

http://intlmissionbuilders.org

HONDURAS



INFORMATION PACKAGE FOR MISSION SERVICE								
Personal Information								
Name (as appears on passport):						Date:		
Address:	City:			State:		Zip:		
Phone # (cell or best number	t you on):		Email Address:					
Date of Birth:	T			Shirt Size:				
Date of Birtii.	Male	Fe	male	Still Coize.				
				S	N	И L	XL	XXL
Emergency Contact Name:		Marital S	Status					
		Sin	ngle	Married	\٨/	idowed	D	ivorced
Emergency Contact Phone:			s Name:	iviai i i ca	• • •	idowca		voroca
· ·		•						
Spiritual Information								
Are you a Christian?	Yes	No						
Church Member?	Yes	No	Where?					
Referred by (if applicable):								
If you are a Christian, briefly	give your	salvation	testimony	in the space	be	elow:		



INFORMATION PACKAGE F	OR MISSION	SERVICE	
Volunteer Field Information			
Name of Applicant:		Date	:
Please list any foreign language training and your le	vel of proficienc	y.	
Please indicate any special skills (carpentry, masoni experience that you feel may be helpful in the field.	ry, etc.), talents,	or Christiar	n service
Health			
How would you describe your present health?	Excellent	Good	Average
Please state any major illness(es) you have had in the	he past five yea	rs.	
Are you presently under the care of a physician?	Yes N	No (If yes	, please explain)
Please list any medications you are taking.			
Please list any allergies you have.			



INFORMATION PACKAGE FOR MISSION SERVICE			
Basic Policies & Procedures for Short Term Mission Trips			
Name of Applicant:	Date:		
International Field Delicies of Missian Duildons			

International Field Policies of Mission Builders

- Applicant should pray and seek God's will regarding participating in a trip.
- Carefully and honestly answer each question on the information sheet...
- Make a commitment that if selected, all the training meetings will be attended.
- Obtain a Passport and Visa, (give at least 6 weeks) if needed, and any necessary shots at least 30 days prior to departure of an overseas mission trip.
- Team member will be required to complete a prescribed release form prior to selection of the team (see attached form).
- Team member will be required to have a pastor's recommendation completed and returned.
- Minimum age requirement for oversees mission trips is 16 or 14 if accompanied by a parent or guardian.

Field Behavior

- Team members are reminded that they are ambassadors of the Lord Jesus Christ. As team members, they not only represent Him, but also the United States, their local churches, and the entire Body of Christ. This responsibility is tremendous and therefore must not be taken lightly.
- Team members must submit to the team leader's authority.
- Due to political instability and anti-American sentiment in various countries around the world, IMB asks each team member to refrain from expressing their political opinions while on the field. Political and/or national t-shirts or hats should also be avoided.
- If anytime on the field a team member's behavior constitutes a problem, the team leader has the authority to ask the team member to return home. Any additional cost incurred as a result of this action will be at the team member's expense.
- Due to unstable environment on the field, team members are requested never to leave the group unaccompanied. Team members should travel in groups only.
- Dress should always be appropriate on the mission field. There are to be no shirts or hats
 with reference to alcoholic beverages, vulgarity, etc. Men are asked to wear shirts at all
 times while on the construction sites. During schedules church services and house to
 house witnessing, proper attire should be adhered to. Team leader has final discretion of
 appropriate attire for differing situations.
- Attendance of all mission trip team functions (devotions, witnessing, church services, etc.) is mandatory.

I have read and will abide by these policies.	
Signature of Applicant:	



INFORMATION PACKAGE FOR MISSION SER	RVICE
Pastor Recommendation	
Name of Applicant:	Date:
A member of your fellowship has shown interest in being a team member of your fellowship has shown interest in being a team member of the local church and pastoral leadership. International Mission Buist supports the importance of the local church and pastoral leadership. The recommendation from the prospective team member's pastor. Our trips from construction to working with children. Door to door evangelism is trips. We make it clear in our policies to each prospective team members ambassador of the Lord Jesus Christ, and as team members they not also the United States, his/her local church, and the entire body of Christ. Please complete this brief recommendation form and return it to:	Iders understands and Therefore we ask for a involve various activities included in each of our mber that he/she is an only represent Him, but
International Mission Builders	
9201 S. SR121	
Macclenny, FL 32063	
Pastor Name:	
Church:	
Do you recommend this person as team member of the upcoming Internations in the property of the upcoming Internations of the upcoming Internation Internations of the upcoming Internation	tional Mission Builder
Are there anything that team leaders should be aware concerning this pro	spective team
member? Yes No (If yes, please explain)	
Does this prospective team member have any special gifts or skills that co	ould be useful?
Yes No (If yes, please explain)	
Pastor Signature:	



Release of Liability and Assumption of Risks

International Mission Builders, Inc.

