

GO TELL Missions Handbook

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MISSIONS APPLICATION

Name:		
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:		
Email:		
Parents' Names if under age 18:		
Do you have a passport? ☐ Yes ☐ No		
If yes, be sure the expiration date is not within	n 6 months of your schedule	d return date.
Where is your Church membership?		
Church address:		
Pastor's Name:	Phone:	
Have you ever been on a mission trip with Ric		
If so, please describe your experience and list	the date/destination of the	e trip
Have you ever been on any other mission trip	? Be specific and give full de	etails of your work
On the back of this form,	please include your persond	al testimony.
Destination of the mission trip you are applying	ng for:	
Date of the mission trip you are applying for:		
Signature	Da	ate
Please Print Name:		

Application Fee: \$35 Per Person, NON-REFUNDABLE

Please remember to send your application fee along with your application to the address listed below:

GO TELL Ministries
PO Box 2138
Duluth, GA 30096

Please make checks payable to GO TELL Ministries.



EMERGENCY AND MEDICAL INFORMATION

Mission Participant's Name:		
Parents/Spouse:		
Address:		
Telephone: ()	(home) ()	(work)
Emergency Contact other than paren	nts/spouse:	
relationship.		
Address:		
Telephone: ()	(home) ()	(work)
Madical Incurance Company		
Telephone: ()		

Do you have any particular health problems? (circle one) YES NO
If yes, describe:
Are you on any long-range medication? (circle one) YES NO
List medications:
List and shanning diseases on allowaics was bosses.
List any chronic disease or allergies you have:
Do you wear glasses or contact lenses? (circle one) GLASSES CONTACTS



Missions Trip Release Form

Name:			
Date of birth:		ge:	Sex:
Home address:			
City:	State:	Zi	p:
Home phone:		Work phone:	
Cell phone:			
In case of emergency, contact:			
Day phone:			
	Medical	Profile	
Generally, my health is: Excellent	•		Poor
If fair or poor, please explain your			
ir fair of poor, please explain your	condition		
List any medical difficulties for whi	ch you are CURR	ENTLY being treated:	
List any medication you are CURRE	NTLY taking:		
List any medicine or substances to	which you are A	LLERGIC:	
Family physician's name and addre	ess:		
Date of tetanus immunization:		(must be within la	ast ten years)
Insurance company:			
Address:			
Policy #:			
Subscriber name:		Subscriber #:	
Place of employment:			
Address:			
Subscriber occupation:		Work Phone:	

Statement of Awareness of Risk

I am aware of the risks of foreign travel, particularly to lesser developed countries; and I voluntarily assume those risks.

<u>Authorization of Treatment/Release of Claims</u>

I, the undersigned, do for myself (or for and on behalf of my child under 21 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a representative of the GO TELL Crusades, Inc. and the physician of hospital staff during a mission trip sponsored by GO TELL Crusades, Inc. I, the undersigned, do for myself (or for and on behalf of my child under 21 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees, and agents of GO TELL Crusades, Inc. from any and all claims and demands for personal injury, sickness, and death as well as property damage and expenses of any nature incurred by myself (or my child under 21 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 21 years of age) and do certify that I have secured primary medical insurance (for myself or for my child under 21 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Please complete and sign below (youth under 21 years of age require parent/guardian signatures*).

Participant's signature:			Date:
Father/custodial parent signature:			Date:
Phone:			
Mother/custodial parent signature: Phone:			Date:
Sworn to and subscribed before me by			_,
	(Participant)		(Father of Participant)
and	on this	of	· · · · · · · · · · · · · · · · · · ·
(Mother of Participant)	(day)	(month)	(year)
Notary Public Signature			(SEAL)
My Commission Expires:			



CAMPAIGN POLICY AGREEMENT

I realize that the following elements are crucial to the effectiveness, quality, and safety of our campaign together. As a member of the campaign team, I agree to:

- 1. **Remember that I am a guest** working at the invitation of a local missionary or pastor.
- 2. **Remember that I have come to learn, not to teach.** I may run across procedures that I feel are inefficient, or attitudes that I find closed-minded. I will resist the temptation to inform our hosts about "how I do things." I will be open to learning other people's methods and ideas.
- 3. **Respect the host's view of Christianity.** I recognize that Christianity has many faces throughout the world and that the purpose of this trip is to witness and experience faith lived out in a new setting.
- 4. **Develop and maintain a servant's attitude** toward all nationals and my teammates.
- 5. **Respect my team leader(s)** and his or her decisions.
- 6. **Refrain from gossip.** I may be surprised at how each person will blossom when freed from the concern that others may be passing judgment.
- 7. **Refrain from complaining.** I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will try to be creative and supportive.
- 8. **Respect the work that is going on in the country with the particular church, agency or person(s) with whom we are working.** I realize that our team is here for just a short while, but that the missionary and local churches are here for the long term. I will respect their knowledge, insights, and instructions.
- 9. **Refrain from negative political comments or hostile discussions** concerning our host country's politics.
- 10. **Remember not to be exclusive in my relationships.** If my sweetheart or spouse is on the team, we will make every effort to interact with all members of the team, not just one another.
- 11. **Refrain from any activity that could be construed as romantic interest toward a national.** I realize certain activities that seem innocuous in our own culture may seem inappropriate in others.
- 12. Abstain from the consumption of alcoholic beverages or the use of tobacco or illegal drugs while on the trip.

Signature:	Date: