

Dominican Republic
GO Ministries Mission Trip Application

Please enclose a non-refundable deposit of \$ _____

PERSONAL INFORMATION:

Legal Name (as it appears on passport): _____
(First) (Middle) (Last)

Nickname: _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

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

Place of Birth: _____ Date of Birth: _____ Age: _____

- Male
- Female

MARITAL STATUS:

- S
- M
- D
- W

Do you have a criminal record? _____ If yes, please explain: _____

T-SHIRT SIZE:

- S
- M
- L
- XL
- XXL

Ages of children (if applicable): _____

If under 18 years of age -
Name(s) of parent(s) or guardian(s): _____

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

OCCUPATION

Please describe your present employment and any pertinent talents you have regarding work experience related to missions.

LANGUAGE

Knowing the Spanish language is not required, however, please list if you have any training in the Spanish language.

Number of Years _____ Fluency _____

SKILLS & TALENTS

Please check any skills or talents you may have. For areas you are professional in, please write PROF.

CONSTRUCTION

- _____ Carpentry
- _____ Painting
- _____ Electrical
- _____ Plumbing
- _____ Other _____

BUSINESS

- _____ Computers
- _____ Accounting
- _____ Other _____

SPORTS

- _____ Basketball
- _____ Baseball
- _____ Soccer
- _____ Softball
- _____ Position(s) Coaching

MUSIC

- _____ Instrument _____
- _____ Vocal
- _____ Other _____

OTHER PERFORMANCE

- _____ Drama
- _____ Clowning
- _____ Puppetry
- _____ Other

MEDICAL

- _____ Nursing
- _____ Physician
- _____ Dental
- _____ E.M.T.
- _____ C.P.R.
- _____ Therapy
- _____ Other _____

MINISTRY EXPERIENCE

- _____ Teaching Ages _____
- _____ VBS / Children’s Ministry
- _____ Crafts
- _____ Youth Ministry

GO MINISTRIES MISSION TRIP - Medical Information & Release

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Medical Insurance Provider: _____

ID #: _____ Group #: _____

Name of Primary Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Emergency Local Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Please check if you suffer from any of the following medical conditions:

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Seizures	<input type="checkbox"/> Insect Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Anxiety
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Depression	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Migraines			

Physical limitations (please list): _____

List any medications (prescriptions or OTC) taken on a regular basis: _____

List Medical & Food Allergies: _____

Blood Type: _____ Have you had any surgery in the past three years? _____

If so, please explain: _____

In an emergency, I give my 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.

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18) _____ **Date:** _____

Relationship to Participant: _____

Release and Indemnification Agreement

In consideration of the undersigned's participation in a mission trip facilitated by GO Ministries, Inc. of Jefferson County, Kentucky, Inc. (the "Organization") and as an inducement to facilitate the mission trip and permit the undersigned's participation therein, the individual, (the "undersigned") agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, known or unknown, or otherwise against the Ministry or any of its Directors, officers, employees, agents or volunteers (collectively referred to herein as the "Ministry") by reason of, arising out of or relating to the undersigned's participation in a mission trip.

The undersigned further agrees to indemnify, defend and hold the Ministry harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits, proceedings, demands, judgments, assessments, and liabilities, including reasonable attorneys' fees incurred in litigation or otherwise, assessed, incurred or sustained by or against the Ministry by reason of, arising out of or relating to the undersigned's participation in a mission trip.

The undersigned further agrees that this Release and Indemnification Agreement (the "Agreement") is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Ministry; and that this Agreement is to be governed by the laws of the Commonwealth of Kentucky.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act; the undersigned does not intend to participate in the mission trip until and unless the undersigned has had full opportunity to the undersigned's satisfaction to inspect and determine the scope of the mission trip and receive all information which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the Organization to use any photographs, videotapes, motion pictures, 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 travel insurance and agrees that it is the undersigned's responsibility to purchase travel insurance.

The undersigned assumes responsibility for full payment of the published and announced cost of the mission trip; agrees to pay any outstanding balance upon request by the Organization; and agrees that any and all cost incurred by the undersigned during the mission trip, including, without limitation, costs due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the Organization or its officers or employees; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Ministry as set forth above.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below.

Date: _____

Date: _____

Signature: _____

Parent/Guardian Signature: _____

Printed Name: _____

Printed Name: _____

If under 18 years old, you must sign and in addition have a parent or legal guardian sign as well.

TEAM AGREEMENT

AS A MEMBER OF THIS TEAM I AGREE TO:

1. Remember that I am representing Jesus Christ and will model Jesus in my behavior and attitude.
2. Remember that I am a guest working at the invitation of my hosts. I will remember the missionary's prayer, "Where you lead me I will follow. What you feed me I will swallow."
3. Remember that we have come to learn as well as to teach. I'll resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
4. 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 experience faith lived out in a new setting.
5. Develop and maintain a servant attitude toward all Local Leaders and my teammates.
6. Respect my team leader(s) and his or her decisions.
7. Refrain from gossip.
8. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances. Instead of whining and complaining, I'll be creative and supportive.
9. Attend all team meetings before the trip as well as any follow-up meetings.
10. Remember not to be exclusive in my relationships and interact with all members of the team.
11. Refrain from any activity that could be construed as romantic interest in a national or teammate.
12. Remember that I can be sent home if I do not adhere to this Covenant or if my Team Leader believes it is in my best interest or that of the team.
13. I will refrain from drinking alcohol during my time with GO Ministries on the mission field.

Signed _____

Date _____