

GO TO AFRICA VILLAGE TEAM APPLICATION

COUNTRY YOU WILL BE TRAVELING TO: Sierra Leone Malawi

TRIP DATE:

- Malawi, March 02-12 Sierra Leone, July 19-31
 Malawi Teach Team, June 09-23 Malawi, July 06-17
 Malawi, June 24-July 5

(Please return this application to the Summit Church office.)

[PLACE PHOTO HERE]

PERSONAL INFORMATION

Name as it appears on your passport: (The name you use will be used to purchase your ticket.)

Last _____ First _____ Middle _____

Address: _____
City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

E-mail: _____ (check e-mail regularly for communication)

Date of Birth: ____/____/____ Age: ____ Country of Citizenship: _____

Marital Status: Single Married

T-shirt size: XS S M L XL XXL Gender: Male Female

Passport Number: _____ Exp. Date: _____

Passport Authority: _____ [Apply now, if you do not currently have a passport.]

****Include 3 copies of your passport with this application.**

Describe any training, gifts/abilities, or interests that might be useful on this trip: (example: language, music, construction, children's work)

Describe who you are with reference to profession or accomplishment:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address: _____

MEDICAL RELEASE INFORMATION

Children of the Nations operates in developing countries where volunteers may live, travel and work in conditions that may be dangerous due to exposure to disease, war and any and all other hazards. There may also be limited medical facilities available. The information below is necessary to ensure that COTN may handle any emergency situation to the best of their ability.

Physician's Name: _____ Phone: _____

Health Insurance Provider: _____ Last Physical Exam _____ / _____ / _____

Group # _____ Policy Number _____

Do you have any medical restrictions? Yes No

Do you have any recurrent health problems? Yes No

Are you currently taking any medications? Yes No

Do you have any known allergies? Yes No

What is your blood type? _____

If you answered yes to any of the above questions, you are required to provide additional information.

Please list any medical restrictions: _____

Please list any recurrent health issues: _____

Please list any medications you are currently taking: _____

Please list your allergies: _____

Note: All applicants must initial below to be considered for a COTN Venture Program. If applicant is below the age of 18, a parent or legal guardian must initial.

I agree to release, discharge, and hold harmless Summit Church and Children of the Nations (COTN), their employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in an overseas trip.

Initial here if you agree to the above

I also agree to be directed by and responsible to the designated Summit Church and COTN leadership for the project. Further, I agree to hold harmless and to indemnify Summit Church and COTN, as well as their employees, agents, or members for any liability or expenses sustained by Summit Church or COTN as a result of my participation.

Initial here if you agree to the above

I hereby authorize Summit Church and COTN or its representative to initiate any medically necessary care on my behalf in the event of my inability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Initial here if you agree to the above

FINANCIAL COMMITMENT AND CODE OF CONDUCT

STATEMENT OF FINANCIAL RESPONSIBILITY

I, _____, understand that I am fully responsible for raising the financial support necessary to participate in a Summit Church mission trip. I understand that I am responsible for making sure payment deadlines are met for the trip.

I recognize that if I am unable to participate in a trip as planned, neither myself, nor my supporters, are necessarily entitled to a refund of money paid in advance for the trip. The Summit Church leadership will strive to deal fairly in every case where a team member cannot participate.

I recognize that support funds raised in excess of the trip cost will be directed to ministry efforts in the location of the participant who raised the funds. These funds will be directed at the discretion of the team leader and the Summit Church leadership team. Any funds directed in any other manner would only be done at the request of the participant and the approval of the team leader.

I recognize that Summit Church scholarship funds are dispersed only upon proper application by the participant, and approval of the team leader in conjunction with the Summit Church leadership team.

Date: _____ Signature: _____

Parent or Guardian (if under age 18): _____

CODE OF CONDUCT

As a member of this COTN Venture Team, I commit to actively participate and support the whole team to accomplish the goals of our particular project. I recognize that by being a part of this team that I am agreeing to:

- a. Attend all team meetings and be an active participant in all group activities. Any absence/exception will be handled by the team leader prior to the meeting.
- b. Submit to the authority of the team, the team leader, and the COTN staff on the field.
- c. Commit to serve the team, the team leader, and the COTN staff on the field. I will bring a spirit of flexibility to the project assuming that plans often change.
- d. Refrain from any activity or behavior that might be a hindrance to those on my team, our partnership ministry, or the people I am seeking to influence. I will be especially careful to treat those of the opposite gender as family members and will refrain from romantic advances.
- e. Agree to uphold the highest professional and ethical standards during my term of service and to serve the groups or individuals assigned to our care with integrity and commitment.
- f. Understand that as a member of the team, I am expected to operate under team assignment unless otherwise approved by the COTN management. If leaving the designated team destination without prior COTN management approval, I am no longer a member of the COTN team.
- g. Understand and accept that I may be working and living in difficult condition during my term of service. I understand that my personal safety cannot be guaranteed, and I accept the risks involved in living, traveling and working in conditions made dangerous by disease, war and any and all other hazards. I represent to Summit Church and COTN that I have no physical, mental or emotional conditions that would put either myself or others at risk in the above circumstances, and I agree to authorize the release of any medical, psychological or other information to Summit Church and COTN if they so request.
- h. Understand that as a volunteer, I cannot enter into any agreement, contract or make any representations to third parties on behalf of Summit Church or COTN without the express written permission of Summit Church or COTN management.

Initial here if you agree to the above

ACKNOWLEDGEMENT OF FAITH

I understand that I am embarking on a mission trip with a Christian organization. In doing so, I understand that I may be required to partake in Christian-focused activities such as listening to prayer (participating is optional), attending church services, working closely with staff and children who are believers, etc. During my time of service, I agree that regardless of my personal beliefs I will strive to uphold and support the values subscribed to by the organization.

Initial here if you agree to the above

REFERENCE INFORMATION

Please select three of the five following individuals (Employer, Mentor, Supervisor, Pastor and/or Previous Team Leader) who have known you for at least two years and who know your abilities as well as your strengths and weaknesses. References should be from outside of your family. Children of the Nations will have the option of requesting confidential statements from the references listed below.

1. Name: _____ Relationship: _____

Known Since: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Known Since: _____

Phone: _____ Email: _____

3. Name: _____ Relationship: _____

Known Since: _____

Phone: _____ Email: _____

Have you ever participated on a Venture trip or any other global mission trip? YES NO

If yes, please specify where and when: _____

Do you currently sponsor any children through COTN? YES NO

NAME OF SPONSORED CHILD(REN) SPONSORSHIP NUMBER(S)

Name of Sponsored Child _____ Sponsor Number _____

Name of Sponsored Child _____ Sponsor Number _____

Name of Sponsored Child _____ Sponsor Number _____

Name of Sponsored Child _____ Sponsor Number _____

