

Mission Honduras

July 15-22, 2017



We're glad that you are interested in joining our Honduras Mission Team. Attached are the details about our trip, immunizations, and fundraisers. As you prepare for your trip here are 12 things you need to do to go:

1. **PRAY** about going to Honduras
2. **TALK** to your family/parents about the trip.
3. **COMMIT** - Pay a \$100 deposit ASAP to secure your spot. Spots are limited and it will be first come, first serve based on when people commit financially. The total cost is \$2100. In addition, be sure to turn in all of the attached forms with your deposit. Include a copy of your passport with your forms.
4. **GET INVOLVED** in all fundraisers
5. **APPLY** for a U.S. Passport - for all details go to www.travel.state.gov/passport
This process can be long - so start now. The basic cost for a U.S. Passport is \$110.
5. **PREPARE** - We will be providing numerous meetings and opportunities to prepare you for your trip. These are not optional. These are an important part of the process.
6. **PARTICIPATE** - All team members are expected to be involved in worship and Bible study.
7. **PRAY** - Pray without ceasing for the trip, the people of Honduras and for all the the Lord will do in your life through this trip.
8. **IMMUNIZE** - Get all necessary immunizations for the trip to help protect your health. Attached is a list of all immunizations. Derinda Connor is available to answer all questions about immunizations.
9. **SHARE** - Tell everyone you know about your trip and ask them to partner with you in prayer as you prepare and as you go.
10. **PAY** - Though we will help you raise funding for your trip, chances are you will have a portion to pay out-of-pocket. Plan for that and save monthly to make the trip possible. The final balance is due June 1, 2017.
11. **PACK** - We will send home a sheet as we get closer to the trip that includes all items you need to pack. We pack light because most of what we carry are medical and ministry supplies.
12. **GO** - We leave on Saturday, July 15. It will be here before you know it. SO PREPARE!

Honduras Missioner Profile and Release of Claim Required of Each Team Member

TeamLeader_____ Trip Dates_____

Project Name-Carolina Honduras Health Foundation and Ebenezer Baptist Church
Honduras Mission Team

Location-Honduras, Central America

Legal Name_____

Nickname_____

Address_____

Cell phone_____

Home phone_____

Email address_____

Fax# _____

Occupation_____

Date of Birth_____

Employer_____

Sex_____

Passport#_____

Where Issued_____

Expiration date_____

Nationality_____

Emergency Contact_____ Relationship_____

Emergency Contact Phone_____

Local Church_____

The Carolina Honduras Health Foundation and Ebenezer Baptist Church recommends the following guidelines for all missionaries, both team members and individual volunteers. Volunteers in missions are not tourists; they go at the invitation of another church or organization as guests. It is extremely important to be willing to adjust to the expectations of the host church or organization. Therefore, in consideration of the opportunity to participate in the project described as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

*I agree to share my faith in an appropriate Christian Manner. I realize and accept that this team is a Christian team and will respect that I must act accordingly.

*I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging and transport and to stay with the team from beginning to end. I understand that these rules are for my safety and I may be asked to return home if I do not follow these rules.

*I agree to abstain from offensive habits and language while on the mission. (The use of alcohol and tobacco is not tolerated at all).

*Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers from all claims, demands, actions, judgments and executions which I have ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the mission organizations, their agents, employees and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.

*I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which 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 population; potential injury while working; and inadequate medical facilities, etc.

I have executed this agreement and release

at _____(City & State)

Date _____ Signature _____

9/15

Team Health Form

Name _____

Date of Birth _____ Cell Phone # _____

Allergies (specify food and drug allergies) _____

Past Medical History (please include surgeries and medical problems)

Current medications- _____

Have you ever had heat stroke or had any heat related medical illness? Please explain _____

Emergency Contact name _____

Phone number _____

Your current Health Insurance company _____

Health Insurance Policy # _____

I hereby give medical personnel permission to render me medical care in the event that I need care while on this mission trip (specify trip dates) _____