SUMMARY: This is a *legal release*. Read this page carefully. This release says, essentially, that you know acting as a volunteer for the International Mission Builders, Inc. mission project involves many hazards, and that you know that you might get hurt or even die. By signing this contract you agree that if your property is damaged or lost or you are hurt or injured in any way, that it is not the result of the gross negligence of International Mission Builders, Inc. you will not make a claim against, sue, or otherwise expect International Mission Builders, Inc, or its Officers, Board of Directors, Executive Director, managers, operators, agents, employees, volunteers, members, and/or its associates to be responsible or to pay for damages. By signing this form you also authorize emergency medical treatments if necessary.

Please contact your attorney if you have any questions or doubts about signing this agreement.

AGREEMENT: I, THE UNDERSIGNED, AGREE TO THE FOLLOWING PROVISIONS:

I understand and agree that participating or working as a volunteer for the International Mission Builders, Inc mission project, involves many dangers and hazards and that I will be living and working in primitive and rigorous conditions in a foreign and undeveloped country. I understand that the activities I perform may be physically exhausting and dangerous. I understand that adequate medical supplies and services may not be available.

I have voluntarily chosen to participate in the activities of the International Mission Builders, Inc mission project, and I agree that I am solely responsible for the consequences of deciding whether to perform any particular services or tasks, and that I am aware that my participation brings risks of damage, loss, injury, and death. My participation in these activities is purely voluntary and is undertaken with full knowledge of and in spite of any attendant risks and hazards.

I understand and agree that the International Mission Builders, Inc mission project is not a commercial enterprise. I have volunteered my time and energy because I support the goals of the program. I agree that International Mission Builders, Inc is neither my employer nor my guide, is not responsible for my safety or my actions, and does not owe me any special duty in return for my services or participation. I hereby represent that I am physically and mentally fit to participate and work as a volunteer for International Mission Builders, Inc. I hereby agree to follow all the rules and instructions of International Mission Builders, Inc while participating in its activities.

I agree that in return for International Mission Builders, Inc permission allowing me to participate in its activities, I hereby voluntarily assume all risks and hazards associated with my participation and agree to hold harmless International Mission Builders , Inc, including the program, and its Officers, Board of Directors, Executive Director, Program Directors, operators, managers, employees, volunteers, members, agents or assigns, for any death, injury, damage or loss which I might suffer due to my activities as a volunteer or my participation in any of its activities, even if those are due to the negligence of other persons associated with or working for the International Mission Builders, Inc mission project.

I agree that I hereby waive and relinquish any claims or causes of action which may arise out of my activities as a participant in the activities of the International Mission Builders, Inc mission project, and I agree to indemnify International Mission Builders, Inc from the claims of any other persons that arise from any damage or loss or injury to. I do this for myself and for and on behalf of my spouse, next of kin, members of my family, heirs, and for personal representatives and my estate. I agree to release and indemnify every person involved with the International Mission Builders, Inc mission project including its Officers, Board of Directors, Executive Director, Program

Directors, managers, operators, employees, volunteers, members, agents or assigns, whether or not the claim arises due to any person's negligence or fault.

I understand and acknowledge that the International Mission Builders, Inc mission project is isolated and remote and is located a great distance from any well-staffed and stocked hospital or medical facilities. I hereby authorize International Mission Builders, Inc and its employees or volunteers to administer first aid and/or emergency medical treatment and/or to secure such medical services that may be necessary for myself during the time that I am participating in the activities of International Mission Builders, Inc, or for any period during which I am present at the International Mission Builders, Inc mission project. Further, I expressly agree to release and discharge International Mission Builders, Inc, its Officers, Board of Directors, Executive Director, Program Directors, operators, managers, employees, volunteers, members, agents, and associates from any liability for any act or omission or negligence or strict liability in obtaining, rendering, or failing to obtain and render first aid or any kind of emergency medical care.

