

November 2019 New Hope Church Mission to Honduras

Oasis De Amor – November 9th -16th

Volunteer Application

Legal Name (as it appears or will appear on passport)

Last:_____ First:_____ Middle:_____

Preferred Name:_____

Home/Mailing Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Work Phone_____ Email Address:_____

Occupation:_____ Citizenship:_____

Passport Number:_____ Passport Exp. Date:_____

Date of Birth: Day____/Month____/Year____ Age:____ T-shirt size:____ (Tend to run small)____

Marital Status:_____ Spouse's Name:_____

Name and Ages of Children:_____

Have you been on a mission trip before: Yes No Where:_____

If you have it now, please provide a copy of the information page of your valid passport along with this application. Otherwise, you must have the copy turned in to the trip leader by July 15, 2019.

The passport must be valid for at least 6 months past the expected return date for this trip. We need this to make sure your name on the ticket is exactly the same as it is spelled on your passport. If you plan to use a Mexican passport, please provide a copy of your US resident alien card as well.

Airline tickets are non-refundable, no matter what the circumstance and will be purchased in advance.

Youth, if 12 years or older may go on the trip if accompanied by one of their parents.

All transportation, lodging, food, ministry and other costs of the Honduras mission trip is paid for by the members that go on the trip.

Dates and Deadlines:

Dates of the 2019 mission trip to Honduras Oasis De Amor are:

November 9th - 16th, 2019.

Space is limited for this trip. We have space for only 10 volunteers. Interest in the trip should be communicated by either placing your name and phone number on the sign-up sheet at the information table or contacting the church office at 541-567-8441.

Completed applications (including all signed documents in this application) must be **turned in by July 15th, 2019.** Spaces will be filled in the order the applications are received.

The documents listed below are available to download and print from the New Hope website at newhopeon395.com (look for these documents on the website under "Get Connected"/"Missions"):

1. A copy of this application
2. The most current Mission Team Information Brochure

The Mission Team Information Brochure gives detailed information about some questions you may have concerning the trip. You can also call Julia Galan, at 541-571-4975 (cell) with any questions or concerns in making your decision to join this mission journey.

Cost to cover this year's trip is \$1,500.00. A \$500 deposit will be due on or before July 15th, 2019. \$500 will then be due on or before September 1st, 2019. The remaining \$500.00 will then be due on or before October 20th, 2019. Make checks payable to New Hope Church, with a clear designation on the envelope specifying "Honduras mission trip". DO NOT INCLUDE YOUR NAME IN THE MEMO LINE ON THE CHECK. Please specify your name on the envelope ONLY. Then turn in your money to the church office so she can record and submit your contributions.

Please check and/or fill out all information that applies to your special Interests/gifts:

- Evangelism
- Administration
- Cooking
- Communications (photography/video)
- Fundraising
- Accounting
- Worship/Music Ministry
- Pastoral/Teaching
- Education
- Construction (list type: Construction, Carpentry, Electrician, Plumber, Welding, etc.)
- Mechanic (auto)
- Maintenance
- Health Care Professional
- Outreach Ministries
- Technical and Computers (Web Site Development)
- Musical Instruction
- Child Care Professional
- Mime/Drama
- Clowning
- Puppets
- Other _____

*Spanish **is not** a prerequisite for this trip. It should not be a deciding factor on whether you decide to participate or not!*

Are you proficient in Spanish?: [] Yes [] No

If yes: How fluent? [] very fluent [] good [] fair [] or a little

Please tell us why you would like to go and what you could contribute to the team?

General Attitude and Conduct

If you plan to go to Honduras to serve the children of the orphanage Oasis De Amor, you must be willing to embrace the following attitudes and guidelines. Please check "yes" after each statement and sign at the bottom.

I will immerse myself in the local culture, as much as possible and refrain from expressing criticism of local cultures and congregations.

Yes, I agree.

I realize that I may live under new conditions for the week, including the possibility of different food and smaller shared living quarters while on this international ministry trip.

Yes, I agree.

I realize that plans may change as circumstances out of the control of the team leadership and I will strive to be flexible, looking for God's leading for opportunities to minister as plans change.

Yes, I agree.

Your Name: _____

Your Signature: _____

Date: _____

Medical Information

I am free from any medical problem which would cause difficulty on this trip? Yes

I have the following chronic medical condition(s) _____

I have problems with asthma? Yes No

I have the following allergies (include foods/medicines) _____

I am taking the following medications _____

Medical Insurance Company _____

Group Name/Number _____

Policy Number _____

Name of Policy Holder _____

Insurance Phone Number _____

Primary Care Physician _____ Phone Number _____

Consent for Medical Treatment and Hold Harmless Agreement

I, _____, (parent/guardian or adult participant) hereby release New Hope Church, New Hope Mission Team Leadership, and Oasis De Amor orphanage; their employees, Officers, and Directors from any and all damages, injuries, medical expenses or other damages arising from any medical event or injury suffered during my and/or my child's mission trip with the above mentioned.

I understand and acknowledge that this release discharges New Hope Church, New Hope Mission Team Leadership, and Oasis De Amor orphanage from any liability or claim that I may have against them with respect to any bodily injury, personal injury, illness, death or property theft/damage that may result from my work with New Hope Church, New Hope Mission Team Leadership, and Oasis De Amor orphanage, whether caused by the negligence of New Hope Church, New Hope Mission Team Leadership, and Oasis De Amor orphanage or their officers, directors, volunteers, agents or otherwise. I also understand that New Hope Church, New Hope Mission Team Leadership, and Oasis De Amor orphanage does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

I have chosen to work as a New Hope Church, New Hope Mission Team, and Oasis De Amor orphanage volunteer and engage in activities related to being a volunteer. I understand that the activities may include physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and framing other than ground level, and may entail risk of physical injury or death, and that I may be exposed to other hazards including by way of illustration but not limitation: Public transportation by air and land, diseases, viruses due to eating foreign foods and water, household cleaning chemicals, and operating power tools.

