



# MISSION POSSIBLE

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Equipping the Next Generation of Christ Centered Leaders

Team Member Guide

## **Application and Requirements**



Please notice the details on the Short Term Field and Release of Rights agreements.

It is necessary for us to receive from you information that will allow us to contact you, ensure your safety, and have adequate information if an emergency situation occurs.

The Short Term Mission Application gives us pertinent personal, family, and church information. All of this information has a purpose. For example, you will see that we ask for your weight. Although for some this is very personal, we need this information in the case of having to arrange alternative flight plans (different carrier, small plane, etc.) for you. Know that we keep all application information secure and it is used only by Mission Possible personnel.

It is necessary for us to have a copy of your passport photo page so that we have your legal name, passport number, and other passport information if it is required for alternate flight arrangements or government notification.

If you have made your own flight arrangements, we ask that you give us a copy of your flight itinerary, including confirmation numbers, so that we can track your flight progress and to be able to assist if alternative flight arrangements need to be made.

We suggest that you consider, under the guidance of your family physician, getting the shots and other suggested medicines as outlined by the CDC for travel to Haiti and the Dominican Republic. In unusual events like the Haiti earthquake, health and sanitation conditions may change unexpectedly. The medical preparation you do for your trip may prevent unnecessary, future medical issues.

CDC – Haiti: <http://wwwnc.cdc.gov/travel/destinations/haiti.aspx>

CDC – DR: <http://wwwnc.cdc.gov/travel/destinations/dominican-republic.aspx>

We will be registering you with the proper governmental agency. Registration allows you to record information about your upcoming trip abroad that can be used to assist you in case of an emergency.

USA:

<https://travelregistration.state.gov/ibrs/ui/index.aspx>

Canada:

[https://www.voyage2.gc.ca/Registration\\_inscription/Register\\_Inscrire/Login\\_ouvrir-une-session-eng.aspx?fwd=true&hash=p0V4sJhYtXNnDsAOImpW8w6161](https://www.voyage2.gc.ca/Registration_inscription/Register_Inscrire/Login_ouvrir-une-session-eng.aspx?fwd=true&hash=p0V4sJhYtXNnDsAOImpW8w6161)

Here is the list of items we need from you to complete your trip application:

- A completed and signed Short Term Mission Application
- A copy of your passport photo page
- Your flight itinerary with confirmation number(s)
- The Short Term Field Agreement
- Release of Rights Agreement
- If under 18 years old, a signed and notarized Permission of Minor to Travel Outside United States
- If under 18 years old, a signed Parental Consent for and Health Release
- \$200 deposit (non-refundable after flights have been purchased)



MISSION POSSIBLE

**USA:**  
**Mission Possible**  
PO Box 1026  
124 W Front Street  
Findlay, OH 45839-1026  
(800) 621-9731

**CANADA:**  
**Mission Possible Canada**  
PO Box 40121  
1905 Dundas Street  
London, Ontario N5W 5Z5  
(519) 285-2644

[www.OurMissionsPossible.org](http://www.OurMissionsPossible.org)

## Short Term Mission Application

Please complete **both pages** of this application as fully as you can. If you have any questions, please ask your team leader for help or contact Mission Possible. **A copy of your passport picture page and signature page of this application is required.**

Your Full Name (as on passport) \_\_\_\_\_

Team Leader \_\_\_\_\_ Date / Country of Trip \_\_\_\_\_

Your Residential Address \_\_\_\_\_

City/State or Providence/Zip or Postal Code \_\_\_\_\_

Your Mailing Address (if different from above address) \_\_\_\_\_

Your Home Phone \_\_\_\_\_ Your Work Phone \_\_\_\_\_

Your Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Male Female Married Single Date of Birth \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Shirt Size: \_\_\_\_\_

Do you know Jesus Christ as your personal Savior? \_\_\_\_\_

Name, Telephone, and Email of Emergency Contact \_\_\_\_\_

Please give the following information about a friend who is willing, with Mission Possible assistance, to serve as a trip "De-briefer" to help you re-adjust to North American culture and evaluate your experiences.

