



Vessels of Mercy International, Inc.

VOLUNTARY SHORT TERM MISSION SERVICE Participant Application

Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

DOB: _____ Age: _____ Citizenship: _____ T-Shirt Size: _____

Social Security #: _____ D.L. # (include state): _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Relationship: _____

Daytime Phone: _____ Nighttime phone: _____

Please select the area of service/interest you are volunteering for:

Medical _____ Pharmacy _____ Dental _____ Evangelism _____

Construction _____ General Worker _____ Other: _____

Are you a Nurse _____ Doctor _____? Are you fluent in a foreign language? _____
If yes, which language?

Which project are you applying for: _____

Are you a church member? _____ Name of Church: _____

Pastor's Name: _____ Phone Number: _____

Why are you interested in participating in this trip? Please say something about your relationship with God in your response. Describe the level of your experience for the above volunteer service. (Please use the back of application, if additional space is needed.)

I have a current passport? _____ If No, please make sure you apply or renew immediately.
(Yes or No)

Passport Number: _____ Date Issued: _____

Please provide a copy of your passport.

I have consulted my personal physician and have followed his/her advice concerning necessary immunizations? Yes _____ No _____. Please make sure you do this in plenty of time to follow all recommendations.

I have the following allergies, medical conditions, and take the following medications:

Do you have any special needs (i.e., vegetarian, car sickness, etc.) that require attention during traveling? We cannot guarantee that all needs can be met, but we will advise you in advance of the trip. _____

Agreement:

I understand and agree that this trip is outreach and service. I will participate as part of a team effort and I will do my best not to complain. I will participate in pre-trip planning and meetings as fully as possible. I will show respect for team members and those whom we serve. I agree to adhere to the guidelines, policies, codes of conduct, and requirements and will cooperate with the team leader and the missionary host. I will dress and behave appropriately and obey the laws of the country where we are serving. I will adhere to the safety protocols and all advised safety precautions given to me before and during the trip. I understand that I am subject to dismissal for violation of any of the above, without refund or reimbursement. I also understand if I am dismissed that I am responsible for any cost incurred.

I release on my behalf and/or on behalf of my child/children the volunteers, paid staff and Vessels of Mercy International, Inc. from any liability and/or responsibility for any personal injury, death or damage to or loss of personal property. I authorize adults designated by Vessels of Mercy Int. to secure emergency medical treatment for me and/or my child/children.

I concur with the following: "I know Christ as my personal Savior and desire to share Christ with people who are ministered to through Vessels of Mercy Intl., Inc."

In signing this application I agree to the above mentioned terms.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Parent/Guardian (if minor): _____ **Date:** _____

Please complete and return this application with a non-refundable deposit of \$ 250.00 and a copy of your passport. Thank you.

Note: Your funds for the trip are your personal responsibility and need to be deposited with VOMI by the deadline given and prior to securing any flight reservations.

Vessels of Mercy International

MEDICAL RELEASE

*Adult Medical Release (must be completed by all participants age 18 and over.)
All information is treated confidentially by Vessels of Mercy International.*

Name: _____
Project Destination and Dates: _____
Emergency Contact: _____ Relationship: _____
Phone #: () _____

Medical Insurance Information

Company: _____ Policy # _____
Project participants (other than U.S.) are strongly encouraged to have insurance coverage outside the U.S.

Medical Information:

Will you be bringing any personal prescriptions/medications (s)? _____ What kind (s), please list all prescriptions and what conditions they are taken for. _____

What is your blood type? _____
Date of last tetanus shot (this must be within last eight (8) years): _____
Have you had the Hepatitis B vaccine? _____ If so, when? _____
List any physical disabilities or limitations: _____
List any known allergies and/or reactions: _____
List any food allergies: _____
List any major illnesses in the past year: _____
Have you ever fainted or passed out? _____ When? _____ Why? _____
Do have any eating disorders or addictions? _____ If yes, have you ever received treatment or counseling? _____
Have you ever required counseling for a psychological condition or mental disorder? _____
Are you being treated now? _____

FOR COMPLETION BY PHYSICIAN (If you are under the care of a physician for any physical or mental condition, he/she must complete the following):

I have examined _____ and find him/her to be in good general health and physically able to take part in the VOMI project to _____, traveling from _____ through _____.
(Beginning Trip Date) (Ending Trip Date)

Doctor's Signature _____ Date: _____

MEDICAL RELEASE

(continued)

Release (Participant must sign in the presence of a Notary Public):

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident while on the project which requires medical attention, I, _____, give my permission to VOMI, its representative (s) and all attending health professional (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless Vessels of Mercy, Intl. of Mercy International, Inc., and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, death, injury, or accident incurred during my participation on this project. It is the intention of this release that the above named Vessels of Mercy Intl. and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during this project.

