2018 Nicaragua Mission Trip Information Sheet

March 2nd – 9th, 2018

While in Nicaragua we will be working at the recent opened medical clinic and the feeding center in the mountains of Nicaragua in the village of Rancho Grande.

We will be staying at the school in Rancho Grande which has dormitory, kitchen and bathrooms and is in the same complex as the medical clinic. All owned by the mission.

We are in need of physicians, dentists, optometrists, pharmacists, nurses, dental hygienists medical technicians, medical assistants, dental assistants, and non-medical support staff.

Cost: $1,995.00 (North Parkersburg Baptist's members and regular attenders have a scholarship of $300.00 available to them for a net cost of $1,695.00) **This includes airlines, lodging, travel expenses while in Nicaragua, entrance and exit fees in Customs of Nicaragua, travel insurance (see attached), food (except on days of travel to and from Nicaragua and some of our lunches while in the mountains – you will need to take power bars and etc.) We will only be drinking bottled water while in Nicaragua and that will be purchased for the team and is included in the cost above. Other costs not covered: Obtaining passport, vaccines (see *www.cdc.gov*) and souvenirs.**

The reason we are leaving and returning on a Friday because airline tickets have raised and this saves us $400+ on each ticket.

Payments are due as follows:

Deposit of $375.00 will be due with the application prior to November 30th, 2017.

1/3 of the balance December 31st
1/3 of the balance January 31st
1/3 of the balance February 28th

Application Deadline is November 30, 2018 (team is limited in size this year to 30)

If you have any questions, please contact Randy Brooks 304-916-3028

We will be holding meetings to give out details of the trip including vaccinations and etc.

Application Check List:

1. ___ Application and also
2. ___ Insurance forms (Part of Application forms in this packet)
3. ___Copy of your Passport (date must be good for one year after trip) If you don't presently have one please check here _____.
4. ___(Requirement of the Nicaragua Minister of Health for **All Medical Professionals:**

- _____copy of your **Medical licenses**. If it is going to expire before the trip, please send what you have and sometimes I can get the renewal on line.
- _____submit a **Resume** (a sample to go by is included. "PLEASE try to make it look as ***official*** as possible")
- _____All Medical professionals need to submit a copy of your diploma from Medical School and any post specialty school.

5. ___ $375.00 Deposit Payable to North Parkersburg Baptist Church. *This will be refunded only if your application is not accepted. - Airline deposits will have already been made in your name.*

6. ___*Return the application and ALL supporting documents to:*

North Parkersburg Baptist Church
3109 Emerson Ave.,
Parkersburg, WV 26104

North Parkersburg Baptist Church
MISSION VOLUNTEER APPLICATION
******Please Print very clearly******

NAME: (as it appears on passport)_____
(Last) (First) (Middle)
ADDRESS:_____
CITY_____STATE_____ZIP_____
HOME PHONE (__)_____CELL (___)_____WORK (___)_____
E-MAIL_____DATE OF BIRTH___/___/_____
HOME CHURCH_____PASTOR_____
SHIRT SIZE: Ex Sm__ Sm__Med__LG__XLG__XXLG__XXXLG__

Persons to notify in case of an emergency:

*NAME:*_____ *RELATIONSHIP:*_____
*HOME PHONE(__)*_____*CELL (___)*_____*WORK(___)*_____

*NAME:*_____ *RELATIONSHIP:*_____
*HOME PHONE(__)*_____*CELL (___)*_____*WORK(___)*_____

Skills Information:

Profession:_____Certification if applicable:_____
Experience (years in areas of specialty)_____Foreign Languages_____

Health:

How do you appraise your present health? *robust/vigorous___, good ___, fair___, poor___.*
*Comment:*_____
*Do you have any current medical problems/allergies that are important for us to know for during the trip?*_____
*Any physical limitations or needs?*_____

Legal Disclaimer:

I hereby agree that I will not hold North Parkersburg Baptist Church nor any representative thereof, legally responsible for any accident, injury, illness, harm to me and/or damage to or loss of personal property while on a mission tour or en route to or from the mission field or when I return. This Agreement shall be binding upon the parties, their heirs, successors and assigns. The law of the State of West Virginia shall govern this Agreement.
Read, understood and agreed:

Signed_____ Date__/__/___
The statements I have given above and in all supporting documents express my prayerful response to and understanding of God's call to me.

