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.

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
- $500 deposit (non-refundable after flights have been purchased)

**Mission Trip Payments**

As stated above, we will need to have a $500 deposit prior to ordering your airline ticket. We find the best availability and price when purchasing our tickets early and in a group. Your team leader will give you the deposit deadline. If your deposit is received after the deposit and group purchase deadline, your airline ticket will be purchased individually and may be more expensive or even unavailable. If there is an extra cost due to ordering your ticket later, this additional cost will be passed on to you.

Once tickets have been purchased, your team leader will communicate to you the remaining balance due for your trip. Make every effort to start your fund raising as soon as possible.

So that unpaid fees and concern for finances do not become an obstacle to your trip, we ask that you make full payment for your trip at least one week prior to your departure date. Your team leader may require other payment dates along the way.

If you are unable to fully fund your trip by this deadline, please be sure to communicate with your team leader and let him or her know your payment plan.

We do provide a sample letter on our web site for you to use in your fund raising effort.
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.

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.

Rev. 12/16
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 Moïse 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 | my strength and endurance |
| three meals a day | my health and strength |
| familiar food | my likes and dislikes of food |
| dressing fashionably | my security in Him |
| technology and communication | the care of my family while I’m away |
| seeing results | His purposes and fruit in His timing |
| control of myself | my need for His Spirit control |
| control of others | His workmanship in others |
| control of circumstances | my circumstances to His purposes |
| pleasant circumstances | the privilege of suffering for Him |
| making decisions | His sovereign hand on my life |
| taking up offense | willingness to understand others |
| being successful | my security in His love |
| being understood | my reputation |
| being heard | my need for recognition |
| being right | 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.)

_____________________________________________________________________________________

_____________________________________________________________________________________

Rev. 3/08
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

(sin, 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 __________________________.