or illegal drugs are allowed on this trip.

Foreign travel by its very nature offers an unfamiliar and unique environment and risks of injury or death to both persons and property are inherent. I understand that travel to Haiti or the Dominican Republic involves greater health and safety risks than general international travel.

"Risks" include, but are not limited to, the following: physical injury or property damage related to traveling by plane, bus, train, car, truck, van, or any other vehicle; other general risks to person or property associated with travel; encountering or experiencing sickness, illness, disease, accident, injury or damage to participant's person or personal property, or even death; Loss or destruction of participant's personal property; exposure to emotionally disturbing conditions; exposure to harsh, extreme, or substandard conditions; crime; any and all inherent risks with international travel including, but not limited to: political instability, rioting, kidnapping, natural disasters, lack of electricity, lack of running water, or lack of sanitary sewage control; harsh sleeping conditions; evacuation from the activity location; mosquito-borne diseases including, but not limited to malaria, zika, chikungunya, and dengue fever; and lack of access to medical care.

Emergency medical care and facilities are limited and access to emergency medical care may not be readily available. I understand that by my participation with Mission Possible, I am acknowledging and accepting these risks and circumstances. I consent to and authorize Mission Possible to obtain reasonably necessary medical treatment for me in the event of an emergency.

I agree that should it be necessary for me to return home due to medical reasons, disciplinary actions, or otherwise, I hereby assume all transportation costs involved.

In consideration of my being accepted for participation in the program, I hereby, to the fullest extent permitted by law, voluntarily, fully, unconditionally, and without reserve release and agree to hold harmless and indemnify Mission Possible and each of its employees, directors, officers, agents, and volunteers from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney's fees, loss of judgments of whatsoever kind and nature which may result from or arise out of the participation by myself or my child, whether or not resulting in whole or in part from my or my child's negligence, acts, or omissions or from the negligence, acts, or omissions of Mission Possible or its employees, directors, officers, agents, or volunteers.

My signature indicates that I have, to my full satisfaction, obtained all information necessary for me to assess the risks of foreign travel and that I am willingly assuming these risks for myself and/or my minor child.

Signature

Date

For persons under 18 years of age, a parent or guardian must also complete and sign both the Parental Consent Form and Health Release and Permission for a Minor to Travel Outside of the United States.

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MISSION POSSIBLE SHORT-TERM TEAM AGREEMENT

Team Leader: _____

Haiti

DR

Date of trip: _____

- 1) I, _____ (participant's name), promise to submit to the authority of my team leader and the Mission Possible staff and to act in accordance with this agreement. I understand these promises are very important to provide a good experience for all those involved, for the safety of myself and others, to prevent misunderstandings, and to prevent problems for the field leadership after I leave Haiti or the Dominican Republic.
- 2) I promise to cooperate with the discipline set down by the Mission Possible staff and to behave in a way that suits the school atmosphere and the Christian and educational principles that the Mission maintains.
- 3) I promise to come to the schools and church modestly and neatly dressed. Per acceptable cultural standards, men should wear a collar shirt and long pants (jeans are acceptable, but slacks or khaki's are preferred). Ladies should wear a dress or skirt and ensure their shoulders are covered.
- 4) I promise to NEVER meet with the local people and to NEVER give them money, gifts, or letters (nor receive anything from them), except in a way arranged by Mission Possible.
- 5) I promise to NEVER give my phone number, my address, my e-mail, or any other means of personal contact to the local people. I also promise to NEVER friend or grant non-public privileges to any local person on any social media site or service.
- 6) I promise to NEVER have direct contact with the community or any local person without the support of someone appointed by Pastor Hervé Pierre or Pastor Moise Sam who are the Mission Possible leaders.
- 7) I understand and I accept that the Mission Possible staff know their job and are able to give me the necessary orientation, instructions, and caution to do mine.
- 8) I have read, understood, and agree to abide by the guidelines, principles, expectations, and instructions in the Mission Possible Team Member Guide.
- 9) If I fail to follow this agreement, or if my words or behavior cause damage or negatively affect the work in Haiti or the Dominican Republic, I understand and accept that Mission Possible staff are entitled to immediately act within their best judgment to handle the situation. This could include confining me to housing, sending me home by any transportation means available (prior to the planned end of the trip), and canceling the rest of the trip for the entire team. I also understand my words and behavior can affect future visits by me and my fellow team members.

