



The Mission Society

Team Peru

Short Term Mission
Team Member Forms *
2011

Team Member: _____

Team/Church Name: _____

Team Leader(s) : _____

* One copy of this application must be completed and emailed to billy@drumsforchrist.org. Another copy must be printed, signed and given to the team leader by the participant.

Short-Term Mission Team Member Registration & Liability Release

(Enter Team/Church Name and Destination here)

(PLEASE TYPE OR PRINT IN BLACK INK)

A. PERSONAL PROFILE:

1. Legal Name (as appears on your passport)

Title Mr. Name _____

2. Permanent Address _____ City _____ State ____ Zip _____

Current Address _____ City _____ State ____ Zip _____

3. Home Phone _____ Daytime Phone _____

Cell Phone _____ E-mail Address _____

4. Sex Male _____

5. Birth Date _____ Current Age _____

6. Citizenship _____

7. Do you have a passport? Yes ___ No ___ Passport Number _____ Expires _____

8a. Marital Status _____

8b. Spouse's Name _____

B. EXPERIENCE PROFILE:

1. Are you presently attending school? Yes ___ No ___ Where? _____

2. Level of formal education completed? _____

Location _____ Years _____

3. Are you able to communicate in a foreign language? Yes ___ No ___

Language(s) _____

4. Occupation _____ Present Employer _____

5. Interests/ Hobbies _____

6. Have you ever traveled internationally? Yes ___ No ___

Locations(s) _____

International Mission Trip(s) _____

Organization/Church _____

C. MEDICAL PROFILE:

1. Do you have any convictions against taking preventative medicines, such as anti-malarial, or immunizations commonly recommended for travel into foreign countries? No ___ Yes ___

Please explain _____

2. Do you usually experience good health? Yes ___ No ___

3a. Do you have any health issues that we should be aware of? Yes ___ No ___

3b. ___ Allergies

___ Respiratory Issues

___ Heart Conditions

___ Other Health Issues

Please explain any health issues checked above.

D. CHURCH PROFILE:

1. Church Affiliation _____

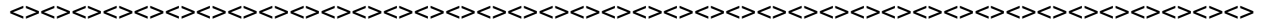
Address _____

2. Pastor/ Church leader's name _____

Daytime Phone _____ Home Phone _____

3. Is your church leadership and community supportive of your application for this mission trip? Yes ___ No ___

4. What gifts/talents has God made available to you for service to the world?



SPECIFIC LIMITATIONS/RELEASE OF LIABILITY:

I. Expectations- The purpose of The Mission Society mission teams is to share the Gospel of Jesus Christ in love, through word and deed. Any available sight-seeing, shopping, or recreation will be permitted only if it does not conflict with the team’s specific purpose. The Mission Society is a disciplined Christian organization with regulated standards in the areas of conduct, dress, and lifestyle. These standards will be explained in an information packet sent to all accepted applicants. Team members, leaders, and staff adhere strictly to mission’s policies and are subject to dismissal for violations, without refund or reimbursement.

II. Finances- Involvement expense is based on estimated cost projections, and may be subject to increase. All applications and contributions are nontransferable. In the event of political unrest or natural disaster, The Mission Society reserves the right to cancel the trip or to relocate the work to another location in Peru. In the event the trip is cancelled for any reason, team members will be offered another mission experience at a similar expense.

III. Release of Liability- I, the undersigned, hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; substandard environmental regulations and conditions; potential danger from lack of control over local populations; potential injury while working, recreating and traveling; inadequate medical facilities; terrorist acts, etc. In consideration of being accepted by The Mission Society, for participation in

_____ ,
(Name of trip activity)

I do hereby release, forever discharge and agree to hold harmless The Mission Society, their agents, employees and officers, from any and all liability, claims, or demands, injuries to property, real and personal, sickness, death, or unanticipated expenses of any nature which may be incurred by the undersigned participant, arising out of, or caused by, the above described mission trip or activity. I intend to be legally bound by this statement of release.

