



Global Mission Partners

MISSION APPLICATION AGREEMENT

Office Use Only: Date turned in: _____ Deposit \$ _____ Check # _____ Balance \$ _____ Check # _____
BEFORE COMPLETING THIS APPLICATION PLEASE READ CAREFULLY AND AGREE TO THE FOLLOWING POLICIES. PLEASE KEEP A COPY FOR YOUR RECORDS.

My mission deposit is NOT refundable. If I cancel after the purchase of my airline ticket, I (or my parent/guardian) am responsible for that ticket cost. This cost and the deposit are NOT refundable.

All checks and contributions must be made out to *Global Mission Partners, Inc.* for tax deductions. Please make sure that your name and project are noted in the memo line of your check.

I understand that the cost of my trip does not include any clothing, supplies, Passports, Visas, snacks, personal items or vaccinations that may be required.

I am required to have in my possession at time of the mission a current US Passport. *It must not expire within 6 months of my scheduled travel dates.*

I understand that I must include a copy of my passport for my application to be complete (if you do not have your passport in hand, you must include proof of application for passport).

I understand that a majority of trip information will be communicated via e-mail. It is a requirement to have a current and working e-mail address that is checked frequently for updates.

I commit to attending and participating in the team meetings required by my team.

I understand that it is critical to follow the project rules and schedules and I will not leave the project or locations of the project without explicit permission from the project director. I will support the project with a positive and flexible attitude.

I _____ UNDERSTAND AND AGREE TO THE ABOVE STATED TERMS AND POLICIES. (Please print your name in space.)

Signature

Date

Signature of Parent or Guardian
(if volunteer is under 18 years age)

Print Name

Date



MISSION APPLICATION INFORMATION

Please print neatly in blue or black ink

This information will be confidential and only be reviewed by Missions Leadership team and the Pastoral Staff of Global Mission Partners. You will be contacted upon acceptance after the application deadline.

Project Country/Dates : _____

Full Name: _____

Last

First

Middle

Address: _____

Street

Apt.

City

State

Zip

Cell Phone: _____ Home/Work Phone: _____

E-mail Address: _____ Date of Birth: _____

Sex: Male Female Age: _____ Marital Status: _____

Do you have a passport: Yes No

(If no, please apply promptly at a Post Office. Process takes 6 to 8 weeks to obtain passport.)

Full Legal Name as it appears on your Passport: _____

Passport #: _____ Expiration Date: _____

Church Information

1. Describe your faith experience and relationship with God and with the

church: _____

2. Why do you want to participate in this mission/how will you contribute?

Medical and Skills Information:

Medical Information

In the event of a medical emergency, leaders may need additional information to provide prompt medical treatment. The information requested below may be needed in those circumstances. Some projects may require that participants be physically and emotionally able to endure very difficult and demanding conditions. This information will also help us prepare a trip that best fits those participating.

All information is to be kept confidential with the GMP leadership team.

1. Please circle the option that best describes your general physical health:

Poor with medical conditions

Poor

Average with medical conditions

Average

Above average

Great

Excellent

2. Please circle the option that best describes your physical ability:

Unable to walk anywhere

Can walk 1 mile

Can hike 1 mile

Can run 1 mile

Can participate in a 10 Km walk/run

Can participate in a half/full marathon

3. Please circle the option that best describes your physical ability:

I can easily walk up 1 flight of stairs without getting tired.

I can easily walk up 3 flights of stairs without getting tired.

I can easily walk up 5 flights of stairs without getting tired

I have no idea

4. Please circle if you have or have ever had any of these health conditions:

Severe /frequent headaches

Dizziness/fainting

Nervous breakdowns/Mental problems

Visual problems/ Hearing problems

Asthma

Allergies

Epilepsy

Heart problems

High or low blood pressure

Breathing difficulties

Back/neck problems

Joint problems

Diabetes

Digestive problems

If you circled any above, please list details:

5. Do you have any other health conditions that might prohibit you from participating on this project?

6. Please list ALL medications you will be taking at the time of this project:

7. Are you allergic to any medication/food/insects/other? Please give details:

8. Date of last Tetanus shot: _____

What is your blood type? Please circle: A B AB O Rh + Rh -

9. Please list any special dietary requirements:

Emergency Contact;

Name: _____

Address: _____

Street

Apt.

