

**SOUTH TEXAS CHILDREN'S HOME MINISTRIES  
INTERNATIONAL MISSIONS APPLICATION and AGREEMENTS**

**Please indicate the following about the trip you are interested in:** Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Circle Greatest Interest(s):** Medical **Dental** Children's Activities **Workshops for Parents/Teachers** Construction **Home Visits** Other \_\_\_\_\_

**STEP 1: GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ T-Shirt Size (State Adult, Youth or Child and usual size) \_\_\_\_\_

What church do you attend? \_\_\_\_\_ Are you an active member?  Yes  No

Pastor's Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

**Emergency Contact: (someone who is not on trip with you)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**STEP 2: TRAVEL INFORMATION**

Roommate Preference: \_\_\_\_\_

**Passport Information:**

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Date of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
(put pending, if you have applied & not yet received)

**STEP 3: MINISTRY QUESTIONS**

How did you hear about this trip?: \_\_\_\_\_

List any overseas mission experiences you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any experience working with children and youth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List languages you speak other than English, and describe your proficiency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  No  Yes (if yes, please explain on back)

Please describe your current relationship with Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to share a devotional during Team Meetings?:  No  Yes

Do you have any special skills or gifts you would like to use during this mission trip?:  No  Yes

\_\_\_\_\_  
\_\_\_\_\_  
Please share your prayer concerns for this trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 4: MEDICAL INFORMATION**

What is your blood type?: \_\_\_\_\_ What is the date of your last tetanus shot?: \_\_\_\_\_

List any allergies, physical limitations, or restrictions, including chronic diseases:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 5: PERSONAL COMMITMENT**

*I am giving of myself - time, abilities, resources - to serve God and others during this mission trip. I will strive to be an encouragement to others and to be cooperative with leadership. I will conduct myself in a manner which honors God and represents both South Texas Children's Home Ministries and the United States of America in a worthy manner.*

*I will adjust my appearance and behaviors to blend with the customs of the area and the standards set by the Christian nationals with whom we work:*

Body Decorations: Please no body piercing other than small earrings for women. Please cover inappropriate tattoos that draw excessive attention.

Use of tobacco or alcohol: Use of these substances is not allowed during this mission trip.

Females: Dress conservatively – no strapless or spaghetti straps – knee-length shorts only - modest one-piece bathing suits preferred

During any church ministry attendance – skirts only, please

Males: Dress conservatively – knee-length shorts – shorts-type bathing suits

During any church ministry attendance - long pants required

*I have read the Personal Commitment and agree to abide by these standards.*  Yes  No

**STEP 6: INTERNATIONAL MISSION TRIP AGREEMENT**

**Agreement:**

For purposes of this agreement, the undersigned shall include, but not be limited to, the applicant/participant and/or parent/guardian, and will hereafter be referred to as "Applicant."

The Applicant presents this agreement, which if accepted by South Texas Children's Home Ministries, together with any payments or performances required of Applicant hereunder, becomes a legal and binding contract, including the additional documents executed contemporaneously herewith, of which good, lawful, and sufficient consideration is hereby acknowledged as received from South Texas Children's Home Ministries. The Applicant forever binds ourselves, heirs, executors, attorneys in fact, or other representatives to the terms of this agreement. This agreement is performable in

Bee County, Texas, in the event of any dispute of litigation which might arise under the terms of enforcement of any portion of the agreement of the aforementioned parties. Venue is stipulated to be in Bee County, Texas. In any event that one or more

of the provisions of this agreement, or any of the documents incorporated herein, should be determined to be legally insufficient, illegal, unlawful, barred, or otherwise unenforceable, then this agreement shall be read as if any offending provisions had been deleted in their entirety, and the remainder of the agreement shall remain fully enforced as stated. The Applicant represents that the undersigned has the authority and capacity to sign and enter into this agreement in the capacity as stated. This agreement shall be effective one year after its execution. Additional consideration and performances of the parties are described thereafter.

**Authority to Send Home:**

In case of unexpected occurrences where the Applicant must be sent home for disciplinary problems, medical issues, or any other emergency, Applicant agrees to pay the cost of transportation and reasonable expenses. In the event of disciplinary issues, a reasonable effort will be made to resolve the problem with the Applicant in the field with the support of the advisory staff, before resorting to this remedy.

\_\_\_\_\_  
Signature – Applicant/Participant

\_\_\_\_\_  
Signature – Parent/Guardian (if applicant is a minor)

**STEP 7: INSURANCE AND MEDICAL**

**Provision of Insurance:**

If traveling out of the United States with South Texas Children’s Home Ministries, it is the responsibility of the Applicant to verify with his/her own insurance provider that the benefits will cover out-of-country services.