I have read this entire document and agree that it is the entire and sole agreement between myself and International Mission Builders, Inc concerning the topics it addresses. I understand that this is a full and complete release of all claims for liability, and I understand the meaning of this contract and the consequences of it. This agreement and document has been presented to me in a way that allows me to realistically consider its implications and to choose not to sign it, and to decide whether or not to participate in the activities I am contemplating.

I understand and agree that if any portion or provision of this contract is void or unenforceable, that those portions shall be severed from this contract while the rest of this contract and all other provisions which are not void or unenforceable, shall be binding and enforceable.

Signed:	Date:	_
Print Name:		
Address:		
City/State	Zip Code	-
STATE OF FLORIDA		
COUNTY OF DUVAL		
The foregoing instrument was acknowledged before me this _ by	day of	_, 2007,
	(Name of Notary Typed, Printed, or St	amped)
	(Signature of Notary Public-State of F	lorida)
Personally Known OR Produced Identification	(NOTARY SEAL)	
Type of Identification Produced:		



International Travel Insurance®

Benefit	<u>Limit</u>	Comments
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or age 70 and over
Medical Expenses \$100 deductible	\$10,000	Primary coverage ; \$2,500 of this limit is available to pay US or Canadian providers; no pre-existing condition exclusion
Disability Income Benefit (no benefit if under age 12 or 70 and over)	\$1,000 / mo \$ 500 / mo \$ 250 / mo	First 100 Months – Accident Months 101-200 – Accident 50 Months – Sickness (after 3 month waiting period)
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist™
Emergency Medical Evacuation	\$100,000	Coordinated by Specialty Assist™; will bring insured back to USA; no pre-existing condition exclusions
Crisis Management Service	Included	Available 24/7/365 for assistance with worldwide non- medical emergencies; provided by red24
Security Evacuation *	\$100,000	Coordinated by red24; for evacuation due to crime, civil unrest, natural disasters, kidnap/hostage situations**
Family Coordination & Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation
Personal Property \$100 deductible	\$2,500	"Door to door", replacement cost coverage; includes checked baggage; higher limits available upon request
General Liability	\$1,000,000	Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization
Rate	\$3.30 per person p	per day

^{*} The cost of a security evacuation is only insured up to \$1,000 in countries and regions deemed Extreme Risk by red24, unless the volunteer is already in the country and insured by this plan when the country or region is elevated to Extreme Risk status. If you are traveling to an area that may be subject to this limitation, please contact us.
** While red24 will deploy a specialist or negotiator as needed, this benefit DOES NOT pay ransom amounts.

This brief summary is not an insurance policy; rather, it outlines some of the features of this coverage. For specific details, please contact our office or consult the policy issued to International Helpers (Guernsey) Trust. This is not a major medical policy. Major Medical Coverage is available for individuals and groups on Short-Term and Long-Term international assignments. An Aggregate Limit of \$20,000,000 applies to the above benefits. This limit provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident.

To secure coverage, complete the enrollment form and return along with your check made payable to: Gallagher Charitable International Insurance Services. In computing the number of days, count the departure day as well as the day of return. If the entire group is not traveling on the same dates, please attach a separate sheet grouping the volunteers by their travel dates.

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E-mail: gallaghercharitable@aig.com • Web: www.gallaghercharitable.com



INFORMATION PACKAGE FOR MISSION SERVICE

What to Bring

The items listed below are things that we have found through experience to be helpful yet are often forgotten or overlooked while packing for a mission trip. You can "click" on <u>Print This Page</u> to print a copy of the list to help you in shopping for and packing for your trip.

- Anti-bacterial hand cleaner (a small bottle)
- Bible/Notepad
- Gloves
- Insect repellant
- Cap, hat, visor (the weather can be hot)
- Dictionary English to Spanish (provided for you)
- Extra set of clothes in your carry-on (don't put all of your clothes in your checked bag!)
- Light Jacket (the weather can turn wet and cool)
- Passport/Copy of your passport (also make a copy to leave at home)
- Personal Snacks
- Personal Medicines: Tylenol, personal prescriptions in original bottles, etc.
- Personal items: soap, toothpaste, etc
- Plastic drinking cup (provided for you)
- Rain Poncho
- Sun Screen
- Sunglasses
- Personal spending Money (small bills, 5's 10's also fifteen or twenty 1's)
- Flashlight