

**Partners in Missions, Inc.**  
**Application for Your Mission Trip**

108 Patrick's Cove ~ Calhoun, LA 71225 Ph/Fax: 318-397-5215 Cell: 870-500-3576  
E-mail: [karvin@partners-in-missions.org](mailto:karvin@partners-in-missions.org) [www.partners-in-missions.org](http://www.partners-in-missions.org)

Trips are usually limited to the first 15 who send in their application with their deposit. Your space CANNOT be reserved until deposit is received. Money received for trip, minus \$100, is refundable until tickets have been issued. After which time, the amount of refund depends upon actual expenses incurred by PiM. PiM reserves the right to refuse any application. Make check payable to: "Partners in Missions".

Price quoted is the APPROXIMATE cost from a U.S. International Airport, unless expressed otherwise, and is NOT guaranteed until tickets are issued. Your **extra** expenses will be...

- ~ **Souvenirs** ~ **Meals** while traveling/tourism
- ~ **Passport/Visa Fees** (passport must be valid for at least 6 mo. after scheduled return)
- ~ Possibly your **Domestic Flight** to the departing U.S. International Airport.

The Mission Trip is beneficial for both the Host Church and the Church offering assistance. The interacting of the two cultures helps one better understand and promote the unity of Christ's Body. Both parties build relationships that are often maintained for years. It is our prayer that your Mission Trip will be as rewarding.

**Partners in Missions Will Provide**

- Round trip tickets from your nearest airport to mission site
- Domestic flights may be in addition to the price quoted.
- Private transportation while at the mission site
- Guide and Interpreter for your sightseeing
- A director for all of your activities from the time of your arrival at the International Airport, to your return to the International Airport
- Meals while not traveling or touring
- Receipts for money paid by you to PiM for this trip, which are tax deductible

**The Host Church Will Provide**

- A place to stay and help with meals
- Workers from the local church as their time and jobs permit
- A warm and loving atmosphere in which to learn another culture
- Plans and Permits for construction
- Proof that the said property is in the name of the National Church of God

**Those Going on This Mission Trip**

- Should be able to assist in the following ways: Preach/Teach, Construction, VBS, Crafts, Cooking, etc.
- Shall have a respect for the culture of the Host Church, which includes their style of dress and worship. In general, the Church of God in Latin America is more conservative than the Church of God in the U.S.; therefore your dress should be modest.
- Shall be an effective witness for the Lord. No one will be allowed to use any type of alcoholic beverage, tobacco, or profanity while a part of this mission team. Your dress must be modest and conservative. If you have questions, contact PiM before you leave for this trip.
- Shall attend all mission trip activities, including devotions and services; and conduct themselves in a Christian manner.

**A Deposit is Necessary with This Application**  
Your Space Cannot Be Reserved Until Deposit is Received  
Make Check Payable to: "Partners in Missions".

Mission To: \_\_\_\_\_ (fill in country you're going to visit)

PLEASE PRINT CLEARLY and RETURN Pages 2 & 3 to:  
Partners in Missions  
108 Patrick's Cove ~ Calhoun, LA 71225

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Name: \_\_\_\_\_ Phone (home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Legal Name as on Passport)

E-mail: \_\_\_\_\_

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

Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Church Home: \_\_\_\_\_ Your Responsibilities in Your Church: \_\_\_\_\_

Your Pastor's Name: \_\_\_\_\_ Phone(ofc) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (home) \_\_\_\_ - \_\_\_\_

Your Pastor's Signature as a Recommendation for this Mission Trip: \_\_\_\_\_

Passport # \_\_\_\_\_ (send PiM a color copy of the page that has your picture)

Person to Contact in Emergency (Name) \_\_\_\_\_ (Phone) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Prior Mission Trip Experience? \_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Polo Shirt Size: \_\_ Small \_\_ Medium \_\_ Large \_\_ X Large \_\_XX Large

Occupation: \_\_\_\_\_ What Type of Skills Do You Have? \_\_\_\_\_

Health Problem We Should Know About: \_\_\_\_\_

Name of Your Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

(Send PiM copy of Insurance Card. Check to see if you will be covered outside the U.S.)

**RELEASE of LIABILITY:** I understand that no individual, person, group, church, or organization is liable for any injury, damage, or loss that would be connected with this mission project. I agree to hold any person, group, church, or organization FREE from all liability. I also agree to abide by the guidelines on pg. 1, under "**Those Going on This Mission Trip...**"

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**CONSENT, INDEMNIFICATION, RELEASE, AND WAIVER OF LIABILITY**

I do hereby CONSENT to my/my child’s participation, and do hereby assume all of the risks associated with such participation, do hereby INDEMNIFY, RELEASE, WAIVE LIABILITY and forever discharge Partners in Missions and all of its officers, directors, employees, volunteers, and any persons connected therewith, from any and all loss, liability, actions, claims and demands of any nature, past, present or future, that may result from or be in any way related to my/my child’s activities conducted under the auspices of Partners in Missions.

1. I understand that this document is a release, indemnification and a waiver of liability for the benefit of Partners in Missions and that by this document I am assuming the risks of traveling to and working in such foreign countries as Partners in Missions may select in order to carry out a mission trip. I understand that I will be traveling and working in areas where health and sanitation practices may be below United States standards. I also understand the risks inherent in air travel: death, illness, terrorism and inadequate medical facilities.
2. I understand that the people I am releasing may hereafter make mistakes, commit acts, or otherwise fail to do things, which may cause my death, injury, illness or loss of property or other serious harm. I am taking that risk; and if such should occur, it is my loss and I understand that the release and waiver releases Partners in Missions, its employees, agents and assigns from any liability in such loss. I, or anyone on my behalf, cannot seek any damages, compensation or other remuneration from Partners in Missions for that loss. My spouse, children, heirs and beneficiaries also waive damages, compensation or remuneration in the event of my death, injury, illness or any other detrimental occurrence. I understand that I am indemnifying Partners in Missions, its employees, agents and assigns, from any liability as a result of my actions during the course of my volunteer services with Partners in Missions.
3. I understand that Partners in Missions does not provide insurance coverage of any kind to me.
4. I understand that Partners in Missions will not be held responsible for any additional cost, loss of airfare deposits, or losses due to flight schedule changes or cancellation, whether by me or by airline, including connecting flights. I understand that there is to be no deviation in travel itineraries to any other destinations unless previous arrangements are investigated and approved by trip leader very early in advance planning of travel. I also understand that any deviation from the group itinerary for additional tourism is NOT authorized under terms of a group itinerary. Any possibility of travel deviation may not be possible and MUST be discussed with group leader.
5. I understand that ninety percent (90%) of money paid for trip is refundable until contract with airline is issued. After that time the amount of refund depends upon actual expenses incurred by Partners in Missions.
6. I understand that passports and sometimes visas are required for international travel and that it is my responsibility to obtain the necessary travel documents. Partners in Missions will not be held responsible for any loss of travel cost due to lack of obtaining these documents.
7. I acknowledge that I have completely read and understood this document. I am signing this document freely and voluntarily and without any coercion or any influence of any kind. I acknowledge that there have been no promises, representations or inducements to my signing this document other than those set forth herein.

\_\_\_\_\_   
Print Name of Applicant

\_\_\_\_\_   
Signature of Applicant

\_\_\_\_\_   
Date

**If under 18, Must be Notarized**

Name of Parent/Guardian (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Notary: \_\_\_\_\_