Signature _____ Today's date _____

Parent's signature _____ Today's date _____

****Must have documentation of all current immunizations attached to this form.****



Immunizations for Honduras

The Florence County Health Department no longer does travel immunizations. You have several options for immunizations. Some doctors' offices have some of the shots but most doctors do not carry all of the shots that are needed. Your insurance will cover the cost of some of the shots. You probably want to check with your doctor and with your insurance so you can see which ones you can get from them and get them paid through the insurance. . If you have military medical care benefits, you should contact the base where you receive your care for an appointment for immunizations. If you are a hospital employee, you can contact Occupational Health or Employee Health to receive some of the immunizations for free also. Derinda can order immunizations for the team and administer them, if we get enough people that need shots and they will be cheaper, but we have to have the cooperation of the team that they will come on the scheduled day for the shots because we cannot have multiple days for administration.

***Remember that you need to provide the Team Leader with documentation of all of your immunizations (Both the previously received and the new immunizations) Derinda can review your immunizations and tell you what you need if you bring her copies of what you have had. Call Derinda Connor at 992-1179 if you have any questions.**

Hepatitis A is needed - It takes 4 weeks to develop immunity so you need to be sure you get it more than 4 weeks before the trip. If you have had one dose already, they recommend a second dose and then it will be good for 20 years.

Typhoid is needed - Two preparations are available.

Oral-is good for 5 years

Injection is good for 2 years

Tetanus - must have had a Tetanus shot within the last 10 years. If you are doing construction or children's ministry, you may want one repeated if you have not had one in the last 5 years. Everything is pretty dirty over there.

Hepatitis B - is needed by all medical or healthcare workers. This is a series of three shots so it must be started 4-6 months before the date of the trip. Most school age children and college age young adults have had this so a lot of adults are also getting this now.

Measles - If you were born in 1957 or later and you have not had the measles or two MMR shots, you may want to get a MMR

We will provide everyone with Cipro for prevention of Gastrointestinal problems. Some people take Pepto Bismol instead of this. It is up to you. Some people only take the Cipro if they start getting sick. The best way to prevent this is to wash your hands frequently, drink only bottled water and drinks and eat only the food that the team leaders tell you is safe to eat.

We will also provide you with Chloroquin for Malaria prevention which you will start one week before you go and continue 4 weeks after you come back.

Volunteer Missionary Travel Insurance®

Enrollment

Please make photocopies of this form for use on future mission trips.

Check One: Group Leader Travel Agent Individual

Please Print

Name: _____ Date: _____
 Signature: _____
 Address: _____
 City: _____ State: Zip:
 Phone: _____ Fax: _____ E-Mail: _____
 Sponsoring Organization or Other Group: _____ Federal Tax ID #: _____
 Master Policy Number: PUSNA0800947 – SAS # 7423 Full w/Crisis Mgt & Liability
 City: _____ Country: _____
 Destination: _____

Expected Date of Departure from Home: _____
 Expected Date of Arrival Back Home: _____

Please note this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

Please indicate your payment method: [] Check [] Credit Card [] Other
Note: We reserve the right to apply a 3% handling fee to some transactions.

Premium Computation

_____	X	_____	=	_____	X	3.30	=	_____
Number of Persons		Number of Days		Person/Days				Premium

Participants Traveling – if additional space is needed, please attach your list of team members. If different travel dates, please note so the proper premium can be calculated. Passport numbers are now required.

Name (Required)	Date of Birth (Required)	Passport Number	Beneficiary (or Estate of insured)
1.			
2.			
3.			
4.			

Note: The coverages & services are being provided by certain underwriters with Lloyds (of London). By requesting that our office enroll you or your group, you are agreeing to participate in a Trust designed to provide these insurance benefits & services. A copy of the Trust Participation Agreement will be provided upon request.

Mail or Fax to:



PO Box 5845 • Columbia, SC 29250-5845
 Tel: (803) 758-1400 • 800-922-8438 • Fax: (803) 252-1988
 E-mail: aai@ajg.com • Web: www.aaintl.com
International Helpers (Guernsey) Trust
 Participation Agreement Applicable to Volunteer Travel