Insurance Provider: \_\_\_\_\_

Primary Policy Holder: \_\_\_\_\_

Policy/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Authorization and Consent for Medical Treatment:**

In the event the Applicant is less than 18 years of age at the time of the anticipated trip, or is otherwise legally incapacitated or disabled (consult counsel if you are unsure of this), it is absolutely necessary for the parent/guardian to sign this portion of the agreement. If the Applicant is 18 years of age or older and is legally capable, he/she must sign the consent for medical treatment for himself/herself.

**Medical Release for MINOR** (17 years of age or younger or otherwise incapacitated or disabled):

*I hereby give to (name of individual in charge of group) \_\_\_\_\_ permission to authorize whatever medical treatment may be necessary in the case of (name of participant) \_\_\_\_\_, a minor of whom I am the parent or legal guardian, while on a South Texas Children’s Home Ministries mission trip to the Dominican Republic.*

*If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold (name of individual in charge of group) \_\_\_\_\_ or anyone connected with South Texas Children’s Home Ministries responsible in case of adverse results or problems that arise from such treatment.*

*It is understood that this release is valid only in case of an emergency and that a reasonable effort will be made to inform me of the problem and seek my personal decision before taking any action. However, if I cannot be reached, the above named person is given my permission to do whatever is necessary.*

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date

**Medical Release for ADULT** (18 years of age or older):

I hereby give to (name of individual in charge of group) \_\_\_\_\_  
 permission to authorize whatever medical treatment may be necessary for me, \_\_\_\_\_  
 \_\_\_\_\_, while on a South Texas Children's Home Ministries mission trip to the Dominican Republic.

If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold (name of individual in charge of group) \_\_\_\_\_  
 or anyone connected with South Texas Children's Home Ministries responsible in case of adverse results or problems that arise from such treatment.

It is understood that this release is valid only in case of an emergency and that I cannot consent to my treatment myself

\_\_\_\_\_  
 Signature – Applicant/Participant

\_\_\_\_\_  
 Date

**Disclosure of Risk:**

I (we) understand that traveling during the course of this ministry may increase the possibility of exposure to risk of accident, injury, disease, and criminal, or political aggression. When working in a ministry in underdeveloped economies and/or countries, there is a potential for problems with lack of sanitation, law enforcement protection, and health standards for local and foreign individuals. Outright discrimination against U.S. citizens, Christians, or persons of particular ethnic background may be encountered. While it is understood that this mission is a benevolent undertaking and that members of these expeditions often bring home the reward of satisfaction for service accomplished and gratitude received, it cannot be assumed that the threat of danger or harm described herein will not occur on rare occasions. The possible risk of the participant may include injury.

\_\_\_\_\_ I (we) have read the Disclosure of Risk and understand it.  
 (initial)

**Assumption of Risk:**

Having read the above Disclosure of Risk, which discloses the risks involved in participating in this expedition, I (we) willingly consent and agree to assume all risk and responsibility associated with the proposed trip/expedition, which possibly includes injury, illness, disability, or death.

\_\_\_\_\_ I (we) have read the Assumption of Risk and understand it.  
 (initial)

**Additional Agreements:**

1. Applicant agrees that all arrangements for transportation, meals, and accommodations shall be made by South Texas Children's Home Ministries, or any representative thereof, in its sole discretion.
2. Applicant agrees that any costs or expenses incurred by the Applicant for any medical care, medical transportation, hospital care, and other related medical services are the responsibility of, and shall be paid by Applicant directly to the provider at the time of rendition of services. Under no circumstance is South Texas Children's Home Ministries able to advance payment or undertake any responsibility related to medical or emergency care.
3. Applicant agrees that South Texas Children's Home Ministries or its authorized representative, in its sole discretion, reserves the right to cancel or alter any part of the planned trip. No payments will be refunded unless South Texas Children's Home Ministries has not yet made payment for anticipated services, and is released from the liability for any claims relating thereto, at the time of cancellation of service.
4. Applicant agrees that costs for transportation, accommodations, travel, or other expenses as a result of having to deviate from the planned itinerary as a result of emergency, sickness, quarantine, weather, strikes, delay, changes in service, war, government action, or other contingencies, causing additional cost not contemplated in the original itinerary, shall be paid by the Applicant, for which Applicant specifically assumes responsibility and guarantees payment herein.
5. Applicant agrees that any photos taken of them during the mission trip may be used in South Texas Children's Home Ministries advertising and publications.

\_\_\_\_\_ I (we) have read the Additional Agreements and understand it.  
 (initial)