IV. Photo release- I give The Mission Society the right to use my picture, voice and/or testimony in their promotional or advertising materials.

Executed this agreement and this release at (city) _____ (state) _____ Date _____

Signed _____

Parent’s Signature _____ Date _____

(If applicant is under age 18)

Individual Health Information

You are asked to provide the following health information in order for the team leadership to be aware of your medical history in the event of a medical emergency. The information will remain confidential and will be provided only to medical personnel in the event of illness or injury. **This form is in English and Spanish. You must fill out both forms completely.**

Name _____ **Age** _____

Address _____ **Phone** _____

City/State/Zip _____

**Parent/
Guardian** _____

Address _____ **Phone** _____

A. Have you ever been treated or seen a physician for any of the following:

(Check the number if the answer is “yes”)

- | | | |
|-------------------------------------|---|--|
| 1. Heart Trouble | 21. Digestive Disorder | 39. Cancer |
| 2. Heart Murmur | 22. Intestinal Disorder | 40. Tumor |
| 3. Rheumatic Fever | 23. Hepatitis | 41. Skin Disorder |
| 4. Chest Pain | 24. Cirrhosis | 42. Allergy-Recurring |
| 5. Stroke | 25. Other Liver Trouble | 43. Hernia |
| 6. High Blood Pressure | 26. Kidney Stone/Infection | 44. Circulatory Disorder |
| 7. Abnormal Pulse | 27. Bladder Stone/Infection | 45. Arthritis |
| 8. Hardening of the Arteries | 28. Prostate Trouble | 46. Sciatica |
| 9. Diabetes | 29. Sugar, Albumin,
Blood, or Pus in Urine | 47. Gout |
| 10. Anemia | 30. Psychiatric Problems | 48. Deformity |
| 11. Thyroid or other Gland Problems | 31. Emotional Problem | 49. Amputation |
| 12. Blood Disorder | 32. Nervous Problem | 50. Disease of Eyes |
| 13. Asthma | 33. Epilepsy | 51. Disease of Ears |
| 14. Bronchitis | 34. Convulsions | 52. Disease of Nose |
| 15. Tuberculosis | 35. Dizziness | 53. Disease of Throat |
| 16. Other Lung Disorder | 36. Loss of Consciousness | 54. Tested positive for any kind
of blood disease |
| 17. Ulcer | 37. Frequent Headaches | 55. Other |
| 18. Gall Bladder Disease | 38. Other Nervous
System Disorders | _____ |
| 19. Colitis | | |
| 20. Internal Bleeding | | |

B. If "yes" please explain below (indicate date of last treatment or office visit for each item, labeled by number).

C. What medications (prescription or non-prescription) will you be taking during the project, and for what purpose?

D. List any allergies to medications.

E. List any general allergies.

F. What is your blood type?

EMERGENCY CONTACT

Name, address and phone number of person to contact in case of emergency Relationship

Signature Date

Parent/Guardian Signature for minor Date

Información de Salud del Individuo

Está pedido que provea la siguiente información acerca de su salud para que el líder de su equipo sean consiente de su historia médica de darse el caso que ocurra una emergencia médica. Esta información será confidencial y solamente será dada al médico que le atienda si ocurra un accidente o enfermedad.

