

2017 Mission Trip Application
St John the Evangelist Catholic Church

Participant Information

Trip 1 7/7-14 Trip 2 7/21-28

Participant's Name _____

Address: _____

Phone: (Cell) _____ (Home) _____ E-mail: _____

M / F DOB: _____ Current Grade (if high school student) _____

Under 21 Non-family Letter of Recommendation submitted? Yes N/A

Speak Spanish?: Fluently / Moderately / A Few Phrases / None

Special skills, hobbies, talents: _____

T-shirt Size - YM YL S M L XL 2XL

Medical Information

Allergies/Reaction/Treatment (Meds, food, plants, insects, etc.) _____

Health conditions/physical limitations: _____

Medications / Special dietary needs: _____

Physician's Name: _____ Phone: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ E-mail: _____

Name: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ E-mail: _____

St. John the Evangelist Catholic Church

Participant Waiver

Participant Name (Print): _____

1. Participation Agreement:

I have read and accept the terms of the Participant Agreement provided with the Trip Application.

I will follow the direction of the Mission leadership team and/or Olancho Aid representatives for the duration of the trip (includes all work and recreational activities).

I agree to actively participate in all the aspects of the mission and that I will do my best to be an example to other participants and all people, of the Christ present in them and me.

2. Release of Liability: In consideration of the acceptance of my application for this mission trip, I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to release, hold harmless, discharge forever and defend St. John the Evangelist Catholic Church, the Diocese of Baton Rouge, all leaders, staff, priests, employees, volunteers, or affiliates of any of them, its officers, directors, agents, employees, or representatives associated with the Mission trip, including the trip leaders / coordinators, from any and all liability, claim, loss, damage, cost or expense arising from or in connection with my participation in this trip. I (we) waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the Mission trip. The "Mission trip" in this context includes all time related to preparation for the trip, travel to and from the Mission, and the duration of the visit in Honduras.

3. Release for Emergency Medical Treatment: Should emergency medical treatment be necessary, and I (or my minor) am/are not able to act on my (his/her) own behalf, I authorize the delegated agents of the Mission Trip to act on my (or my minor's) behalf and approve appropriate treatment. I accept financial responsibility for all costs associated with any medical treatment I receive.

4. Immunizations: I (or as a parent or guardian of a minor) confirm that my immunizations are up to date, and that I have completed recommended immunizations for travel to Central America including preventative oral medications as provided/prescribed by a consulted physician or travel clinic.

5. Personal Property: I accept full responsibility for my personal property (sentimental or monetary). I understand that all named in the above Release of Liability and in the OAF Permission and Release are not responsible for any lost or stolen personal property.

6. Media Release: I grant my permission to use my likeness (photo/video) to promote the St. John mission ministry or the Olancho Aid Foundation. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no compensation shall become payable to me or any representative by reason of such use.

Participant Signature: _____ **Date:** _____

Parent Signatures required if Participant is under 21 on departure date

Both parents (if living) and the guardian(s) of each minor must sign the application form before the minor leaves the US. The signature of both parents is required by Honduran law, even if they are separated or divorced.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

St. John the Evangelist Honduras Mission

Participant Agreement

"Serve one another" 1 Peter 4:10

St. John the Evangelist Catholic Church offers trips to Honduras to provide volunteers a missionary experience in Honduras in partnership with the Olancho Aid Foundation, a Catholic non-profit organization in cooperation with the Catholic Diocese of Juticalpa.

The Spirit of the Mission is to give witness to, and to live the Teachings of the Gospel and of the Catholic Church. To participate in this mission trip is to enter into an experience of communal living focusing on prayer, fellowship and cooperative work to share the love of Christ in service to the poor and to on another.

In the context of the Spirit of the Mission and as representatives of the St. John faith community, the expectations for all volunteers who desire to participate are as follows:

