

Minor

APPLICATION FOR HONDURAS/CENTRAL AMERICA SHORT-TERM MISSION 2011

Radios4Jesus (R4J) In cooperation with Good Samaritan Baptist Missions, Inc. (GSBM)

VERY IMPORTANT!!! PRINT CLEARLY!!! ANSWER ALL QUESTIONS!!!

Mail to: P.O. Box 11929 Glendale, AZ 85318 Questions? Call 623-266-9082

Must Include \$150 payable to "Radios4Jesus" with your application

Trip 1: July 30th – Aug. 10th Trip 2: Aug. 9th – 20th Both: July 30th – Aug. 20th

Please Mark Your Choice of Trips.



Turn in Applications ASAP due to Airline Reservations

PERSONAL INFORMATION

PASSPORT Name _____

As is or will appears on PASSPORT First _____ Middle _____ Last _____

Passport # _____ Expiration Date: ____/____/____

Need to obtain a passport ____ Passport application in process ____

SS# _____ - _____ - _____ Date of Birth: ____/____/____ Sex: M ____ F ____

Home Address: _____ Apt. # _____

City _____ State _____ Zip _____

Home Ph: (____) _____ - _____ Daytime Ph: (____) _____ - _____ Cell: (____) _____ - _____

E-mail Address: _____ Parent E-mail _____

Father/Guardian Name _____ Home Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian Name _____ Home Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Are your parents: Married ____ Separated ____ Divorced ____

If your parents are divorced, who has legal custody? Father ____ Mother ____ Joint ____ Other _____

T-Shirt Size: _____ (S, M, L, XL, XXL)

Please explain any "yes" answers to the questions below on a separate sheet.

1. Have you ever been arrested? Yes ____ No ____ Convicted? Yes ____ No ____
2. Have you been involved with any of the following within the past year? A cult? Yes ____ No ____ The Occult? Yes ____ No ____
3. Have you used any of the following within the past year?
Alcohol? Yes ____ No ____ Illegal Drugs? Yes ____ No ____ Tobacco? Yes ____ No ____
4. Have you ever had psychiatric care or treatment? Yes ____ No ____
5. Are you dating anyone who is also applying for this trip? Yes ____ No ____
6. Are you presently under medication prescribed by a doctor? Yes ____ No ____ *If yes, indicate the type of meds and any medical information that could possibly be significant.*
7. How would you describe your overall health fitness? Excellent ____ Good ____ Average ____ Below Average ____ (Explain)
8. Do you or have you ever had? Seizures? Yes ____ No ____ Fainting Spells? Yes ____ No ____ Eating Disorder? Yes ____ No ____
Heart Disorder? Yes ____ No ____ Diabetes? Yes ____ No ____ Respiratory Problems? Yes ____ No ____ Chronic Illness? Yes ____ No ____
Back Problems? Yes ____ No ____ Other? _____
9. Do you have any disability or disease that might affect your ability to fully function on this trip? Yes ____ No ____

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Disclaimer/Waiver for MINORS

I/we understand the purpose of the Radios4Jesus (referred to hereafter as R4J) Honduras/Central America Short-term Mission trip in cooperation with Good Samaritan Baptist Missions (referred to hereafter as GSBM) is to share the Gospel of Jesus Christ and other activities will be permitted only if they coincide with the team's purpose and do not hinder the ministry. I/we understand schedules, travel arrangements and trip prices are based on current research and are subject to change. I/we understand R4J and (GSBM) reserve the right to change or cancel a trip for any reason deemed necessary. I/We understand that if others, including myself/us, choose to participate financially in support of the mission trip that it is with the understanding that according to IRS regulations, R4J has complete discretion and full control over the use of all donated funds. All funds raised beyond the requirement of the participants will be allocated to support the goals of the R4J ministry. I understand that there can be no refunds if a team member either elects at some point not to go or is unable to go on the mission trip. In either event monies, at the discretion of R4J, would go toward meeting expenses connected with the goals of the ministry which is the Lord's work.

I/we understand R4J has sole authority to reject any person from participation and may at its sole discretion, cancel or reject an applicant for whatever reason it deems necessary due to acts that are deemed in R4J's sole discretion, otherwise unacceptable, detrimental to or incompatible with the mission or otherwise dangerous or incompatible with the safety, health, compatibility, comfort, welfare or interests of the mission and its participants. I/we authorize R4J to share confidential information and/or do background checks for purposes deemed necessary by R4J to determine eligibility/suitability for the mission trip. Information of a confidential nature will be kept confidential except as deemed necessary for purposes previously stated.

