

# APPLICATION FOR MISSION TRIP PARTICIPATION



**AIDSpirit USA**

*Please note that the application MUST be filled out in its entirety. The application includes the following: Personal Information, Emergency Contact Information, Medical Information, Insurance Information, and the Liability and Release form. The latter MUST be notarized, and the application must be accompanied by a non-refundable \$50 (USD) check made payable to AIDSpirit USA. Additional essay questions and references required.*

## PERSONAL INFORMATION

Full Name (as noted on Passport): \_\_\_\_\_

Date of Birth (mm/dd/year) \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Sex: M/F

Age at time of trip: \_\_\_\_\_

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

Primary Telephone: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Passport number: \_\_\_\_\_

*Please provide a copy of your passport and drivers license.*

## EMERGENCY CONTACT INFORMATION (please provide two)

1. Name: \_\_\_\_\_

Primary Telephone: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Primary Telephone: (\_\_\_\_\_)\_\_\_\_\_

e-mail address: \_\_\_\_\_

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

## MEDICAL INFORMATION

### Personal Physician Contact Information

Name: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_)\_\_\_\_\_

e-mail address, if applicable: \_\_\_\_\_

Hospital/Medical Group Affiliation, if applicable, and primary telephone number for the hospital or group:

\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_

List any medical conditions which may be exacerbated by the rigors of a mission trip or which may impede your functioning during the trip: (ie: asthma, heart disease, diabetes, hypertension...etc)

\_\_\_\_\_

Are you currently under medical supervision or treatment for any condition? \_\_\_yes \_\_\_no

*If yes, you must attach a medical doctor's release stating that this medical condition will in no way be adversely affected by the rigors and unforeseen variables and risks associated with the mission trip.*

### Medical Insurance Information

*(Please provide a copy of your insurance card(s))*

Name of insurance company \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of person who holds the policy, if different from you: \_\_\_\_\_

Name of Insurance company that covers emergency evacuation insurance if different than above (required)

\_\_\_\_\_ Policy # \_\_\_\_\_ Grp # \_\_\_\_\_

Phone # \_\_\_\_\_

**List all medications** you regularly take and will be taking at the time of the mission trip:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**List all allergies** to medications, foods, insects, the environment and your reactions.

Medications:

Reaction:

1. \_\_\_\_\_
2. \_\_\_\_\_

Foods:

1. \_\_\_\_\_
2. \_\_\_\_\_

Environmental (such as bees, pollens, etc)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Note:** If you have allergies or asthma you are required to carry an **Epi Pen** and alert your team leader where it is located.

Please provide any additional pertinent information:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LIABILITY AND RELEASE FORM

## AIDSpirit USA

Uganda is considered to be a less-developed country with potential dangers due to natural disasters, political unrest, terrorism, and crime. In light of this and in order to participate in a mission trip associated with AIDSpirit USA, you are required to read, assign and have notarized this liability release form.

Of my own consent and free will, I plan to travel with members of the AIDSpirit USA. to Uganda on the following dates: \_\_\_\_\_.

I recognize and agree to the following conditions which will further the usefulness and safety of the mission trip and its activities. I agree to:

1. Forever release and discharge AIDSpirit USA, its agents, board of directors, officers, representatives, volunteers, individuals, participating agencies, and their successor or assigns (collectively "releases") during any events before during and after the mission trip from any and all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have in the future or which my heirs, distributes, next of kin, spouse, guardian, legal representative, executors, administrators or assignees may have or claim against these releases from any and all liability whatsoever arising from: (a) all personal injuries, all mental disabilities including PTSD, known or unknown, death, sickness, damage to property, loss or property including funds, credit cards, ATM's, and debit cards, real or personal, caused by, or arising out of this journey or damage which may be sustained by me during said trip and its training events; (b) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any release. I also agree that my assignees, heirs, distributes, next of kin, spouse, guardian, legal representatives, executors, and administrators will not make a claim, sue or attach the property of any release in connection with any of the matters covered by the foregoing release. \_\_\_\_\_
2. Accept the condition that AIDSpirit USA. reserves the right to terminate this trip at any time, before or during the trip, if serious threats to the team's safety arise or if the embassy of the United States in Uganda or the United States Department of State declares that foreigners should be evacuated. If I choose to stay, it is at my own risk and of my own volition and I accept full responsibility for my situation and this covenant is thereafter void. I also agree to forfeit any possible refund. \_\_\_\_\_
3. Acknowledge that by engaging in this journey, I am subjecting myself to certain risks voluntarily, including and in addition to those risks I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests and poor sanitation, potential danger from lack of control over local populations, potential injury while working and inadequate medical facilities. Therefore, I give my consent for the director or properly appointed staff to secure the administration of medical treatment for medication for me in the event I am incapable of doing so for myself and do further agree to the performance and payment of such treatment, anesthetics, medications, and operations as in the opinion of the attending physician is deemed necessary. \_\_\_\_\_

4. Accept the policy of AIDSpirit USA. that if I am taken hostage, AIDSpirit USA, Inc. will attempt to negotiate my release but will not repay any ransom or be liable for any medical claims that may arise as a result of my captivity. \_\_\_\_\_
  
5. In the event of my untimely death while participating in the mission trip, I release AIDSpirit USA. from any responsibility, financially or otherwise, of sending my remains to my home country. If my family or friends wish to bring my remains back to my home country, it will be at their expense and effort. \_\_\_\_\_
  
6. To provide to the director of the mission trip a signed medical doctor's release to participate in the trip if I am currently under medical supervision and/or treatment for a current medical condition. This release MUST state that the medical condition will in no way be adversely affected by the rigors and unforeseen variables and risks associated with the mission trip. \_\_\_\_\_
  
7. To attain any and all recommended vaccinations and/or immunizations or other medical treatments, including malaria prophylaxis, that are required for travelling to Uganda. The standard regimen of shots and or medications for prevention of malaria can be found on the CDC website [www.cdc.gov](http://www.cdc.gov). This regimen will be attained, furthermore, at my own expense and AIDSpirit USA, its agents, board members, officers, employees, and volunteers, and their successors or assigns will not be held liable for any adverse effects of said regimen. \_\_\_\_\_
  
8. Conduct myself in a professional and courteous manner with respect to others on the team, the native country and local people. I understand there are cultural, social, spiritual, religious and communication differences. I understand this is not a vacation. It is a mission of service, in the spirit of unity in the universe, sharing God's love for all people. AIDSpirit USA is a faith- based, non-profit organization and does not discriminate in regard to race, creed, religion. \_\_\_\_\_

In signing below I certify that all information is true and accurate and that I accept the terms and conditions of this covenant.

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and AIDSpirit USA. and sign it of my own free will.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (if under 18, parent or legal guardian) Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and attested before me \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of notary (place seal here)

\_\_\_\_\_  
Notary's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Residing at

\_\_\_\_\_  
Date of commission expiration

## **ESSAY QUESTIONS and REFERENCES**

You are required to answer the following essay questions:

1. What is your inspiration for going on this missions trip? What do you hope to gain from taking part in a service group mission trip?
2. Detail the kinds of community service/group or mission experiences you have had. Why do you want to do a missions trip now?
3. Describe in detail three areas of your life in which you'd like to grow.
4. How do you think each of these three areas will be furthered by your missions trip with AIDSpirit USA
5. What single event or experience of your life had the most impact on your life? Why?

6. Please provide 2 references not related to you who can attest to your personal character, professional character, flexibility and ability to work and travel under extreme conditions.

A) Name

Address

Phone

Email

Relationship

B) Name

Address

Phone

Email

Relationship

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_