- ><> I understand that guidelines and directives by the mission leadership team and our hosts are necessary for the good of the team, the Olancho Aid Foundation and the communities we serve and, most importantly, for the protection of all and to witness to the Spirit of the Mission.
- ><> I am open to participating in all aspects of Christian communal living (includes Mass & Communion service attendance, morning or evening reflections, work and activity schedules, shared meals and household duties).
- ><> I will reach out in a spirit of fellowship to come to know all team members and be respectful to all in my words and actions. I understand that the OAF staff is committed to serve the team, therefore, I will refrain from asking for personal favors from any OAF employee. (Special needs should be directed to the leadership team.)
- ><> I agree to be flexible in using and open to sharing my gifts in whatever way will best serve the needs of the team and the people of Honduras we are serving. This includes putting the needs of others before my own.
- ><> I agree to participate in work projects as I am physically capable and will work cooperatively under the direction of the OAF staff. I understand that any changes or additions to work projects must be approved by the team leader and the OAF staff.
- ><> I understand that the safety of all is paramount I understand that I must always be with at least one other volunteer or OAF employee including the areas around the Volunteer house and my whereabouts communicated to the group. I will refrain from giving personal information, money, or individual gifts to anyone. If I see a need, I will bring it to the attention of the group.
- ><> I will be sensitive to cultural differences and mindful that I am a representative of St. John and Olancho Aid to the Honduran community by
 - + Dressing modestly with a willingness to adjust accordingly to the discretion of team leaders.
 - + Being mindful that although English may not be spoken, it is widely understood.
 - + Being thoughtful about how my social media postings reflect the group and organizations.
 - + Respecting that illegal drugs are prohibited.
 - + Adults: Respecting that alcohol consumption is only permitted under the guidance of team leadership.
 - + Adults: Refraining from or being discreet with smoking in public and never in the presence of children.

Participant Name _____ Signature _____ Date _____ **3**

Olancho Aid Foundation

EDUCATION-HOPE-TRANSFORMATION

PERMISSION AND RELEASE FORM



Participant (or Minor's) Name _____
Address _____

Permission

As participant, parent or guardian of the above named person, I give permission for me / my child to travel with and participate in the **Olancho Aid Foundation** mission trip in Juticalpa, Honduras, Central America. I agree, individually or on behalf of my child to the terms of the following Release of Liability.

Release of Liability

In consideration of the acceptance of my application for this mission trip, I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to release, hold harmless, discharge forever and defend the Olancho Aid Foundation, the Olancho Aid Foundation Board of Directors, all leaders, staff, priests, employees, volunteers, or affiliates of any of them, its officers, directors, agents, employees, or representatives associated with the Olancho Aid Foundation, including the trip leaders / coordinators, from any and all liability, claim, loss, damage, cost or expense arising from or in connection with my participation in this trip. I (we) waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the Mission trip. The "Mission trip" in this context includes all time related to preparation for the trip, travel to and from the Mission, and the duration of the visit in Honduras.

Release for Emergency Medical Treatment

Should emergency medical treatment be necessary, and I (or my minor) am/are not able to act on my (his/her) own behalf, I authorize the delegated agents of the Olancho Aid Foundation to act on my (or my minor's) behalf and approve appropriate treatment.

Signature of Participant

Date

Both parents (if living) and/or the guardian(s) of each minor (under 21 years old) must sign this Permission and Release form before the minor leaves the US. The signature of both parents is required by US and Honduran law, even if they are separated or divorced.

Printed Name & Signature of Parent or Guardian (if applicable)

Date

Printed Name & Signature of 2nd Parent or Guardian (if applicable)

Date

St. John the Evangelist Catholic Church

Consent to Travel & Medical Evaluation for participants <21 on date of departure)

MINOR TRAVEL CONSENT

Minor's Name (as appears on Passport) _____

Date of Birth: _____ Place of Birth _____ Passport # _____

Address _____

1. Permission

A. As parents or guardian of the above named minor, we give our permission for our child or ward to travel with and participate in a mission trip to Honduras, Central America, scheduled between July 7, 2017 and July 28, 2017, led by the St. John the Evangelist Catholic Church mission team leaders.

B. We agree, individually and on behalf of the child or ward to the terms of the OAF Permission and Release Form, the Participant Agreement and the Medical Evaluation Form for Minor Participants.

2. Release for Emergency Medical Treatment

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize any of the above named leaders or delegated agents to act on my behalf and approve appropriate medical treatment for my child or ward

Signature of both parents and Notary seal with signature required

Name of Parent or Guardian Signature Date Phone

Name of Parent or Guardian Signature Date Phone

Signature and Seal of Notary

Medical Evaluation Form for Minor Participants (Under 21 Only)

All reasonable care will be taken to see that the following information be held in confidence.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent Signature _____ Date _____

Medication Consent

- My child is taking medications at present. My child will bring all such medications necessary, and such medications will be in prescription containers.

Names of medications, concise instructions, dosage, and frequency are as follows:

- My child will manage his/her medications independently
- I request the management of my child's medications by an adult.

Parent Signature _____ Date _____

- I hereby grant permission for non-prescription medication (aspirin, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate.

- My child has NO known adverse or allergic reactions to any medications
- My child should not be given or is allergic to the following medications

- No medication of any type** may be administered to my child without my approval unless the situation is life-threatening and emergency treatment is required.

Parent Signature _____ Date _____