

terrano⁺va



Mission Trip Packet

And Jesus came and said to them, “All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you.

And behold, I am with you always, to the end of the age.”

Matthew 28:18-20

Instructions:

1. Read all the information and be sure you understand the application, statements, and agreements.
2. Complete the volunteer application.
3. Answer the five questions.
4. Sign and have notarized the risk statement and medical release.
5. If you do not have a passport, apply for one immediately. Obtain a color copy of your passport.
6. Obtain a copy of your health insurance card (front and back). If you do not have health insurance, indicate this to us on page 2 of the Volunteer Application.
7. Return all above documents along with your \$50 deposit (payable to “Terranova”) to:

Terranova
PO Box 2191
Georgetown, Texas 78627

Notes:

- If you need assistance with fundraising, please contact us.
- We cannot register a team member for a trip until we receive all information and deposit.
- If you need assistance with applying for your passport, the site for passport information is: http://travel.state.gov/passport/passport_1738.html.
- Please note that it takes approximately eight weeks to complete the passport process.
- We suggest that you make a photocopy of this information for your files.

Please do not hesitate to contact us if you have any questions:

Scott Stribling
512-630-7535
missions@tnova.org

Mission Trip Volunteer Application

A. Mission Destination _____ Dates _____

B. Personal Name (exactly as it appears, or will appear, on passport – Please Print)

_____ (last) (first) (middle) (name you go by)

Mailing Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Home Phone: _____ E-Mail Address: _____

Work Phone: _____ Cell Phone: _____

Birth Date (mo/day/yr): _____ Age: _____ Male Female

Place of Birth - City: _____ State/Prov: _____

Single? Y N Married? Y N Spouse's Name: _____

Social Security Number: (this will be confidential) _____

Person to contact in case of emergency: _____

Relationship: _____ Phone(s): _____

C. Experience

Students: What school are you attending? _____

Occupation: _____ Employer: _____

List work skills and hobbies: _____

What are your spiritual gifts? _____

How would you like to serve? (underline all that apply, but circle your top choice)

VBS Construction Music Testimony Prayer Personal Evangelism Other

Do you have any previous mission experience? Y N If "yes", when and where?

What other language(s) do you speak? _____

D. Finances

How do you plan to finance your trip? Money Saved Work Parental Support
 Church Support Gifts Other:

E. Travel

Do you have a Passport? Yes No If Yes: Passport Number: _____

Date of Issue: _____ Expiration date: _____

Citizenship: _____

F. Health Information

What is your general health condition? Excellent Good Fair Poor

Have you ever had a serious illness or been hospitalized? No Yes*

Do you have any known allergies? No Yes*

Are you currently using any medications? No Yes*

Are you currently receiving medical treatment or care for anything? No Yes*

Do you have any other limitation or significant health condition which might affect your involvement with Terranova or which you believe your physician would want us to know about? No Yes*

Do you have any limitation in regards to strenuous physical activity? No Yes*

Do you have health insurance? No Yes

*NOTE: If you check “yes” above, please explain below:

Physicians Name: _____ Office Phone: _____

Name (please print): _____ Date: _____

1. Are you a Christian? Explain when/how you were saved. (We love hearing these stories!)

2. What is the gospel? Explain it as you would to someone who didn't know anything about it.
(Continue onto next page as needed)

3. Why is the gospel important for missions?

4. Have you shared the gospel with someone before?

5. Are you ready and willing, with God's help (and possibly a translator), to share the gospel with a person or small group on this trip?

Short-Term Mission Trip Risk Statement and Release

This Risk Statement and Release is an Agreement by and between Terranova and participants as to the potential risks involved with working in international settings, especially in developing nations. Working internationally carries with it certain risks not traditionally found or associated with work in the USA. These risks can include, but are not limited to, hazards to person and property through cross-cultural offenses, accidents, diseases, criminal and/or terrorist acts, weather conditions or inadequate medical services and supplies. It is impossible for us to predict or fully prepare you for every circumstance you will possibly face during your short-term mission trip. However, it is our goal to ensure all Terranova team participants are made aware of the possibilities of potential risks you may face. In addition, we encourage you to prepare for service in the following ways:

- Prepare yourself spiritually, physically and mentally for service.
- Read all you can on the country of service.
- Contact your government office, such as the United States State Department to obtain the most up-to-date information on the area.
- Take any additional steps you feel are necessary.

Volunteer Agreement

Before you go we want you to be aware of the following:

- Any available sightseeing and shopping will be permitted only if it coincides with the team's main purpose. It could be cancelled if deemed necessary by the leadership.
- Volunteers should be prepared for heavy physical activities, including hiking and continuous walking.
- All participants are required to be in good physical condition.
- Travel destinations may be changed or cancelled in the event of any political, natural or mission-related crisis at the sole discretion of Terranova.
- Any travel-related expenses due to delays or cancellations are the responsibility of the team member, including name changes to flights.
- All application fees and contributions are non-refundable.
- A late fee of \$200 will apply to the final payment period.

*****Although donations received by Terranova go toward exempt projects expenses, the IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the non-profit organization. Consequently and, for this reason, money cannot be refunded or designated to a person but solely to Terranova. The Terranova missionary will become a fundraiser and receive credit for raising funds equal to the cost of their trip. Any excess funds raised will be used for other program expenses. If any individual is unable to participate in their assigned trip, the funds he/she has deposited with Terranova, less incurred expenses and administrative fees, will remain credited toward a future trip for a period of one year.

I/We give Terranova the right to use my picture, videotaped image, voice, and testimony in any type of material promoting or recapping the trip for the church. My signature herein (and the enclosed signature of my parents/guardians if I am under the age of 18 years) signifies my acceptance of these terms and approval of all conditions and limitations listed above.

Signatures below will indicate the following:

- I have read and understand the Risk Statement and Release and I am aware of the hazards and risks to myself individually and to my property associated with serving internationally in a mission capacity.
- In exchange for the opportunity to serve with Terranova, I fully release Terranova from any and all claims for injury, disease, or delay of return, or any other claims, of any kind of nature, in any way related to my service with Terranova.

Name of Applicant (please print): _____

Applicant Signature: _____ Date: _____

NOTE: Parent's or legal guardian's signature is required if you are single and under 18; or under 19 and reside in Alabama, Nebraska, or Wyoming; or under 21 and reside in Colorado, Mississippi, West Virginia, Pennsylvania or Puerto Rico.

Parent/Legal Guardian's Signature: _____

Name (please print): _____ Date: _____

Sworn to and subscribed to before me on the _____ day of _____, 20____.

Notary Public Signature: _____

Printed or typed name of Notary: _____

My commission expires on: _____

Emergency Medical Permission

This is for emergency situations only; in the event that an individual be incapable of making rational decisions, or is a minor whose parents cannot immediately be reached.

In the event that an emergency arises, I give the Terranova leaders permission to authorize anesthesia, surgery, and/or procedures deemed necessary at the time.

Name of applicant (please print): _____

Signature (of applicant if age 18 or older): _____

NOTE: Parent's or legal guardian's signature is required if you are single and under 18, (or under 19 and reside in Alabama, Nebraska, or Wyoming; or under 21 and reside in Colorado, Mississippi, West Virginia, Pennsylvania or Puerto Rico).

Parent/Legal Guardian (Signature): _____

Relationship: _____

Sworn to and subscribed to before me on the _____ day of _____, 20_____.

Notary Public Signature: _____

Printed or typed name of Notary: _____

My commission expires on: _____