



## MISSION TRIP APPLICATION

Trip for which you are applying: \_\_\_\_\_

Dates of trip: \_\_\_\_\_

### PERSONAL INFORMATION

*(Note: your passport should be valid for at least six months beyond the return date of the trip.)*

Name as it appears on passport: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Church/City/Denomination: \_\_\_\_\_

Passport #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Please describe your current or recent employment and/or volunteer activities. \_\_\_\_\_

\_\_\_\_\_

Have you gone on short-term mission trips before? If so, to where? When? With whom? \_\_\_\_\_

\_\_\_\_\_

Outreach Foundation mission/vision trips are designed to engage followers of Christ in His work in the world. With that in mind, how might your participation in this trip impact you, and how might you engage your congregation (and/or Presbytery) upon your return?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Contact's name: \_\_\_\_\_

Contact's relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION FOR OUTREACH USE ONLY**

Do you have physical/emotional health issues Outreach should know about if you travel with us?

\_\_\_\_\_

In case of a health emergency, please list prescription medications you are taking. \_\_\_\_\_

\_\_\_\_\_

Do you snore heavily or are you a light sleeper? (You are likely to have a roommate, and this info helps us to make appropriate pairings.)

\_\_\_\_\_

Do you have any dietary restrictions? If so, what will you need to do to provide for your needs? \_\_\_\_\_

\_\_\_\_\_

## WAIVER OF LIABILITY AND EMERGENCY AUTHORIZATION

I am participating in The Outreach Foundation mission trip on \_\_\_\_\_ (dates) of my own free will and understand that I should not participate unless I am physically and medically able. In consideration of The Outreach Foundation allowing me to participate, I assume full and complete responsibility for any injury, accident or illness that may occur while I am traveling to or from \_\_\_\_\_ (departure city) and during my travel to \_\_\_\_\_ (destinations).

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed, practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

I understand that any expenses that are incurred by me due to accident or illness are my responsibility and not the responsibility of The Outreach Foundation. I also am aware of and assume all risks associated with participating in this mission trip. I, for myself and my heirs and executors, hereby waive, release and forever discharge The Outreach Foundation, its trustees and staff, its agents, representatives, successors and assigns, and all other persons associated with the mission trip, for any and all liabilities, claims, actions, damages, costs and/or expenses that I may have against them arising out of or in any way connected with my participation in this mission trip. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

**Please return to:  
Carol Dublin  
The Outreach Foundation  
381 Riverside Drive, Suite 465  
Franklin, TN 37064**

## READ CAREFULLY BEFORE APPLYING TO TRAVEL

**Passports and Visas:** Individuals participating in Outreach Foundation trips are often required to have a visa for entry to any given country. Please note that The Outreach Foundation may need possession of your passport for visa processing, perhaps for as long as three weeks. If you are traveling abroad in close proximity to an Outreach Foundation trip, you may need to apply for a duplicate passport. Consult with Outreach staff on this matter. **Once visa processing is completed, each individual traveler is responsible for checking the passport to ensure that the travel dates on the visa accurately reflect the travel dates of the trip.**

**Credit cards:** When credit cards are used to pay The Outreach Foundation for trip-related expenses, please check the box to cover the credit card fees.

**Personal side trips:** Individuals planning personal travel in conjunction with an Outreach trip are responsible for coordination and payment regarding all travel plans (airfare and ground itinerary) for the personal portion of the trip. In addition, any expenses, travel delays, or other unexpected occurrences that arise during a personal portion of a trip are not the responsibility of The Outreach Foundation.

**Insurance:** Individuals participating in Outreach Foundation trips must have medical insurance that provides adequate coverage while they are traveling. Participants should review the provisions of their own policy and contact their insurer to determine whether or not they should obtain additional personal coverage for the duration of the trip. Uncovered expenses that are incurred by trip participants due to accident or illness – including medical costs, airline change fees, additional hotel stays, and medical evacuation – are the responsibility of the participant, not The Outreach Foundation. The Outreach Foundation does not provide trip cancellation or other travel insurance coverage, and travelers should decide for themselves if they wish to obtain such coverage.

**Inoculations and Medications:** Outreach Foundation trips often venture into areas of the world posing special health risks. Trip participants should review the travel health advisories on the Centers for Disease Control and World Health Organization websites and should consult with their own physicians or an international travel clinic to make informed decisions about inoculations and medications. The Outreach Foundation does not offer medical advice but will make it clear when inoculations are required for entry into a country on the itinerary. Participants shall notify Outreach of medical conditions and prescriptions that they are taking to ensure the availability of that information in case of a medical emergency.

**Deductibility:** The Outreach Foundation issues tax receipts for payments made by individuals for the cost of that individual's participation in one of our mission trips; however, in so doing The Outreach Foundation does not give tax advice. Each individual should contact their personal tax advisor to evaluate their situation and determine the deductibility of trip expenses.

<b><u>Payment schedule</u></b>	ASAP	\$150 deposit to hold your place
	60 days before departure	½ total cost
	30 days before departure	balance due

**To apply** to travel with The Outreach Foundation, please return the following items to the address below:

- 1) completed application (pages 1-3), including Waiver of Liability form
- 2) two copies of the photo/information page from your passport
- 3) \$150 non-refundable deposit (will be returned if we are unable to approve your application)

**The Outreach Foundation, 381 Riverside Drive, Suite 465, Franklin, TN 37064**