I have read and understand this agreement and promise to follow it.

Team participant

Date

Release of Rights

We live in a world that is full of rights. Our particular culture is one where we take pride in our rights. The rights of individuals are constitutional; however, as we see the demanding of individual rights increase, we see more of the moral fiber of our society decrease. Our Lord Jesus Christ laid down His rights to the heavens and all His glory to become a man and to serve, not to be served. (Philippians 2:5-11; Mark 10:45)

Consider laying down your rights on this mission trip. Not to lay them down for better or worse, but to entrust them to the Lord, or to transfer the responsibility of them to a place of safekeeping. These rights may seem reasonable, but could still cause dissension on a Short Term mission trip. Take time to search your heart and willingly surrender your rights to the Lord.

Romans 12:1

I give up my right to:

*a comfortable bed
three meals a day
familiar food
dressing fashionably
technology and communication
seeing results
control of myself
control of others
control of circumstances
pleasant circumstances
making decisions
taking up offense
being successful
being understood
being heard
being right*

I entrust to God:

*my strength and endurance
my health and strength
my likes and dislikes of food
my security in Him
the care of my family while I'm away
His purposes and fruit in His timing
my need for His Spirit control
His workmanship in others
my circumstances to His purposes
the privilege of suffering for Him
His sovereign hand on my life
willingness to understand others
my security in His love
my reputation
my need for recognition
my need for righteousness*

I give God permission to do anything He wishes to me, with me, in me or through me, which would glorify Him.

Signature

Date

Mission Possible Parental Consent Form and Health Release for Youth Under 18
Please complete along with a Mission Team Application

Child Name: _____ Visiting Country: _____

I hereby give consent for my child to travel with Mission Possible. My child and I understand smoking, drinking alcohol, and the use of illegal drugs is strictly prohibited. The Mission Possible leaders have my permission to send my child home at my expense for any behavior deemed exceedingly disruptive to the group or Mission. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

In the event of illness, injury or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence or if I cannot be reached, I hereby give Mission possible, its officers, employees and staff, permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attentions, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while with Mission Possible. I absolve Mission Possible from liability in acting on my behalf in this regard so long as they are not grossly negligent.

The signature of all parents or guardians is required

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Name of parent/guardian to be contacted in case of emergency or for information: _____

Home phone: _____ Work phone: _____ Cell: _____

If parent/guardian is not available, please call this relative or friend:

Name: _____ Relationship: _____ Phone: _____

Medical Information

(Please type or print legibly, and use another sheet of paper, if necessary)

Child's birth date: _____ Age: _____

Insurance company: _____ Policy #: _____

Insurance company's emergency phone number: _____

Other pertinent insurance information: _____

Please provide any significant medical history or other pertinent information that would be useful or necessary during the course of the mission trip or in an emergency. This history is confidential; please be as complete as possible: _____

Any known allergies, including allergies to medications: _____

Prescription medications to be taken regularly while with Mission Possible: (Parents – for each prescription, please send a written note with dispensing instructions, plus the reason for taking the prescription.)

Mission Possible

PERMISSION FOR A MINOR TO TRAVEL OUTSIDE OF UNITED STATES

I hereby grant permission to

(Name of Minor)

age _____ years, who is my _____ and who was
(son, daughter, ward, etc.)

born at

_____, on _____,
(City, State, Country Birth) (date)

to make a tourist visit to _____ on _____.
(country) (date range)

This minor will travel with the group under the direction of _____.
(team leader)

Signed: _____
Parent or Guardian

Parent or Guardian

This _____ day of _____, _____.

Notary Public in and for _____ county of the United States,
State of _____.
