



**MINOR  
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

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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 ( ) \_\_\_\_\_

**FOR YOUR PARENTS/GUARDIANS (must be completed)**

Please express any fears, concerns, or reservations you may have about your child participating in this trip, or about Hope and Help International. If you have none, please express that also. \_\_\_\_\_

**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? \_\_\_\_\_

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 FOR A MINOR

## PERMISSION FOR MY MINOR TO TRAVEL

As parent or guardian, I give my permission for (name) \_\_\_\_\_  
to participate with the Hope and Help International short-term team ministering  
in (location) \_\_\_\_\_ on the following dates:  
from \_\_\_\_\_ to \_\_\_\_\_ .

## 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 my child named above by a licensed physician or healthcare professional in the event I am unable to grant such permission or the 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 the behavior of my child constitutes a problem, the team leader has the authority to ask him/her 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 bring my child 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 child's return.

## RELEASE FROM LIABILITY

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

## SIGNATURE OF PARENTS/GUARDIANS

I/We affirm that the information given in this application is correct and I/we are supportive of my/our minor child's participation in this short-term trip.

\_\_\_\_\_  
signature

\_\_\_\_\_  
relationship

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
relationship

\_\_\_\_\_  
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.) \_\_\_\_\_

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**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 \_\_\_\_\_

**Notice:** Since trip participant is under 18 years of age, a parent or legal guardian must also sign this form below.

I am supportive of my minor child's participation in this trip and agree to the conditions stipulated above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date