



**African Vision of Hope 2016 Team Member Application**

8 Professional Park Drive

Maryville, IL 62062

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**PLEASE PRINT**

**Exact Name (as shown on passport):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Minimum age requirement: 13 years old**

Team members under the age of 18 must be accompanied by a legal guardian.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Checklist for Application**

1. Completed team member application, signed and dated
2. Photocopy of Passport- **there must be 6 months before expiration from time of departure**
3. Liability release covenant
4. Completed insurance form
5. \$250.00 deposit.

## MISSION TRIP CODE OF CONDUCT

### PERSONAL CONDUCT AND DRESS

At all times, modesty must be observed. In many cultures around the world the concept of “modesty” is much more modest than the typical modern American conception of it. Failure to recognize such cultural differences jeopardizes ministry effectiveness and team focus. Trip participants must not conduct themselves nor dress in any way that calls ungodly attention to self and distracts from ministry goals. It is necessary to pack accordingly.

### TEAM ATTITUDES

A mission trip is NOT to be viewed as one's personal vacation, a work project, a service project, a quick fix, nor a time to focus primarily on relating to another member or members of the mission team.

- Team members are expected to labor diligently in whatever task has been given them by their team leader or missionary. This includes attending all team meetings and helping your team prepare for the trip. All mission team member will be **REQUIRED** to participate in 20-25 hours of prep work for the trip and help with securing supplies for the team they are working with. This will require sacrifice on everyone's part and you will need to be available to make sure your team is prepared.
- Team members must be willing and able to remain flexible and patient in all circumstances for the duration of the trip. This includes cheerfully adapting to the accommodations provided, which could include power or water outages, sharing a room with others, and unfamiliar foods.
- Team members are to restrain from and under **no** circumstances give out email addresses, phone numbers, gifts or cash to those they meet on the ground. Never make promises or suggestions to children or adults about gifts, your future visits or them coming to the United States.
- Team members are expected to uphold a Christ-like demeanor, including speech, dress and attitude.
- Team members must respectfully obey team leaders and all leaders on the ground.

The following key attitudes contribute to a positive trip experience for the entire team: love (1 Peter 4:8), thankfulness (Heb. 12:28), teachability & humility (1 Peter 5:5-7), faithfulness (Matt. 25:21), holiness (Heb. 12:14), patience (Eph. 4:2), flexibility (James 4:13-5), compassion (Mark 6:34), brokenness (Psalm 126:6).

### PHOTOGRAPHY

Each trip participant, through participation in the mission trip, grants African Vision of Hope the right to film, videotape, or photograph him/her for the duration of the trip for any reason without payment or consideration.

Any and all photographs and/or videotape made by team member may only be made for personal use.

Trip participants must have written permission from African Vision of Hope to use photographs and/or videotape of any and all African Vision of Hope owned, leased or occupied properties, any and all individuals on such properties, and any and all individuals otherwise associated with African Vision of Hope for commercial broadcasting, advertising, marketing or publishing in any medium.

- Commercial use of images is prohibited absent written permission from African Vision of Hope.
- Prohibited use includes, but is not limited to:
  - Retail items or materials intended for sale, such as books, calendars, postcards, place-mats, screen-savers, personal or commercial letterhead, promotional materials, and copies/use of the image itself;
  - Packaging or promotion of products intended for sale;
  - Advertising materials and/or campaigns in any medium intended to generate funds for any individual or entity other than African Vision of Hope.

### **By signing below, I indicate that:**

I realize I am responsible for the full cost of my trip. This includes, but is not limited to: shots, passport fees, visa, insurance, airline tickets, in-country transportation, lodging, food and drinks.

I agree to cooperate at all times with a team leader concerning my responsibilities for the mission trip. I agree to help prepare for this mission trip by attending meetings and helping with preparations.

I agree to comply with the African Vision of Hope Mission Trip Code of Conduct.

I understand that alcoholic beverages, illegal drug and tobacco product usage is not permitted on the ground in Zambia. I agree to comply with all policies of this mission trip in Zambia.

I understand that any and all photographs and/or videotape I take are for my personal use only and not to be used to raise money for any individual, including myself, absent written consent from African Vision of Hope.

I agree to provide African Vision of Hope with copies of any and all photographs and/or videotape taken through the duration of the mission trip for the organization's use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release Covenant**

WHEREAS, the undersigned will be going to different countries and working on mission projects which are sponsored in whole or in part by African Vision of Hope, a non-profit organization.

WHEREAS, the undersigned desires to release and hold harmless African Vision of Hope, its Directors and officers from any and all claims, present and future, known or unknown, in any matter arising out of the undersigned specifically assumes all risk involved in travel and work on the projects.

NOW, THEREFORE, in consideration of the undersigned working on projects sponsored by African Vision of Hope, the undersigned hereby releases and discharges African Vision of Hope, its Directors and officers from claims, present and future, known or unknown, in any matter arising out of the undersigned specifically assumes all risk involved in travel and work on the projects.

The undersigned hereby grants full permission to the organization to use any photographs, videotapes, recordings, or other records or documents of the mission trip and to do so without notice or compensation to the undersigned. The undersigned acknowledges that the organization has made available applications for mission insurance.

The undersigned will never institute any action or suit at law or in equity against African Vision of Hope, its Directors and officers, nor institute prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses or compensation for or on account of any damage, loss, or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past or present or future, arising out of the undersigned working with African Vision of Hope projects.

Date this the \_\_\_\_\_ day, of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

**Medical Information**

- |  | Yes   | No    |
|--|-------|-------|
| 1. Are you under medical treatment now?  | _____ | _____ |
| 2. Have you ever been hospitalized for any surgical operations or serious illness within the last 5 years?<br>If yes, please explain _____ | _____ | _____ |
| 3. Are you currently taking any medication(s), including non-prescription medicine?<br>If yes, what medication(s)? _____                   | _____ | _____ |
| 4. Ever had a serious injury?<br>If yes, please explain _____  | _____ | _____ |
| 5. Please list any food allergies you may have<br>_____  |       |       |
| 6. List blood type _____   |       |       |

Are you allergic to or have you had any reactions to the following?

- |                                   | Yes   | No    |
|-----------------------------------|-------|-------|
| Aspirin.....                      | _____ | _____ |
| Codeine.....                      | _____ | _____ |
| Sedatives.....                    | _____ | _____ |
| Local Anesthetics.....            | _____ | _____ |
| Iodine.....                       | _____ | _____ |
| Penicillin.....                   | _____ | _____ |
| Sulfa drugs.....                  | _____ | _____ |
| Erythromycin.....                 | _____ | _____ |
| Tetracycline.....                 | _____ | _____ |
| Latex rubber.....                 | _____ | _____ |
| Any metals (nickel, mercury)..... | _____ | _____ |
| Barbiturates.....                 | _____ | _____ |

**Medical Authorization and Release**

I certify that I have read and understand that above information to the best of my knowledge. In case of an emergency, I authorize permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken. I understand that medical may require direct payment by me. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

\_\_\_\_\_  
Print name of patient (or parent/guardian if minor)

\_\_\_\_\_  
Signature of patient (or parent/guardian if minor)

Primary Physician Name \_\_\_\_\_ Phone \_\_\_\_\_