Nombre _____ **Edad** _____

Dirección _____ **Número de Teléfono** _____

Nombre de Padre/ Guardián _____

Dirección _____ **Número de Teléfono** _____

A. Ha recibido usted atención médica para cualquier de las siguientes condiciones:

- | | | |
|---|---|--|
| 1. Problemas de corazón | 21. Desorden de sistema digestivo | 37. Dolores de la cabeza frecuentes |
| 2. Soplo cardíaco | 22. Desorden de los intestinos | 38. Otro desorden del sistema nervioso |
| 3. Fiebre reumática | 23. Hepatitis | 39. Cáncer |
| 4. Dolor del pecho | 24. Cirrosis | 40. Tumor |
| 5. Ataque | 25. Otros problemas con el hígado | 41. Desorden de la piel |
| 6. Presión de la sangre alta | 26. Cálculos de los riñones o infección | 42. Alergias que vuelve |
| 7. Pulso anormal | 27. Cálculos de la vejiga o infección | 43. Hernia |
| 8. Endurecimiento arterial | 28. Problemas con la próstata | 44. Desorden del sistema circulatorio |
| 9. Diabetes | 29. Azúcar, albúmina, sangre, o pus en la orina | 45. Artritis |
| 10. Anemia | 30. Problemas psiquiátricos | 46. Ciático |
| 11. Problemas de tiroides u otra glándula | 31. Problemas emocionales | 47. Gota |
| 12. Desorden de sangre | 32. Problemas nerviosos | 48. Deformidad |
| 13. Asma | 33. Epilepsia | 49. Amputación |
| 14. Bronquitis | 34. Convulsión | 50. Enfermedades de los ojos |
| 15. Tuberculosis | 35. Desvanecimiento | 51. Enfermedades de los oídos |
| 16. Otro desorden del pulmones | 36. Pérdida del conocimiento | 52. Enfermedades de la nariz |
| 17. Ulcera | | 53. Enfermedades de la garganta |
| 18. Enfermedad del vesícula biliar | | 54. Ha tenido prueba positiva por un enfermedad de la sangre |
| 19. Colitis | | 55. Otra: _____ |
| 20. Hemorragia interna | | |

B. Si a respondido “sí”, por favor explíquelo abajo (indique la última fecha de tratamiento o visita al médico por cada cosa indicada en la lista por número). De ser posible traer consigo las indicaciones médicas de cómo se viene tratando, o se tratará en el futuro.

C. ¿Qué medicinas (recetado o no recetado) tomará usted durante este proyecto, con qué propósito?

D. Haga una Relación de cualquier alergia a las medicinas que tenga.

E. Haga una Relación sobre cualquier alergia que tenga.

F. ¿Cuál es su tipo de sangre?

CONTACTO DE EMERGENCIA:

Nombre, dirección, y número de teléfono de la persona que debe ser contactado en caso de emergencia

Relación

Firma de Participante

Fecha _____

Firma de padre / guardián si es menor de edad

Fecha _____

CONSENT FOR MEDICAL TREATMENT

In the event of an illness or injury of a mission team member, whether in the U.S. or abroad, the team leadership needs the ability to respond in the best interest of the ill or injured person. If you are in need of medical care and are unable, because of your condition, to authorize that care, we need your prior signed consent to allow physicians to perform the necessary procedures. **This form must be executed in English and Spanish.**

I, _____, hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician are deemed necessary to preserve life or limb.

_____ Date _____
Team Member's Signature

Passport Number

_____ Date _____
Parent's Signature (*If applicant is under 18*)

ACUERDO PARA TRATAMIENTO MEDICO

Por ser caso, un miembro de un equipo misionero, esté en los estados unidos u otro país, llegue enfermo o herido, el líder del equipo tiene que tener la autoridad responder para cuidar el enfermo o herido. Si usted necesita atención médica y no está capaz por su condición, dar su autorización al médico para que le dé atención, tenemos que tener su permiso previsto para autorizar que el médico le dé atención médica apropiada a su condición.

Yo, _____, le da al médico que me atiende, mi permiso darme el tratamiento, anestesia, y operaciones que en el opinión de el, sea necesario para la preservación de me vida y cuerpo.

_____ Fecha _____
Firma del Miembro de Equipo

Numero de pasaporte (Passport Number)

_____ Fecha _____
Firma del padre / guardián si es menor de edad.

Parental Consent Form (for Minor Team Member)

(Both parents must sign. If one parent is deceased, attach a death certificate.)

