

NEW MEXICO WOMEN'S MINISTRIES



SOUTH AFRICA

MISSIONS TRIP APPLICATION FORM

OCTOBER 18-28, 2012

ESTIMATED COST: \$3,600

**HELP US SPREAD THE GOSPEL
TO THE ENDS OF THE EARTH**

Rustenburg, South Africa

October 18 - 28, 2012

Tentative Payment Schedule

PAYMENT	DUE DATE	AMOUNT
<i>Deposit is non-refundable</i>	February 18	150.00
Payment #1	March 18	900.00
Payment #2	April 18	900.00
<i>No refund after this payment.??</i>		
Payment #3	May 18	600.00
Payment #4	June 18	600.00
Payment #5	July 18	450.00
<i>Total must be paid by this date!</i>		
TOTAL (estimated cost)		3600.00

Dates: October 18-28, 2012 (will adjust by a few days on either end based on flight schedules)

Approximate Cost: \$3600 (All inclusive except required passport and vaccinations)

Team Confirmation # 4186 (please enter this number where required)

Keep this page & cover page!

Complete the following pages and mail to:

New Mexico District Council
SOUTH AFRICA TRIP
6640 Caminito Coors NW
Albuquerque, NM 87120

To contact Becky Dickenson:

Office phone: 505-899-5399 x 7

Cell phone: 505-350-6998

Email: bdickenson@nmaog.org

Website: www.nmaog.org

TURQUOISE TRAIL APPLICATION FORM
Destination – Rustenburg, South Africa 2012

All information must be filled in for application to be accepted.

Office Use Only	
Date Received	____/____/____
Approved	_____
Deposit Rec.	_____ Check# _____
Info Still Needed	_____

Personal Information (Please print)

Name _____
As it appears on your passport (First) (Middle) (Last)

Phone _____ Cell ph. _____ Work ph. _____

Church Home _____ City _____

E-mail _____ T-shirt size _____

Spiritual Information

Please check which of the following you have personally experienced:

____ Salvation ____ Water Baptism ____ Infilling of the Holy Spirit

What is your involvement in your local church? _____

What is your Pastor's name and telephone number? _____

Trip, Work and Ministry Information

Have you ever traveled outside the country before? Yes ____ No ____

If you have been on a mission's trip previously please list where and in what year you went: _____

List your ministry experience: _____

TRIP DATE INFORMATION

Departs from Albuquerque October 18, 2012 and Returns to Albuquerque October 28, 2012

Statement of Cooperation

By signing this application, I am stating that I have answered all of these questions honestly. I am also agreeing to exemplify a Christian attitude at all times. I will cooperate with leadership and maintain a team mindset at all times. I agree to be on time with all trip payments and for all appointments during the trip. I will go to the work site each day and will attend all meal functions or other activities scheduled for the team. I am committed to pray that God will use this team to bring glory to Himself as I work in South Africa.

I also agree that I will not hold the New Mexico District Assemblies of God responsible for anything that might happen to me while I am a part of this mission's trip.

(Signature)

(Date)

Note: A \$150.00 non-refundable deposit must accompany this completed application. *(In the unlikely event that you are not accepted, your full deposit will be refunded.)* You will receive a letter of acceptance in the mail giving you the full details of the payment schedule for the trip and full payment will be required one month before trip departure.

Before you complete the form, please know...

Travelers with disabilities

Laws for accommodating those with disabilities are vastly different than in the USA. New Mexico District Council Assemblies of God Inc. cannot guarantee the level of physical demands for the trip or the assistance available to an individual. For that reason, we are unable to accommodate participants in wheelchairs or those unable to walk for extended periods of time.

Insurance Information

I understand that my personal health insurance will provide primary coverage for any accident, incident or event that occurs while I am a trip participant and further understand that Mission of Mercy will provide an international travel health insurance policy which provides secondary coverage to my health insurance.

Immunization

It is strongly recommended that you contact your physician to inquire about any pre-travel vaccinations he/she might suggest. It is the policy of New Mexico District Council Assemblies of God Inc. to leave such decisions to the traveler and his/her chosen medical professional. You may also check the Center for Disease Control for information on country requirements (www.cdc.gov).

Medical Information Form for traveling with:

New Mexico District Council Assemblies of God Inc.