I/we understand R4J and GSBM require strict compliance with rules and regulations set forth in ministry guidelines, including rules concerning conduct, dress and Christian lifestyle. I/we have read and understand the packet of information provided for accepted applicants.

I/we understand as a team member, the minor child participant will be representing the Lord Jesus Christ, his/her sending church and the United States. I/we realize that as such a representative, the minor child must avoid behaviors that are inappropriate to their host culture. I/we understand that the minor child is expected to follow any additional rules/guidelines instituted by the team leader(s). I/we recognize that any deviation from the guidelines could result, after attempts at reconciliation, in the minor child's dismissal from the team with no refund or, if during the mission experience, in being sent home at my/our own expense. If the minor child is removed from the mission in progress, one parent will be notified and that parent will notify the 2nd parent if there is one. I/we will work with R4J leadership to make travel arrangements for the minor child to be sent home. I/we shall be solely responsible for the costs and expenses incurred after the date of such removal, including but not limited to all transportation, accommodations and meals. I/we agree that I/we shall forever indemnify, defend and hold harmless R4J and their respective directors, officers and leaders from any loss, claim, damage, cost, penalty, expense or other liability.

I/we have been advised that the trip may at times require vigorous physical effort and exertion with walking over rough terrain. I/we agree that the minor child must cooperate with and abide by all safety and security precautions undertaken or recommended by R4J/ GSBM and that failure to do so shall be at the minor child's own risk. I/we understand all participants are required to be in good physical condition and parent(s)/guardian(s) must sign a medical release and in questionable cases or conditions, a written doctor's clearance will be required. I/we understand that medical facilities available for participants at the mission base and in the field will be limited to local doctors with rudimentary equipment, more sophisticated facilities are located approximately 1 ½ to 4 hours from mission base.

I/we understand that there will be necessary preparation and training and that attendance at all sessions is vitally important to the success of the mission. I/we understand that any necessary absence must be approved by the team leader(s) in advance and the only acceptable excuse for absence would be family emergency, illness, work obligation, or being away on a preplanned vacation. I understand that without the child's active participation and commitment to support all aspects of the mission, the R4J team cannot accomplish its goals.

I/we understand if for some reason and after permission is granted from R4J leadership, I/we choose for the minor child to deviate from the established schedule and extend or shorten his/her stay, the same shall be at my/our own expense and risk.

The information given on this application is accurate and true to the best of my/our knowledge.

I/we give permission for R4J/ GSBM to use the minor child's picture, voice and testimony in any form of promotional or testimonial materials.

I/we understand R4J and GSBM their respective directors, officers and leaders are not liable or responsible for injury or damage directly or indirectly to persons or property in connection with any transportation, accommodations, or other services resulting from acts of God, dangers, incidents in air and sea, fire, breakdown of machinery or equipment, acts of government or other authorities, wars, terrorism, hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, custom regulations, delays, cancellations of or change in itinerary, scheduling or from any other cause beyond the control of R4J/ GSBM.

I/we have read and understand the above information and do hereby release and forever discharge R4J/ GSBM and their respective directors, officers and leaders from all liability, actions, causes of action, damages, claims and demands whatsoever, which I, my heirs, executor, administrators or assigns have now or hereafter may have against them or any of them by reason of any damage, loss or injury to person(s) participation in the R4J/ GSBM short-term mission.

Important: If there are 2 parents, BOTH must sign. In the case of divorce and there is joint or shared custody, BOTH parents must sign! **PRINT NAME OF MINOR:** _____

Printed Name of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

State of _____

State of _____

County of _____

County of _____

On this ____ day of _____, _____, before me
personally appeared _____

On this ____ day of _____, _____, before me
personally appeared _____

whose identity was proved to me on the basis of satisfactory
evidence to be the person whose name is subscribed to this
document, and who acknowledged that he/she signed the
above document.

whose identity was proved to me on the basis of satisfactory
evidence to be the person whose name is subscribed to this
document, and who acknowledged that he/she signed the
above document.

Signature of Notary Public

Signature of Notary Public

Minor

Radios4Jesus (R4J)/Good Samaritan Baptist Mission (GSBM)

MINOR Consent/Medical Release for _____

Clearly print name of minor child

I/We, the undersigned, do hereby give consent for the above-named child to participate in the R4J/ GSBM Honduras/Central America Mission Trip 2011. I/We do hereby release and forever discharge R4J/ GSBM and their respective directors, officers and leaders from all liability, actions, causes of action, damages, claims and demands whatsoever, which I/we, my/our heirs, executor, administrators or assigns have not or hereafter may have against them or any of them by reason of any damage, loss or injury to person(s) participation in said R4J/ GSBM short-term mission.