We, _____,
(Parents or Guardians)
the parents /guardians of _____, give our child, a minor,
(Name of child)
of _____
(Address)

permission to accompany The Mission Society team to Peru and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment, and/or hospital care under the general or specific supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical professional acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby ourselves, our children, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s) _____,
(Name(s) of team leader(s)) his/her/their church, _____,
(Name of church or organization)

and The Mission Society, its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow team leader(s) _____, to act in loco parentis
(Name of team leader(s))

for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of:

(Notary)

Seal

(Signature of father / guardian)

(Address)

(Signature of mother / guardian)

State of: _____

County of: _____

(Address)

Formulario de Permiso que Otorga los Padres (para menores de edad)

(Tiene que llevar los firmas de ambos padres. Si uno está muerto, ajunte una partida de defunción.)

Nosotros, _____,
(Nombres de los padres o guardiáns)
los padres / guardianes de _____, le damos a nuestro
(Nombre del hijo(a))
hijo(a), un menor de edad, de _____
(Dirección)

Nuestro permiso acompañar el grupo de The Mission Society (La Sociedad Misionera) al país del Perú y participar como miembro del grupo. Estamos de acuerdo que estamos permitiendo que nuestro hijo(a) participe completamente de su propio iniciativa, riesgo, y responsabilidad.

Además, damos permiso que nuestro hijo(a) reciba atención médica de cualquier forma sea necesario incluyendo: exámenes médicos, rayos-x, anestesia, operaciones, hospitalizaciones, o otra tratamiento por un profesional médico, si sea necesario para mantener el salud y bienestar de nuestro hijo(a).

En consecuencia, considerando el permiso que le hemos dado a nuestro hijo(a) acompañar este grupo misionero y participar en este viaje misionero, por la presente nosotros mismos, nuestros hijos, nuestros herederos, ejecutores, y administradores desistimos, exoneramos, y por siempre eximimos al líder de grupo _____, a su iglesia, _____,
(Nombre del líder del grupo) (Nombre de la iglesia)

y a The Mission Society, a sus directores, a sus miembros, y a todos otros personal, participantes, y partidarios de este viaje misionero, que actúan oficialmente o no oficialmente, de todos reclamos, demandas, acciones o causas de acciones de cualquier tipo, incluyendo la muerte de nuestro hijo(a), o daño a nuestro hijo(a), o pérdida o daño a propiedad nuestro que ocurra de cualquier causa durante este viaje, incluyendo transporte por la tierra por viaje aéreo, o acuático.

Es nuestra intención que por medio de este documento, damos nuestro permiso para la participación de nuestro hijo(a) en este viaje, y para dar nuestro permiso que el líder del grupo, _____, actúe en como pariente por la
(Nombre del líder del grupo)

duración de este viaje misionero; y renunciar y desistir de toda derecho de acción de nosotros mismos y nuestros hijos, contra las personas anteriormente nombradas.

Ejecutado en la presencia de:

(Firma de Notaria)

Sello

Estado de : _____

Distrito de: _____

(Firma de padre / guardián)

(Dirección)

(Firma el madre / guardián)

(Dirección)

Team Member Expectation Sheet

The purpose of this document is to delineate the basic requirements of a mission team member and the expectations of their behavior and function on the field and on the team. This is not intended to be a comprehensive list of rules, but is meant to guide the team member into an effective ministry attitude.

It is expected that as a team member, I ...

- Am a Christian.¹
- Will abstain from alcohol and tobacco products for the duration of the trip.²
- Will, in matters of morality and safety, submit to the authority of the team leader, the missionary, the leadership of the national church, and The Mission Society.³
- Will function as a team member and adhere to the “buddy-system” – not traveling anywhere alone nor without letting the team leader know of their whereabouts.
- Will maintain a Christian witness in code and conduct.
- Will refrain from foul language, coarse jokes or offensive behavior.
- Will try to defer to the local Christian standards in matters of appropriate behavior on the field.⁴
- Remain flexible, adaptable, and forgiving.
- Will participate wholly in all team activities, including debriefing, daily devotionals, and worship.
- Will complete the required training and devotionals provided by The Mission Society Peru Team.