INFORMATION ON YOUR CURRENT HEALTH COVERAGE				
Insurance Company Name		Policy number		Insurance ID number
Company Address			City	State Zip
Phone ()		In whose name is the policy		

CURRENT HEALTH CONDITION	
Pre-existing medical conditions:	
Do you have?	
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Nervous Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Frequent Upset stomach <input type="checkbox"/> Physical Handicap	
Name & dosage of any medications that must be taken during the trip:	
Date of Last Tetanus Shot: *	
Do you wear contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any known allergies:	

Allergies to medications:
Details of treatment for allergic reactions:
Activity restrictions:
Should you require medical attention, please note any information that the physician should be aware of prior to your treatment:
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand and acknowledge that I am in good physical and mental health and am able to walk unassisted and lift a minimum of 20 pounds without assistance.
<p>*It is strongly recommended that you contact your physician to inquire about any pre-travel vaccinations he/she might suggest. It is the policy of New Mexico District Council Assemblies of God Inc to leave such decisions to the traveler and his/her chosen medical professional. You may also check the center for Disease Control for information on country requirements (www.cdc.gov).</p>

HIPAA ACKNOWLEDGEMENT
<p>For purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules, all health care providers shall treat my acting health care agent as my Personal Representative. As required by 45 CFR 164.524, I hereby expressly authorize any physician, hospital and any other person or organization to release and disclose to my agent any information any of them may have concerning any treatment, diagnosis, recommendation, or other facts which they may have concerning my physical condition and any health care, counsel, treatment, or assistance provided to me. My Personal Representative may authorize disclosure of my protected health information to others. Health care providers covered by HIPAA include, but are not limited to, the physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, insurance company, and health care clearing houses.</p>
Initial Here: _____

AUTHORIZATION FOR MEDICAL TREATMENT
<p>This health history is correct to the best of my knowledge and I am able to engage in all activities involved with this trip except as noted. I hereby give permission and authorize the licensed physician(s) selected by my Agent to secure or administer emergency medical treatment, including hospitalization and other emergency medical procedures that may be needed by me.</p>
<p>I further authorize the physician(s) or licensed dentist(s) to associate any necessary medical providers at his/her discretion. I understand that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage my Agent and said physician(s) or dentist(s) to exercise their best judgment regarding the requirements of such diagnosis or medical, dental or surgical treatment.</p>
<p>I agree to remain fully liable and responsible for the payment of any such hospital, physician, ambulance, dental or medical expenses with exception of the Accident Coverage as set forth below. I further agree that in giving this permission, authorization and consent, New Mexico District Council Assemblies of God, Inc. do not assume any responsibility or liability for the payment of such hospital, physician, ambulance, dental or other medical expenses which may be incurred.</p>
Initial Here: _____

This Section For Notary Use Only

The undersigned warrants that he/she has fully read and understands this **Medical Waiver & Release Permission to Treat** agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

IN WITNESS WHEREOF, I have executed this document this ____ day of _____, 20__.

Printed Name of Participant: _____

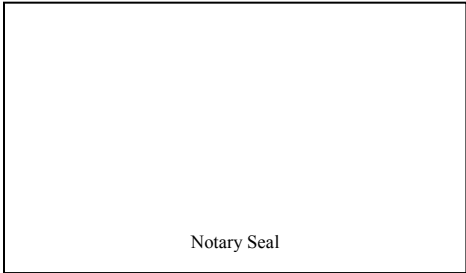
Signature of Participant: _____

Passport Number: _____

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20__, before me personally appeared _____ to me known to be the person described in and executed the foregoing instrument and acknowledged that ____ executed the same as ____ free act and deed.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, State of _____, the day and year first above written.



Notary Public

My Commission Expires: _____

Before you apply, please know...

Passports

Each traveler will be required to have a US passport valid for at least 6 months after the dates of the trip and have at least one blank unstamped visa page in their passport to enter South Africa. To find out how to apply for a passport or renew a passport to go to http://travel.state.gov/passport/passport_1738.html

Travelers with disabilities

Laws for accommodating those with disabilities are vastly different than in the USA. New Mexico District Council Assemblies of God Inc. cannot guarantee the level of physical demands for the trip or the assistance available to an individual. For that reason, we are unable to accommodate participants in wheelchairs or those unable to walk for extended periods of time.