Return application to: **North Parkersburg Baptist Church**
Attn: Mission Department
3109 Emerson Avenue
Parkersburg, WV 26104

Resume Example
"Please make to look as official as possible"

Date of Birth:

Preferred Mailing Address:

Primary Work Location:

Permanent License:

Date Originally Granted:

Other Licenses: (if applicable)

Medical School
Date of Graduation:

Post – Graduate Training:

Primary Specialty:

Secondary Specialty (if applicable):

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TEAM MEMBER SIGNATURE FORM

AGWM Personnel and Member Care

Team members that hold a volunteer card do not need to complete this form.

TEAM MEMBER CONTACT INFORMATION

Full Legal Name _____ Trip ID # _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone (include area code) _____ Email Address _____

Have you been on a missions trip since October 2009? ○ Yes ○ No ○ Not sure

EMERGENCY CONTACT INFORMATION *(Must be someone NOT going on trip.)*

Name of Emergency Contact Person _____ Relationship to Team Member _____

Home Phone (include area code) _____ Cell Phone (include area code) _____ Work Phone (include area code) _____

Team members under the age of 18 do not need to complete the sections below.

GTL INSURANCE BENEFICIARY DESIGNATION

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; children; parent; siblings; or estate, unless otherwise indicated below.

Policy Number: 24N-018-001-Q

Beneficiary Information

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Relationship to Insured _____ If you are 65 or older, do you receive Medicare? ○ Yes ○ No

SIGNATURE

By signing my name below, I hereby state that I have read and agree to the terms and conditions of the Assumption of Risk, Code of Conduct, and the above GTL Insurance Beneficiary Designation.

Signature Field _____ Date _____

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ASSUMPTION OF RISK AND INSURANCE AGREEMENT

AGWM Personnel and Member Care

In consideration of my acceptance as a short-term volunteer with Assemblies of God World Missions of The General Council of the Assemblies of God U.S.A., I represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Assemblies of God World Missions or The General Council of the Assemblies of God U.S.A.

2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury, increased stress, accident, disease, inadequate medical services and supplies, death, criminal acts— including terrorism—natural disasters, government action, and relocation due to any of the above. I accept my assignment with full awareness of these risks, and subject to the insurance coverage described in the AOG GTL insurance brochure, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. Subject to the insurance coverage described in the AOG GTL insurance brochure, I waive and release any and all claims for damages which I or my heirs or successors may have against Assemblies of God World Missions, The General Council of the Assemblies of God, any district council of the Assemblies of God, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian and subject to the insurance coverage described in the AOG GTL insurance brochure, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I understand and accept the following policy of Assemblies of God World Missions regarding ransom payments:

   The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage, should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

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CODE OF CONDUCT

AGWM Personnel and Member Care

"Let us therefore make every effort to do what leads to peace and to mutual edification."
Romans 14:19 NIV

As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life. Paul wrote to Titus,

> *And show your own self in all respects to be a pattern and* ***a model of good deeds and works****, teaching what is unadulterated, showing gravity [having the strictest regard for truth and purity of motive], with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us."*
> (Titus 2:7-8, *Amplified Bible*, emphasis added)

As a MAPS team member,

- I realize the important role I serve as an example to those in the United States and abroad. I understand that I represent not only my local church, but also Assemblies of God World Missions, and most importantly, Jesus Christ.

- In respect to this assignment, I will refrain from anything (e.g., alcohol, tobacco, unwholesome speech) that may distract from my Christian testimony, cause division, or demonstrate disrespect to the national church, missionary personnel, my team, or the Assemblies of God.

- I promise to forgo my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.

- I affirm that I do not have any criminal convictions or allegations related to sexual misconduct with an adult or minor, nor do I know of any reason I should not be allowed to work with adults or minors as a short-term missions volunteer.

"It is better not to eat meat or drink wine or to do anything else that will cause your brother or sister to fall." (Romans 14:21, NIV).

"Therefore I, the prisoner of the Lord, implore you to walk in a manner worthy of the calling with which you have been called, with all humility and gentleness, with patience, showing tolerance for one another in love, being diligent to preserve the unity of the Spirit in the bond of peace." (Ephesians 4:1-3, NASB).

"You are witnesses, and so is God, of how holy, righteous and blameless we were among you who believed. For you know that we dealt with each of you as a father deals with his own children, encouraging, comforting and urging you to live lives worthy of God, who calls you into his kingdom and glory." (1 Thessalonians 2:10-12, NIV).

See also Romans 12:1-2, Titus 2:11-14, John 13:12-17, 1 Corinthians 11:1.

Only complete these next forms if applicant is under age of 18

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PARENTAL CONSENT AND MINOR AUTHORIZATION

For Minors Under the Age of 18 on Missions Team Trips

AGWM Personnel and Member Care

Parents or legal guardians of minor children are required to complete this form and give it to the team leader. The team leader brings the original (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian in the presence of a notary.