Name, Address, and Telephone \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Full Address \_\_\_\_\_

# of Mission Field Trips \_\_\_\_\_ Date/Place of Last Trip \_\_\_\_\_

I speak: Creole French Spanish

Physical, medical (affected by heat or semi-strenuous hiking) or emotional condition that might affect your mission

Allergies \_\_\_\_\_

Prescription drugs you are currently taking \_\_\_\_\_

Dietary restrictions or needs \_\_\_\_\_

Please list any other skills or talents that may be useful on your mission trip \_\_\_\_\_

Please list any musical abilities you have \_\_\_\_\_

If you sponsor a child with Mission Possible please provide his/her ID number \_\_\_\_\_

Please list any personal activities you desire to perform on the trip (video for church, picture of certain setting, etc.)

***I am aware that accident, health, sickness, evacuation, and personal property insurance is not provided, and that such insurance is considered a personal responsibility of each person participating in the program.***

***I am aware that it is Mission Possible's policy to refuse to pay ransom or make other concessions to kidnappers, believing such actions would encourage more hostage-takings. I understand Mission Possible discourages private individuals or companies from paying ransom to free a hostage.***

***I have read the Orientation Information and agree to abide with the dress code and other rules of Mission Possible. I understand that no smoking, alcohol or illegal drugs are allowed on this trip.***

***Foreign travel by its very nature offers an unfamiliar and unique environment and risks of injury to both persons and property are inherent. I understand that by my participation in Mission Possible Inc., I am acknowledging and accepting these risks. I consent to and authorize Mission Possible Inc. to obtain and secure reasonably necessary medical or surgical treatment for me in the event of an emergency. In consideration of my being accepted for participation in the program, I hereby voluntarily release and agree to hold harmless and indemnify Mission Possible Inc., and each of its employees, directors, officers, and agents from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney's fees, loss of judgments of whatsoever kind and nature which may result from or arise out of the participation by myself, whether or not resulting in whole or in part from my negligence, acts, or omissions or from the acts or omissions of Mission Possible Inc., or its employees, directors, officers, and agents, excepting only such injury or damage resulting from the willful or negligent acts of such employees, directors, officers, or agents.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For persons under 18 years of age, a parent or guardian must also complete and sign a Parental Consent Form and Health Release.

Rev. 11/10

For Office Use: Donor ID \_\_\_\_\_

## MISSION POSSIBLE SHORT-TERM TEAM AGREEMENT

Team Leader: \_\_\_\_\_  Haiti  DR

Date of trip: \_\_\_\_\_

- 1) I, \_\_\_\_\_ (participant's name), promise to submit to the authority of my team leader and the Mission Possible staff and to act in accordance with this agreement. I understand these promises are very important to provide a good experience for all those involved, for the safety of myself and others, to prevent misunderstandings, and to prevent problems for the field leadership after I leave Haiti or the Dominican Republic.
- 2) I promise to cooperate with the discipline set down by the Mission Possible staff and to behave in a way that suits the school atmosphere and the Christian and educational principles that the Mission maintains.
- 3) I promise to come to the schools and church modestly and neatly dressed. Per acceptable cultural standards, men should wear a collar shirt and long pants (jeans are acceptable, but slacks or khaki's are preferred). Ladies should wear a dress or skirt and ensure their shoulders are covered.
- 4) I promise to NEVER meet with the local people and to NEVER give them money, gifts, or letters (nor receive anything from them), except in a way arranged by Mission Possible.
- 5) I promise to NEVER give my phone number, my address, my e-mail, or any other means of personal contact to the local people. I also promise to NEVER friend or grant non-public privileges to any local person on any social media site or service.
- 6) I promise to NEVER have direct contact with the community or any local person without the support of someone appointed by Pastor Hervé Pierre or Pastor Moise Sam who are the Mission Possible leaders.
- 7) I understand and I accept that the Mission Possible staff know their job and are able to give me the necessary orientation, instructions, and caution to do mine.
- 8) I have read, understood, and agree to abide by the guidelines, principles, expectations, and instructions in the Mission Possible Team Member Guide.
- 9) If I fail to follow this agreement, or if my words or behavior cause damage or negatively affect the work in Haiti or the Dominican Republic, I understand and accept that Mission Possible staff are entitled to immediately act within their best judgment to handle the situation. This could include confining me to housing, sending me home by any transportation means available (prior to the planned end of the trip), and canceling the rest of the trip for the entire team. I also understand my words and behavior can affect future visits by me and my fellow team members.