Personal Expenses

New Mexico District Council Assemblies of God Inc. and its field staff determine cost of in-country accommodations. Expenses incurred while en route are the responsibility of the traveler as well as additional hotel fees from phone or Internet usage.

Preparing for the trip

Medical precautions should be explored solely by the traveler. New Mexico District Council Assemblies of God Inc. does not make any statement concerning required or suggested immunizations before travel. More information can be found at www.cdc.gov or by calling your local community health clinic.

This form required for traveling with:

New Mexico District Council Assemblies of God Inc.

(Please print)

TRAVELER INFORMATION					
Traveler's last name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	Preferred name
Street address		Home phone ()	Cell phone ()		
City	State	Zip Code	Birth Date	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Full name on passport, if different	Passport Number	Expiration date	Issuing Country		
Email					

EMERGENCY INFORMATION			
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone ()	Work phone ()
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone ()	Work phone ()
<input type="checkbox"/> Traveler can walk unassisted		<input type="checkbox"/> Traveler can lift weights and perform light physical labor	

Covenant not to Sue

Please read statements below and sign

IN WITNESS WHEREOF, This Release for Covenant not to Sue is executed this		Day of		the year	
Name (please print)	Signature			Date	
Witness Name (please print)	Signature			Date	

Covenant not to Sue
 The undersigned understands and acknowledges hereby being invited to participate with New Mexico District Council Assemblies of God Inc. in certain travel activities connected with its business activities. The undersigned has been informed of the risks that may result from such participation, including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident or disease. The undersigned nevertheless has voluntarily chosen to participate in and travel with New Mexico District Council Assemblies of God Inc.

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including, but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be personally required for travel with New Mexico District Assemblies of God Inc. The undersigned further acknowledges having had the opportunity to consult with legal counsel and with respect to rights and obligations under this Release and Covenant Not to Sue and the legal effect thereof.

Having been fully appraised of the risks, and in consideration of allowing the undersigned to travel with New Mexico District Council Assemblies of God Inc., the undersigned hereby releases and covenants not to sue New Mexico District Council Assemblies of God Inc. employees, officers, directors, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with New Mexico District Council Assemblies of God Inc.

There is no reservation or agreement not clearly expressed herein. The undersigned has read this Release and Covenant Not to Sue and understands all of its terms. The undersigned executes it voluntarily, with the full knowledge and intention to be legally bound. This Release and Covenant Not to Sue is made in and shall be governed by and construed according to the laws of the State of New Mexico, United States of America.

MEDIA WAIVER (Optional)
<input type="checkbox"/> I consent to New Mexico District Council Assemblies of God Inc. using photographs and video containing my likeness for future promotional material disbursed in the public domain.
<input type="checkbox"/> I wish New Mexico District Council Assemblies of God Inc. not to use any picture or video containing my likeness.

SIGNATURE FOR TRAVELER APPLICATION FORM		
I assure all information given is complete and accurate to the best of my ability. I have read and understand the contents of this document and agree to abide by this written standard.		
	*No Notary needed	
Name	Signature	Date



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.

I have read and understand the above policy.

Print Full Name: _____

Signature *Date*

Team Confirmation #: _____

NOTE: A Code of Conduct form is required from each team member.

"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.



BACKGROUND CHECK RELEASE

AGWM Personnel and Member Care

MAPS Team Member

I authorize AGWM to run a background check by providing the information below and signing this form.

First Name: _____ Middle Name: _____ Last Name: _____

Soc. Sec. #: _____ Birth Date: _____
Note: The entire Social Security number is required to run the background check.

Team Confirmation #: _____

Signed

Date

Current Address (No P.O. boxes.)

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Previous Address

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____



ASSUMPTION OF RISK AND INSURANCE AGREEMENT

AGWM Personnel and Member Care

MAPS TEAM MEMBER

PART 1—ASSUMPTION OF RISK

I, _____ (*print full name of volunteer legibly*), 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. 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.

PART 2—SIGNATURES

HAVING CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND INSURANCE AGREEMENT AND UNDERSTANDING THE CONTENTS, I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

Date: _____

Legible Signature

Address

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.

First Witness's Legible Signature

Address

Second Witness's Legible Signature

Address

Please give this signed form to your team leader.

Team leader, please mail the signed forms to:

**PMC Team Application Specialist
Assemblies of God World Missions
1445 North Boonville Avenue
Springfield, MO 65802-1894**

Team Confirmation # _____