City

State

Zip

Email: _____

Relationship to Applicant: _____

Home Phone: (____) _____ Work Phone: (____) _____

Medical Insurance

Verify with your insurance company that your coverage includes travel to the project destination. If you are not covered, it is your responsibility to purchase short-term coverage for the trip and provide policy information to your trip leader. If policy information is not provided timely, the application could be cancelled and any trip payments retained by Global Mission Partners, Inc.

Are you covered by health insurance? Yes No

If yes, does your insurance have international coverage? Yes No

Insurance Company _____ Policy# _____

Insurance Company Claim Telephone Number: _____

NOTE: Most insurance companies and hospitals/clinics/physicians overseas require payment via cash or credit card at the time of service and it is expected that the patient will then submit their claims on arrival home as their responsibility.

Interests and Skills:

1. Which of the following interest you? Circle all that apply.

Health/Medical Care: MD DO DDS DC ND OD PA CRNP RN PT OT LAc

Other: _____

Children/Youth Programs /Education/Sports outreach

Women's Skills Development/Empowerment

Trekking/Surveying villages

Evangelism/Ministry: Specify: _____

2. Which of the following do you have experience/skills in? Circle all that apply:

Adult education/Children's education

Business/ Marketing

Tourism/Travel

Translation: Language(s): _____

Music/Art/Dance/Drama

Journalism/Filming/Photography

CPR/First Aid/EMT

Farming/Ranching/Gardening

Construction/Engineering/Carpentry/Plumbing/Electrical

Counseling

Law

Preaching/Teaching

Please give specific details: _____

3. Are there any other skills or interests you would like to share with us?

4. Have you traveled to a foreign country before? _____

If yes, please give more details as to where and what was the nature of your travels.

Release of Liability and Consent to Treatment

Participant Release, Assumption of Risk, and Hold Harmless Agreement

I, _____ in consideration of being permitted to participate in one of Global Mission Partner's Short-Term Mission Projects, including travel to and from the mission sites, and for the services of Global Mission Partners, Inc., its agents, officers, employees, volunteers, sponsors and any and all others acting in any capacity on their behalf to conduct the Short-Term Mission Projects, I HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS GLOBAL MISSION PARTNERS, INC., THEIR OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, SPONSORS AND ANY AND ALL OTHERS ACTING IN ANY CAPACITY ON THEIR BEHALF TO CONDUCT SHORT-TERM MISSIONS, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE AS FOLLOWS:

1. I acknowledge that engaging in international missionary service entails both known and unknowable risks that could result in illness, severe physical and emotional injury, paralysis, death, or damage or loss to property. These risks include, but are not limited to: accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water

and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from international missionary service.

2. I understand that international missionary service entails travel in countries or regions where there may be a risk of criminal or terrorist activity.
3. I further acknowledge the risk that Global Mission Partners, Inc. may commit negligent acts or omissions during the Short-Term Mission Project. I also acknowledge the risk that if I am injured or become ill during this mission project, any such injury or illness may be made worse by negligent treatment or rescue efforts by Global Mission Partners, Inc. or other third parties.
4. My participation in this Short-Term Mission Project is purely voluntary, and I expressly agree to accept and assume all of the risks of participating in this Short Term Mission Project. I specifically agree to accept and assume the risk that Global Mission Partners, Inc. may commit negligent acts or omissions during this Short Term Mission Trip. I also agree to accept and assume the risk that any injuries or illness I may suffer during this Short Term Mission Trip may be made worse by negligent treatment or rescue efforts by Global Mission Partners, Inc. or other third parties.
5. I, _____, volunteer to participate in the mission with Global Mission Partners, Inc. I understand that Global Mission Partners, Inc. and its officers, employees, representatives and volunteers assume no liability for any personal harm or illness or for loss or damage of any property that may come to me while serving as a mission volunteer, and I, my heirs, and my personal representatives and assigns, hereby absolve Global Mission Partners, Inc. and their officers, staff, representatives and volunteers and we hold them harmless from any claim or demand that I, my heirs, my personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage, including all claims alleging negligence if I am injured or become ill in any way during this Short Term Mission Project. I intend to be legally bound by this statement.
6. I do / do not (write one) _____ approve to let my contact information be shared with other missionaries, volunteers, staff, officers or agents working with GMP.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Global Mission Partners, Inc., including claims that Global Mission Partners, Inc. has committed negligent acts or omissions. I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Applicant	Print Name	Date
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Signature of Parent or Guardian (If volunteer is under 18 years age.)	Print Name	Date
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