

**2020 Mission Trip Application**  
**St John the Evangelist Catholic Church**

**Trip Dates: 6/26 – 7/3**

**Participant's Name** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Accompanying Guardian (if <18) \_\_\_\_\_

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

Profession, skills, hobbies, talents: \_\_\_\_\_

T-shirt Size - S M L XL 2XL

Current OAF Student Sponsor? If Yes, child's name/school \_\_\_\_\_

United Airlines Frequent Flyer # & Status / KTN \_\_\_\_\_

Active Veteran or Other Travel Perks Eligibility: \_\_\_\_\_

Organization or Employer Matching Funds Eligibility: \_\_\_\_\_

**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** (2<sup>nd</sup> Contact - optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Participant Name (Print):** \_\_\_\_\_

1. **Participation Agreement:** I have read and accept the terms of the Participant Agreement. I agree to follow the direction of the Mission leadership team and/or Olancho Aid representatives for the duration of the trip (includes all work, recreational activities and unexpected delayed return). I agree to 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 Christ present in them and me.
2. **Cancellations:** Travel insurance is not included in the trip fee. I understand that all fees paid may be partially or completely non-refundable in the event I withdraw from participation in the trip OR if the trip is cancelled for safety or other unforeseen reasons. I understand that some fees may be refunded to me in the form of a time sensitive travel voucher issued by the airline or may donated to the Olancho Aid Foundation.
3. **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.
4. **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 and related expenses.
5. **Immunizations:** I (or as a parent or guardian of a minor) confirm that my routine immunizations are up to date, and that I have consulted a physician or travel clinic concerning immunizations for travel to Central America including preventative oral medications as provided/prescribed.
6. **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.
7. **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 ONLY if Participant is < 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: \_\_\_\_\_

*"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 (US 501c3), 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 one 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 act in the Spirit of the Mission.
- ><> I am open to participating in all aspects of Christian communal living (includes attending Mass & Communion services, 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, especially those in conflict with this agreement. (Special needs should be directed to the leadership team.)
- ><> I agree to be flexible sharing my gifts in whatever way will best serve the needs of the team and the people we are serving. I understand that this may require 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 mission leaders and the OAF staff. I understand that any changes or additions to work projects must be approved by the team leadership 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 an OAF employee in public including the areas around the Volunteer house and my whereabouts communicated to leadership. Minors must be accompanied by an adult at all times during the trip. 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 leadership.
- ><> 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.
  - + Respecting that alcohol consumption is only permitted at the discretion of team leadership and prohibited by anyone under the age of 21.
  - + Adults: Refraining from or being discreet with smoking in public and never in the presence of children.

**Participant Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**PERMISSION AND RELEASE FORM**

Participant 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 2<sup>nd</sup> 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: \_\_\_\_\_ 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 June 26 and July 3, 2019, led by the St. John the Evangelist Catholic Church mission leadership team.
- 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 members of the leadership team, OAF director 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 \_\_\_\_\_