

## 2018 Costa Rica Short Term Mission Team

In order for us to deal with team logistics we need the following by **Sunday, November 12:**

- Your completed Application (attached).
- \$200 check (non-tax deductible) made out to First Presbyterian Church. This is not a tax deductible donation.
- Two legible copies of your passport front page, showing that your passport is valid.

And, in addition, as soon as possible or no later than **January 1, 2018:**

- TWO legible copies of your **health insurance card** (if you are uninsured OR your insurance does not cover out-of-country travel you will need to purchase travel insurance)
- Your completed **Health History** (attached)
- Your completed **Assumption of Risk** (attached)
- The second \$200 check (non-tax deductible) made out to First Presbyterian Church

See page 2 for further clarifications for potential team members:

## 2018 Costa Rica Short Term Mission Team

- Please realize this is a Mission trip. The whole team will travel together to Costa Rica. You may delay your flight home to enjoy Costa Rica after our trip.
  
- This is a construction related mission trip. You need to be physically capable of non-skilled labor (painting, sanding, nailing, screwing, banging & breaking, whatever we get asked to do). No experience is necessary, we will train you. We use oil-base paint and work conditions are not OSHA standard. You need to be physically capable of walking up & down hilly terrain at an altitude of 5000 ft.
  
- Our plan is to take one team of 15 folks total. If we are blessed with an abundance of applicants, the following criteria will be used collectively to select the team:
  - achieving a multi-generational team with a balance of men & women
  - achieving a balance of returning & new team members
  - having at least a few skilled construction leads
  - having at least one FLUENT Spanish speaker.
  - ALL paperwork turned in completed by our due dates – a copy of a passport application will be sufficient until a new/replacement arrives.

Instructions for obtaining or renewing a US Passport can be found at:

<http://travel.state.gov/content/passports/english/passports/apply.html>

Thank you for helping us make this the best year ever,

Release for Short-Term Mission (Costa Rica 2018)  
First Presbyterian Church - Monticello, IL

I, \_\_\_\_\_, volunteer with the First Presbyterian Church, in consideration of my acceptance as a short-term volunteer with the 2018 Roblealto short-term mission team heading to Costa Rica (the "Mission Trip"), represent and agree that:

1. I am a volunteer and acknowledge that I am not an employee of First Presbyterian Church or its affiliated denomination.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and I voluntarily assume all risks of death, injury, illness and damage to myself, any members of my family, and our personal property associated with such risks. I further recognize that such risks have always been associated with missionary service. (II Corinthians 11:23-28).
3. If I have minor children accompanying me on the Mission Trip, I, acting both on my own behalf and in their behalf as their parent or legal guardian, hereby assume all risks of death, illness, or injury that they may suffer as a result of the Mission Trip from those causes described above.
4. I hereby release, waive and discharge any and all loss, liability or claim for physical or bodily injury or death or property damage ("Loss") that I may ever have against First Presbyterian Church, the Presbyterian Church USA, or any of their respective trustees, officers, directors, agents, employees, members or volunteers ("Releasees") arising out of the negligence of the Releasees in connection with or related to the Mission Trip.
5. I hereby agree to indemnify Releasees for any Loss caused by my negligence in connection with or related to the Mission Trip.
6. I agree that if I cancel my participation in the Mission Trip and the plane tickets have been purchased, that I am fiscally responsible to pay for my plane ticket.
7. I agree to abide by all rules established for the Mission Trip and to obey any instructions given by those having supervision and control over the Mission Trip.
8. I attest and certify that I have no medical condition that would prevent me from performing my duties on the Mission Trip.
9. I understand this Release constitutes a legal, valid and binding obligation upon me enforceable against me in accordance with its terms. I expressly agree that this Release is intended to be as broad and inclusive as permitted by law. **I FURTHERMORE STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

\_\_\_\_\_  
Signature (of parent for minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Costa Rica Mission Team Application Form

July 21 – July 28, 2018

Non refundable deposit of \$200 w/ completed forms due by 11/12/17 then \$200 due 1/1/18

**Your Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Your Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(as printed on your Passport) First Middle Last (Day/Month/Year)

**Country Issuing Passport:** \_\_\_\_\_ **Passport Expiration Date:** \_\_\_\_\_ (

First name commonly used if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP \_\_\_\_\_

Phones: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Do you sponsor a child at the Bible Home?:** \_\_\_\_\_ (child's name; we will try to place you in your child's house)

**Occupation and experience:** Occupation \_\_\_\_\_

Do you have specialized training or any other experience that may be of value working at Roblealto?

\_\_\_\_\_

Abilities that you have that you feel could contribute to the team: \_\_\_\_\_

\_\_\_\_\_

**Spiritual information:** What is your religious affiliation, if any? \_\_\_\_\_ How long? \_\_\_\_\_

Briefly describe how your beliefs influence your everyday life. \_\_\_\_\_

\_\_\_\_\_

## Trip expectations:

Why do you want to apply for this short term mission trip? – or for returnees, What is drawing you back?  
Explain how you feel the Holy Spirit is tugging you into participation.

\_\_\_\_\_

What are your personal goals for this trip? \_\_\_\_\_

\_\_\_\_\_

How do you see God might use this trip to help you grow in your Christian life? \_\_\_\_\_

\_\_\_\_\_

For Returnees – How has your previous trip affected your life since your return? \_\_\_\_\_

\_\_\_\_\_

For Returnees - We wish to mentor future team leaders – do you feel the Holy Spirit may be tugging you to become part of the leadership team? \_\_\_\_\_

## Cross cultural experience:

Have you had any experience relating to people from the culture where your team is going? If yes, give details

\_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Is there anything else you'd like to tell us? – feel free to use the reverse.

## Health History

(Health Information will be kept private)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date Form Filled Out \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phones: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact – someone who will NOT be on the trip

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phones: Work/Day \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

I have or do NOT have\* (circle one) health insurance that provides out of country coverage.

Primary Health Care Provider \_\_\_\_\_ [\*you will be required to buy travel insurance if you “do not have”]  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phones \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Known Allergies (medications, pollens, foods, other)

Allergen	Reaction	Ever required emergency care?	Do you carry Emergency Treatment?

Do you suffer from any physical or psychological condition (current or recurring) that could adversely affect your participation on the trip? If yes, please explain your condition and how it affects you so we can be prepared to assist you should the need arise:

\_\_\_\_\_ (use reverse if needed)

Have you been hospitalized overnight for any reason within the last 10 years? If so please explain:  
 \_\_\_\_\_ (use reverse if needed)

Please list any prescription medications you are bringing:

Drug Name (brand & generic names)	Reason for taking	Dosage	Frequency	Effect of Missing Dose

Date of most recent physical exam: \_\_\_\_\_

Immunization Dates: Tetanus \_\_\_\_\_ (required in past 10 years)  
 Hepatitis A series: \_\_\_\_\_ (recommended)

- We will be among 80 plus grammar school kids – colds and chicken pox make the rounds frequently.
- Malaria is not a problem in the Roblealto Bible Home area.
- For more information you can check: <http://travel.state.gov/> and <http://cdc.gov>

**Talk to your doctor for specific recommendations for YOU considering your health history!**

Please sign below indicating that we have permission to share this information with others for the purpose of medical evaluation or treatment:

→ sign here →

\_\_\_\_\_ Signature

\_\_\_\_\_ Date