As a member of a Missions Society-sponsored short-term mission team, I understand the terms of this agreement and will, to the best of my ability, carry out this mission in a manner worthy of Christ. My signature below signifies my covenant to abide by the aforementioned standards of Mission Society teams, my commitment to the team leader, and my devotion to Jesus Christ as the source and center of this mission.

Print Name

Date

Signature

¹ There may be instances in which a non-Christian may participate in a team, but s/he should recognize the overt evangelistic nature of the trip and be in agreement with the goals of the trip.

² While The Mission Society does not hold a philosophy of not consuming alcohol; we do presume that use of alcohol is a delicate social and cultural matter, which becomes especially confusing in a cross-cultural setting. Therefore, we ask that all members of The Mission Society short-term teams agree to abstain from using alcohol for the duration of the trip, including during transit and on planes, regardless of who may or may not be watching.

³ The Mission Society seeks to find resolution to disagreements, according to biblical standards (cf. Matthew 18:15-20). If a team member's behavior at any time constitutes a major problem that cannot be resolved, the team leader (in consultation with the missionary, if possible) has the authority to send the team member home at the team member's expense.

⁴ For example, in Mexico, Christian men do not wear earrings, and to wear one signifies questionable character. Similarly, women wearing shorts in many Latin American countries are often viewed as immoral.

Peru Field Policy on Romantic Relationships

Introduction

As God made us male and female and attraction for the opposite sex is part of our God-given makeup, it is not surprising that issues of romantic relationships appear in any setting, including the setting of missionary service. However, issues of ministry and living in a foreign culture require that there be specific guidelines governing when such relationships are appropriate and how they are to be handled. These guidelines are issued for the benefit of the individual missionary, for team relationships, and for the ministry in general.

Accountability

All missionaries should be in an honest accountability relationship with someone. Single missionaries are to be in a one-on-one accountability relationship with someone of the same gender on the team, agreed to by the field leader, for the purpose of helping adhere to the guidelines outlined below. As a rule, roommates should not be placed in this role as it complicates the relationship.

It should be understood that while confidentiality is important in any accountability relationship, if situations develop that warrant corrective measures, the field leader will have to become involved. The field leader should give a high degree of credence to concerns and suggestions expressed by an accountability partner.

Short Term Service

Missionaries on a term of up to 2 years are classified as short term. At this point in their lives, there is not a long-term commitment to living and serving in the new culture. The training received in preparation for service is more limited. Issues of cultural adaptation are still outstanding. The fact that time is limited tends to put pressure on a relationship that can artificially cause things to move faster than is prudent.

For these reasons, missionaries in this category are not to pursue any one-on-one relationships with people, with whom a romantic relationship could conceivably develop. This would include being alone at any time with such a person for a walk, in an apartment, in a car, to a movie or concert, in a café, or anything of that nature. Telephone conversations with such people should be limited to that which is required by the business of the missionary's work assignment. Obviously age differences and other factors can mitigate as to what people should fall into this category. If there is any doubt, then the field leader and the accountability partner should be consulted.

While this may sound harsh, experience has demonstrated that strict adherence to the letter *and* the spirit of this is critical. Rarely does one seek a romantic relationship. However, what begins as an innocent friendship can quickly develop into a romance if the above rules are not followed. If there are any doubts in reference to a specific situation, the missionary is required to seek counsel from the field leader and accountability partner. Missionaries should understand that falling into a romantic relationship for whatever reason while on the field can result in a cancellation of the term and repatriation.

Commitment and Adjustments

These are guidelines that require commitment and discipline among all involved. The guidelines alone will serve very little without that commitment. Only with the mutual consent of the field leader and the sending agency authorities can any of these guidelines be adjusted. By signing below, the missionary agrees that he or she is familiar with these guidelines and commits to staying well within their boundaries as a member of the Peru mission team.

_____ Date _____
Team Member's Signature

Submit