IN CASE OF EMERGENCY, CALL:

Name _____ Phone (____) ____ - _____ Relationship _____

If above cannot be contacted, call:

Name _____ Phone (____) ____ - _____ Relationship _____

In case of medical emergency, injury or illness to the above-named minor child, I/we the undersigned, hereby empower R4J leadership to be the child's authorized agent(s) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any nurse, paramedic, physician or surgeon. In the absence of any nurse, paramedic, physician or surgeon; I empower R4J leadership to assist in any way they deem necessary.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, surgery or hospital care being required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all diagnosis, treatment, surgery or hospital care, which the aforementioned nurse, paramedic, physician or surgeon in the exercise of his/her best judgment may deem advisable.

I/we recognize and agree that I/we will be ultimately responsible and liable for payment of any medical bills and costs incurred by the child or on his/her behalf that are not covered by travel insurance.

To the best of my/our knowledge all medical information provided is current and accurate. If I/we choose to have the above-named minor child opt out of a tetanus vaccination, I/we hereby absolve R4J/Good Samaritan Baptist Missions, their respective directors, officers and leaders from all liability which I/we, my/our heirs, executor, administrators or assigns regarding any consequences of not receiving the immunization.

I/we acknowledge that I have been informed that malaria regimen is recommended in areas of Central America and I have been advised to take the malaria regimen and the use of insect repellent is necessary.

Medical Information

(If more space is needed, attach separate sheet)

Allergies _____ Allergic Reactions _____

Current Medication: (Include Contact Lenses) _____

Date of last tetanus shot ____/____/____

I/we have consulted my physician regarding malaria regimen which is recommended in some areas of Central America. Yes ___ No ___

I/we acknowledge that I have been informed that malaria regimen is recommended in some areas of Central America and I/we have been advised that the use of insect repellent is necessary.

Other information/instructions _____

Important: If there are 2 parents, BOTH must sign. In the case of divorce and there is joint custody, BOTH parents must sign.

<p>_____ Signature of Parent or Legal Guardian</p> <p>State of _____ County of _____</p> <p>On this ____ day of _____, 201__, before me personally appeared _____ <small>Clearly print name of Parent/Legal Guardian</small> whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.</p> <p>_____ Signature of Notary Public</p>	<p>_____ Signature of Parent or Legal Guardian</p> <p>State of _____ County of _____</p> <p>On this ____ day of _____, 201__, before me personally appeared _____ <small>Clearly print name of Parent/Legal Guardian</small> whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.</p> <p>_____ Signature of Notary Public</p>
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Minor

Pastor/Spiritual Leader Recommendation

Radios4Jesus Short Term Mission
(Confidential)

Applicant Name _____
Pastor/Spiritual Leader Name _____ Title/Position _____
Church _____ Phone: (____) ____ - _____ E-mail _____

How long have you known the applicant? _____
How well do you know him/her? By face/name ____ Casually ____ Fairly Well ____ Very well ____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS IF POSSIBLE:

E = Excellent, G = Good, F = Fair, P = Poor, U = Unknown

Adaptability ____ Dependability ____ Maturity ____ Leadership Ability ____ Servant-hood ____
Spiritual Life/Maturity ____ Spiritual Influence on Peers ____

O = Often, S = Sometimes, R = Rarely, N = Never

Critical ____ Irritable ____ Depressed ____ Argumentative ____ Domineering ____ **Rebellious** ____
Circle Response

- | | | |
|--|-----|----|
| 1. Is the applicant active in your church? | Yes | No |
| 2. To your knowledge does the applicant have a meaningful relationship with Christ? | Yes | No |
| 3. To your knowledge has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, a troubled romance or some other wrong motive? | Yes | No |
| 4. Are you aware of any mental or emotional illness or instability in the applicant? | Yes | No |
| 5. To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? | Yes | No |
| 6. Have you ever had reason to question the applicant's morals? | Yes | No |

Explain a "No" answer to # 1 and "Yes" answers to # 3, 4, 5, or 6

Based on the above information, the applicant is:

Recommended ____ Not Recommended at this time ____ Don't know well enough to recommend ____

_____/_____/_____
Signature Pastor Title Date

**Return to "Radios4Jesus" P. O. Box 11929 Glendale, AZ 85318-1929
Or FAX to 623-594-8985
Questions? 623-266-9082**