I have read and understand this agreement and promise to follow it.

\_\_\_\_\_  
Team participant

\_\_\_\_\_  
Date

## Release of Rights

We live in a world that is full of rights. Our particular culture is one where we take pride in our rights. The rights of individuals are constitutional; however, as we see the demanding of individual rights increase, we see more of the moral fiber of our society decrease. Our Lord Jesus Christ laid down His rights to the heavens and all His glory to become a man and to serve, not to be served. (Philippians 2:5-11; Mark 10:45)

Consider laying down your rights on this mission trip. Not to lay them down for better or worse, but to entrust them to the Lord, or to transfer the responsibility of them to a place of safekeeping. These rights may seem reasonable, but could still cause dissension on a Short Term mission trip. Take time to search your heart and willingly surrender your rights to the Lord.

Romans 12:1

### ***I give up my right to:***

*a comfortable bed  
three meals a day  
familiar food  
dressing fashionably  
seeing results  
control of myself  
control of others  
control of circumstances  
pleasant circumstances  
making decisions  
taking up offense  
being successful  
being understood  
being heard  
being right*

### ***I entrust to God:***

*my strength and endurance  
my health and strength  
my likes and dislikes of food  
my security in Him  
His purposes and fruit in His timing  
my need for His Spirit control  
His workmanship in others  
my circumstances to His purposes in  
making me Christ-like  
the privilege of suffering for Him  
His sovereign hand on my life  
my security in His love  
my reputation  
my need for recognition  
my need for righteousness*

**I give God permission to do anything He wishes to me, with me, in me or through me, which would glorify Him.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mission Possible

**PERMISSION FOR A MINOR TO TRAVEL OUTSIDE OF UNITED STATES**

I hereby grant permission to

\_\_\_\_\_  
(Name of Minor)

age \_\_\_\_\_ years, who is my \_\_\_\_\_ and who was  
(son, daughter, ward, etc.)

born at

\_\_\_\_\_, on \_\_\_\_\_,  
(City, State, Country Birth) (date)

to make a tourist visit to \_\_\_\_\_ on \_\_\_\_\_.  
(country) (date range)

This minor will travel with the group under the direction of \_\_\_\_\_.  
(team leader)

Signed: \_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_ county of the United States,  
State of \_\_\_\_\_.

\_\_\_\_\_

**Mission Possible Parental Consent Form and Health Release for Youth Under 18**  
**Please complete along with a Mission Team Application**

Child Name: \_\_\_\_\_ Visiting County: \_\_\_\_\_

I hereby give consent for my child to travel with Mission Possible. My child and I understand smoking, drinking alcohol, and the use of illegal drugs is strictly prohibited. The Mission Possible leaders have my permission to send my child home at my expense for any behavior deemed exceedingly disruptive to the group or Mission. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

In the event of illness, injury or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence or if I cannot be reached, I hereby give Mission possible, its officers, employees and staff, permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attentions, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while with Mission Possible. I absolve Mission Possible from liability in acting on my behalf in this regard so long as they are not grossly negligent.

**The signature of all parents or guardians is required**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian to be contacted in case of emergency or for information: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If parent/guardian is not available, please call this relative or friend:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

(Please type or print legibly, and use another sheet of paper, if necessary)

Child's birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance company's emergency phone number: \_\_\_\_\_

Other pertinent insurance information: \_\_\_\_\_

Please provide any significant medical history or other pertinent information that would be useful or necessary during the course of the mission trip or in an emergency. This history is confidential; please be as complete as possible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known allergies, including allergies to medications: \_\_\_\_\_  
\_\_\_\_\_

Prescription medications to be taken regularly while with Mission Possible: (Parents – for each prescription, please send a written note with dispensing instructions, plus the reason for taking the prescription.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_