Participant Signature: _____ Date: _____

State of _____, County of _____.
Sworn to and subscribed to me this _____ day of _____, 20__.

Notary Public signature: _____

My commission expires: _____

Vessels of Mercy International Assumption of Risk Agreement For Voluntary Short-Term Missionary Service

I, _____, in consideration of the acceptance of application for volunteer service on behalf of Vessels of Mercy Intl. represent that I am at least 18 years of age, and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas and United States of America missions activities for which I am applying and will apply for in the future, such hazards and risks including by not limited to death or injury by accident, disease, terrorist acts, weather conditions and inadequate medical services and supplies, criminal activity and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and only with respect to this organization its agents, officers, directors, and employees, I, voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my personal property, and I release the said organization and its agents, officers, director, and employees from any liability whatever arising as result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Cor. 11:23-28. I volunteer my services on behalf of Vessels of Mercy Intl. despite such hazards and risks, and I assume the risks of death, injury and damage associated with such risks.
2. I attest and verify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying.
3. I waive any and all claims for damages which I may have against Vessels of Mercy Intl.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term missions trip, as described above. I further understand that this organization may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I understand that all donations received by Vessels of Mercy Intl. go toward project expenses. To receive a tax deduction, the IRS stipulates that the donor must release control of the money donated to the non-profit organization. For this reason money cannot be refunded. If an individual is unable to participate in the project, the funds he/she has paid, less incurred expenses and administrative fees, will remain credited to his/her account for one year.

7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AT MY OWN FREE WILL. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Your signature

Date

Your address

Witness (Legible Signature please)

Date

Witness (Legible Signature please)

Date

Vessels of Mercy International

CODE OF CONDUCT

Please read & place your initials by each statement below:

As a Vessels of Mercy Intl. team member I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but Vessels of Mercy International, and the United States as a whole.

I understand the Vessels of Mercy Intl., official statement of abstinence from alcohol, tobacco, and controlled substance use and /or abuse. In respect to God, Vessels of Mercy Intl., and its missionaries, national church and ministry partners that I will be ministering to, I will refrain from:

_____ The purchase and/or use of any kind of alcoholic beverage

_____ The purchase and/or use of any tobacco products or gambling products

_____ The purchase and/or use of any other controlled substance
(Does not include the use of personal medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismal, etc.)

I _____, have read and understood the above policy. I promise to forgo my personal convictions on the subject in order to maintain unity and to avoid controversy in the body of Christ.

Signed: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Vessels of Mercy International

Waiver For Photographs, Videos, Multimedia

As a team member and/or leader associated with Vessels of Mercy International, Inc.(VOMI), I agree that all recordings, photographs and images captured during the trip are the property of Vessels of Mercy International, Inc.

I agree to make all recordings, photographs and images I capture during my trip available to VOMI for duplication at the expense and discretion of VOMI. I grant permission to VOMI to use images or recordings captured of me during the trip without recompense or further notification. Photos will be available for personal use and/or publication in any published print, film media, multimedia, website without the express consent in writing from VOMI.

NOTICE REGARDING AUDIO/VIDEO/PHOTO RECORDING OF EVENTS

When you enter a Vessels of Mercy International event, conference, missions outreach or any sponsored event, you will be entering an area where photography, video and audio recording may occur.

By entering the event premises, or participating in any of the above, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on web sites, or any other purpose by Vessels of Mercy Intl. and its affiliates and representatives. You release Vessels of Mercy International, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication of interviews, photographs, computer images, video and/or sound recordings.

By entering the event premises, you waive all rights you may have to any claims for payment or royalties in connection with any exhibition, streaming, webcasting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, webcasting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video or audio recording taken by Vessels of Mercy International or the person or entity designated to do so by Vessels of Mercy International.

You have been fully informed of your consent, waiver of liability, and release before entering the event, or participating in any event, conference, missions outreach.

Signing this contract is mandatory towards further consideration for being part of a VOMI team here in the USA or overseas.

Name: _____ Date: _____

By signing the above contract, the person agrees to the terms of the contract.

- **Please note that upon return, you need to have your photos burned onto discs and mailed to the office in a timely fashion. Usually two weeks is a the time frame.**
Thanks!