



ADULT SHORT-TERM MISSIONS APPLICATION

Providing **hope** and **help** in a fun, faith-building adventure of service and love in a different culture.

"*Hope on the Go*" is the short-term mission ministry of Hope and Help International. Our Mission is to Fulfill the Great Commission and the Great Commandment.

Hope on the Go enables participants to accomplish this mission as we:

- **Evangelize** the lost
- **Disciple** believers
- **Equip** the saints for ministry
- **Minister** to human need

Hope and Help International

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PERSONAL INFORMATION

Name _____ M _____ F _____

Preferred Name _____ Shirt Size _____

Current Address _____

City _____ State _____ Zip Code _____

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

E-mail Address: Home _____ Work _____

Date of Birth _____ Age _____ Country of Birth _____

Marital Status (please check one)

() Single () Married () Separated () Divorced () Widowed () Engaged

Spouse's Name _____

PASSPORT INFORMATION

Do you have a current passport with an expiration date that is more than six months beyond the trip dates? _____ Passport Number _____ Expiration Date _____

Name as it Appears on Passport _____

If you do not have a current passport, it is very important that you apply as soon as possible at the Post Office, and notify HHI as soon as you have received your passport.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to You _____

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

HEALTH INFORMATION

Present State of Health: _____ Excellent _____ Good _____ Average _____ Poor

Are you presently under the care of a physician? If yes, please explain:

Are you under any medical restrictions or do you have any medical issues that would affect your participation in this trip? _____ If yes, please explain _____

List all medications (prescribed or over-the-counter) that you are taking: _____

List Any Allergies You May Have _____

CHURCH INFORMATION

Where is your church membership? _____

Do you attend your home church regularly? _____ Yes _____ No

If not, where are you attending regularly? _____

Pastor's Name _____

Is your church prayerfully supporting you in this trip? _____

List present ministry involvement: _____

REFERENCES:

Please provide names, phone numbers and email addresses for two (2) people we may contact to give a reference for you: (1) _____

(2) _____

TESTIMONY / MINISTRY EXPERIENCE / GIFTS AND ABILITIES

How long have you been a believer? _____

(Please write a brief testimony of your salvation experience and be prepared to share it on this trip.)

Have you previously participated in a short-term cross cultural ministry trip? If yes, where and when?

What do you expect the Lord to accomplish in and through you on this short-term trip? _____

What special gifts and abilities do you have that you desire to use on this trip? (preaching, teaching, music, youth, construction, medical, drama, puppets, sports, etc.) _____

AUTHORIZATION FORM

MEDICAL CONSENT

I hereby give my consent for the team leader to take the steps necessary to procure proper treatment, surgery, medications and/or anesthetic for me by a licensed physician or healthcare professional in the event I am unable to grant such permission or my emergency contact person cannot be reached in a timely manner in the event of a medical emergency. I also agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

EARLY RETURN

If at any time my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action (including return airfare) will be at my expense. Additionally, should I of my own volition decide to return home early or should changes occur in team travel arrangements that are beyond my control, I agree to bear the financial responsibility for all expenses incurred in my return.

FINANCIAL RESPONSIBILITIES

1. I understand that by signing this form I am authorizing Hope and Help International to purchase airline tickets for me; if I later choose not to participate in this trip or am prevented from participating for any reason that the airlines do not accept, I am still responsible to pay for the cost of my airline ticket.
2. I understand that I must pay a minimum of 80% of my total trip cost before the departure date or HHI has the right to refuse my participation, and I will be responsible for any expenses that HHI has incurred on my behalf that cannot be refunded.

RELEASE FROM LIABILITY

I affirm my desire to participate in this short term mission trip. The information provided by me in this form is truthful. I have read the Hope and Help "Short-term Guidelines" and agree to abide by them. I also agree to the stipulations presented in the Medical Consent, Early Return, and Financial Responsibilities sections above. Being aware of potential risks to me and my property while participating in this trip, I release Hope and Help International /Hope on the Go and its representatives from all liability related to the activities of this trip except that stemming from gross negligence on the part of Hope and Help International/Hope on the Go and/or its representatives.

This application must be completed and signed in order for you to participate in a Hope on the Go short-term mission trip:

SIGNATURE OF PARTICIPANT

I affirm that the information I have given in this application is correct and that the following signature is valid.

Signature

Date

TRAVEL ABROAD RELEASE

I desire to travel outside of the United States with Hope and Help International in conjunction with the mission trip identified below.

1. I understand and agree that situations may arise during this mission trip which may be beyond the control of the leaders or participants. I assume all risks related to my own conduct, the conduct of the person, entity, or agents leading the trip, including but not limited to ordinary negligence, lack of supervision, and any product or service defect. I release, forever discharge, and agree not to hold liable Hope and Help International, its employees, agents and other participants, and I hereby waive all claims which I may have against the above organization, entities, or persons arising out of or in any connection with my participation in the trip.

I have read and understand the above. (Initial here.) _____

2. I understand that Hope and Help International will not sponsor a mission trip to an area for which the United States State Department or similar governmental agency has issued a travel advisory. I understand that Hope and Help International may accordingly cancel my trip before its departure or call my trip home after it has begun, but before its scheduled conclusion. In either event, I understand that I will likely not receive the full benefit of all of the moneys I have paid or raised for my trip, and that Hope and Help International will be unable to refund such moneys.

I have read and understand the above. (Initial here.) _____

3. I agree that if my trip is cancelled by Hope and Help International after it has commenced as a result of the issuance of an adverse travel advisory that I will return to the States or such safer area as requested by Hope and Help International. I further understand that if I do not leave the restricted travel area when requested to do so, that I will have knowingly assumed the risk of hazardous travel, including without limitation kidnapping, terrorist activity, grave bodily harm (including death) and the risks associated with riots and civil disturbances. I acknowledge that in no event will Hope and Help International pay a ransom for my return if I am kidnapped or hijacked.

I have read and understand the above. (Initial here.) _____

4. I have carefully read this form and fully understand its contents. I am aware that this is an assumption of liability, a release of liability and a waiver of claims. I sign this document of my own free will.

I have read and understand the above. (Initial here.) _____

Notice: This waiver is a document with legal consequences. Read it carefully before signing!

Anticipated mission trip (Destination and Dates): _____

Participant's Name (printed) _____

Participant's Signature _____ Date _____