Minor's Name: _____ Date of Birth: _____

Street Address: _____ City, State Zip: _____

Father's Name: _____ Father's E-Mail: _____

☐ Address is same as child's *(skip to phone information)*

Father's Address: _____ City, State Zip: _____

Father's Phone Numbers - Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Mother's E-Mail: _____

☐ Address is same as child's *(skip to phone information)*

Mother's Address: _____ City, State Zip: _____

Mother's Phone Numbers - Home: _____ Work: _____ Cell: _____

I approve the following travel plans:

Dates of Travel: _____ Team Confirmation #: _____

Destinations/
City and Country:

I authorize the team leader to make any changes whatsoever to the travel plans specified above.

Sending Church: _____ Church Location: _____

Medical Information

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your child presently being treated for injury/sickness or taking *any* form of medication? ○ No ○ Yes (explain)

Is your child allergic to any type of medication? ○ No ○ Yes (explain)

Does your child require a special diet? ○ No ○ Yes (explain)

Does your child have any allergies other than medical? ○ No ○ Yes (explain)

Does your child have any physical condition or illness that would prevent him or her from participating in rigorous activity? ○ No ○ Yes (explain)

Does your child ever sleepwalk? ○ No ○ Yes

Can your child swim? ○ No ○ Yes

Policy Requirements for Minors

Guidelines for minors have been established by Assemblies of God World Missions and The General Council of the Assemblies of God and are taken from U.S. child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses abroad. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Requirements are as follows: (1) Minors between the ages of 14 and 17 can be recognized as part of a team. (2) Minors under age 14, although we cannot prevent their travel to a foreign field, are not eligible to be recognized as team members. This means any expenses associated with a minor under 14 must be kept separate and not listed with trip expenses for World Ministries credit for Total Giving. (3) Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Minor Authorization form and overseas insurance coverage through AGWM. The team leader is responsible to assign an adult to supervise a minor at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the child named above (under "Minor's Name") do hereby consent to the child's participation on a team outreach sponsored by Assemblies of God World Missions to the country noted above, including, but not limited to, all of the activities customarily associated with an AGWM MAPS team trip. I am aware of the hazards and risks associated with such a trip, including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

Further, I certify that the child is physically fit and adequately trained to participate in an overseas team trip. I have contacted either our public health department or a travel clinic and our local physician regarding vaccinations, immunizations, and other precautions for the prevention of disease. I certify that the child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

I understand that while the above-named child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

Subject to insurance coverage described above, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Assemblies of God World Missions, The General Council of the Assemblies of God, any district council of the Assemblies of God, the local church sponsoring the team missions trip, or any agent or employee of any of such organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her assignment or as a result of his or her assignment. I also hereby assume all risks of death, illness, or injury that my child may suffer as a result of said assignment, from those causes described above.

I understand and accept the following policy of the Assemblies of God World Missions regarding ransom payments:

The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I attest to the truthfulness, accuracy, and validity of the foregoing statements under penalty of perjury under the laws of the State of _____ Print Form

Minor's Name: _____

_____ _____ ☐ Sole Custody

Father's/Legal Guardian's Signature *Date*

_____ _____ ☐ Sole Custody

Mother's/Legal Guardian's Signature *Date*

Certificate of Acknowledgement of Notary Public

STATE OF _____ COUNTY OF _____

Acknowledged before me on _____ (date)

by _____ (parental/legal guardian)

and _____ (parental/legal guardian)

_____

Signature of Notarial Officer

Notary Public for the State of _____ My commission expires _____

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TEMPORARY GUARDIANSHIP

AGWM Personnel and Member Care

This form is required if *neither* parent is traveling with their child. *Both* parents will also need to sign the "Parental Consent and Authorization for Travel" form. *The temporary guardian must sign this form.*

Trip ID #: _____

I declare that I am the lawful guardian of _____. I authorize
Name of Child

_____ to supervise my child, _____
Temporary Guardian *Name of Child*

for the duration of the trip to _____.
Country

Start date: _____ End date: _____

In the event that my child requires emergency medical treatment and I cannot be reached, _____ is authorized to consent to medical treatment.
Temporary Guardian

Father's Signature: _____ Date: _____

Address: _____

Phone: _____ Sole Custody ☐

Mother's Signature: _____ Date: _____

Address: _____

Phone: _____ Sole Custody ☐

Temporary Guardian's Signature: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

Acknowledged before me on _____

by _____ (parent/legal guardian)

and _____ (parent/legal guardian)

Signature of Notarial Officer _____

Notary Public for the State of _____ My commission expires: _____

Print Form