I also take responsibility for all of my own personal effects and will not hold New Hope Church, New Hope Mission Team, and Oasis De Amor orphanage liable for my personal effects and property.

In the event of an emergency, medical event or injury requiring medical treatment, I give New Hope church, New Hope Mission Team and/or Oasis De Amor orphanage employees or representatives permission to act on my and/or my child's behalf to authorize and/or administer needed emergency, medical or hospital treatment. In the event of such an emergency, New Hope Mission Team and/or Oasis De Amor orphanage will notify the following contact(s) as soon as possible.

Signature: _____ Date: _____

(Parent, guardian or adult participant)

Printed Name: _____ Participant Name (if minor) _____

In event of emergency, contact:

Name _____

2nd Name _____

Relationship _____

Relationship _____

Home Phone Number _____

Home Phone Number _____

Work/Cell Number _____

Work/Cell Number _____

E-mail _____

E-mail _____

Home Phone Number _____

Home Phone Number _____

Special Dietary Needs:

Name and issue (such as vegetarian, food allergy, gluten intolerance, etc.)

Will not affect your ability to go on the trip, we just want to know so we can accommodate your needs to the best of our ability:

Important notes concerning next form:

If a minor child (a child less than 18 years of age) is going on this trip unaccompanied by one or both of their parents/legal guardians, they must have a signed (with a certified notary's confirmation of the signature) parental consent form. A sample parental consent form is below for you to use.

Without this documentation, a minor child will not get past the check-in counter on an international flight. They will not be able to go. This means that even if one parent is present, and you do not have permission from the other, the child stays in the United States. It was a law formed to protect children from being kidnapped out of the country by one of the parents or by other individuals.

Even if you both plan to go with your child, it would be best to still have this documentation in place in case some circumstance just prior to the trip keeps one or both from going and you still want your minor child to go.

If one of the parents is dead, you have to also have a copy of the death certificate to show along with the parental consent form.

Sometimes gathering this documentation can be messy if a divorce or separation is involved. There are no exceptions though. Without the document, a child cannot leave the country. Start early getting the documentation ready if issues such as these are present.

You can often get an officer at your bank to notarize your signature of this document. You need to sign in front of the officer. You cannot sign prior, and bring into the notary's office; they will send you back for a blank document. The whole idea is to sign in front of a trusted certified person, in order to confirm that the person signing is who they say they are. You will need personal identification, such as a driver license or passport to show the notary prior to signing.

Parental Consent

I/we the parent(s) of the following minor _____ have full knowledge of our son/daughter's travel plans and do hereby express our consent on this ____ day of _____, 20____, for our child to travel internationally to Honduras, Central America and serve there for the period of time beginning _____ and continuing until _____. Should an accident or illness occur during this time, we also give our full permission to allow medical treatment or medication deemed necessary by the attending physician to be administered to our child.

Address of Parent/Legal Guardian: _____

Phone: _____ Cell: _____

Email: _____

Parent/Legal Guardian: _____ (Print) _____ (Sign)

Parent/Legal Guardian: _____ (Print) _____ (Sign)

Taken, sworn (or affirmed) and subscribed before me this _____ day of _____, 20____

SEAL

DATE

**New Hope's Qualification Form for Working with Children
CRIMINAL HISTORY AUTHORIZATION**

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL:

Have you ever been accused of or prosecuted for any abuse or sexual misconduct with a child or adult?

Yes _____ No _____ If yes, are you willing to meet with a pastor regarding the situation?

Is there anything in your current lifestyle or a situation in your past of which we need to be aware?

Yes _____ No _____ If yes, please explain on back of form.

On the back of the form please describe anything we need to know about you, your health or anything else.

In order to protect the children who attend activities at New Hope Community Church, or mission trips that are undertaken to work with children, we require the name of every new volunteer to undergo a criminal history background check. Information provided by this check will not necessarily disqualify a candidate from serving in Children's ministries; however, the prospective volunteer will not be allowed to serve in Children's Ministries until the background check is completed. All information will be kept confidential.

The information on this form will be used to complete the criminal history background check, and will be retained in your application file. **After we use your social security number we will black out the number.** Criminal history and reference checks along with the application will be held at the church office in a locked file. Any applicant with a criminal history containing offenses other than traffic related offenses will be contacted by the senior pastor before approval. Any applicant with a criminal history containing any kind of sex offense and prosecuted for said offense will not be allowed to serve in the children's program. All criminal history reports containing offenses other than traffic related will be kept in a separate locked file in a location separate from the rest of the applications. You may request a copy of your criminal history report. If you believe your report is in error you may attest the record. No decision will be made until the outcome of the attesting is received.

By my signature below, I hereby authorize *First Advantage* to release any information which pertains to any record of conviction in its files or in any criminal file maintained on me whether local, state or federal. I hereby release *First Advantage* and New Hope Church from any liability resulting from such a disclosure.

I understand that I may obtain a copy of the Criminal History Report and will be given the opportunity to challenge the accuracy and completeness of this report and obtain a prompt determination as to the validity of the challenge before a final determination is made by New Hope Community Church.

Print Full Name (including middle name) _____

Maiden name (if applicable) _____

Alias (not nickname) _____

Social Security Number _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

Today's Date _____ Signature _____