



# MISSION OF MERCY

One Child Matters



## TRAVELER INFORMATION FORM

*Radio Mission Trip: Kenya June 5-16, 2010*

### WAYS TO RESPOND:

Mail      **SEND TO:**  
Mission of Mercy  
Attn: Keith Thompson  
15475 Gleneagle Dr.  
Colorado Springs, CO 80921

Phone      (800) 864-0200 x 162

Fax      (719) 481-4649  
Use this page as your Fax cover page

Date: \_\_\_\_\_

Sender \_\_\_\_\_

Forward to: **Keith Thompson**

### Before you apply, please know...

#### Passports

Each traveler will be required to have a US passport valid for at least 6 months after the dates of the trip. To find out how to apply for a passport or renew a passport go to [http://travel.state.gov/passport/passport\\_1738.html](http://travel.state.gov/passport/passport_1738.html)

#### Travelers with disabilities

Laws for accommodating those with disabilities are vastly different than in the USA. Mission of Mercy cannot guarantee the level of physical demands for the trip or the assistance available to an individual. For that reason, we are unable to accommodate participants in wheelchairs or those unable to walk for extended periods of time.

#### Changes to your itinerary

Mission of Mercy will make every effort to carry out all trips as planned. If changes are to be made to a daily schedule or flight itinerary, the traveler will be alerted and properly cared for to ensure clear communication and resolution. Changes in flight cost associated with fuel surcharges or other unseen events can happen although are rare. Travelers will be responsible to pay these fees. Mission of Mercy will do its best to keep you informed of any change in flight details.

#### Personal expenses

Cost of in-country accommodations is determined by Mission of Mercy and its field staff and cannot be negotiated or refunded. A deposit payment is a good faith estimate that you plan to attend and cannot be refunded. Expenses incurred while traveling are the responsibility of the traveler.

#### Money Matters

A deposit of \$500 is required with this application to reserve your spot on the trip. You will be contacted shortly to confirm your application. If you are not cleared for travel by Mission of Mercy staff, you will receive a complete refund of your deposit and any other payment made. A schedule of future payments will be arranged by the Mission of Mercy staff and communicated to you before or during the application process.

This form required for traveling in partnership with  
***Mission of Mercy***

(Please Print)

Please use the name that appears on your passport. Don't forget your birthdate; we need this to purchase travel insurance.

<b>TRAVELER INFORMATION</b>							
Traveler's last name	First	Middle	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Preferred name		
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.			
Street address			Home phone (    )		Cell phone (    )		
City	State	Zip Code	Birth date		Sex: <input type="checkbox"/> F <input type="checkbox"/> M		
Full name on passport, if different		Passport Number	Expiration date		Issuing country		
Email		How did you hear about Mission of Mercy? <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Church/Event <input type="checkbox"/> Other					

<b>SPONSOR VISITS</b>		
During your visit we are happy to arrange a visit for you, your sponsored child, and their family. To arrange this visit, several criteria must be in place. <ul style="list-style-type: none"> <li>Must be a current sponsor or visiting on behalf of a current sponsor.</li> <li>The sponsored child must attend the project to be visited or be within reasonable driving distance.</li> <li>Sponsors must be willing to reimburse MofM if expenses such as transportation or meals are required to make the visit possible.</li> </ul>		
Are you planning to visit a child at a Mission of Mercy project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO. (continue to next section)
Child Name	Child number (optional)	Project number

<b>EMERGENCY INFORMATION</b>			
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone (    )	Work phone (    )
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone (    )	Work phone (    )
<input type="checkbox"/> Traveler can walk unassisted		<input type="checkbox"/> Traveler can lift light weights and perform light physical labor	

<b>MEDIA WAIVER (Optional)</b>
<input type="checkbox"/> I consent to Mission of Mercy using photographs and video containing my likeness for future promotional material disbursed in the public domain.
<input type="checkbox"/> I wish Mission of Mercy not use any picture or video containing my likeness.

## ABOUT YOU

Why do you wish to join the team travelling to the projects where Mission of Mercy works?

What is the name of your home church?	Church Phone Number (    )	Pastor's Name	
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What type of experience will you bring to this team?

<input type="checkbox"/> Construction	<input type="checkbox"/> Medical	<input type="checkbox"/> Working with Children	<input type="checkbox"/> Organizing Activities	<input type="checkbox"/> Other
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Please briefly list the mentioned skills marked above

## REFERENCES (NOT RELATIVES)

Name:	Relationship to traveler	Home phone (    )	Work phone (    )
Name:	Relationship to traveler	Home phone (    )	Work phone (    )
Name:	Relationship to traveler	Home phone (    )	Work phone (    )

## PARENT INFORMATION FOR TRAVELERS 14 TO 17 YEARS OLD

Traveler must be 14 years of age AND accompanied by Parent or Guardian. Parent/Guardian application must be sent in with this application

Father Name	Mother Name	Guardian Name
Address	City	State
		Zip
Home phone (    )	Cell phone (    )	Email address

*I give permission for the above minor child in my custody to travel with Mission of Mercy.*

(signature of parent of guardian that will accompany this minor)

Date

# Guidelines for Travelers and Sponsors while visiting Mission of Mercy projects

Please read statements below and sign here

My signature indicates my unconditional commitment to abide by the guidelines stated below.		
Full Name (please print)	Signature	Date

## Guidelines for Travelers and Sponsors

Mission of Mercy (MofM) welcomes and encourages sponsor visits to children while visiting projects. Personal visits can be beneficial in establishing a personal bond with sponsor and child as well as creating greater awareness of personal attributes and differences in a cross-cultural setting. Because we value this special event and those involved, MofM reserves the right to set reasonable rules and guidelines for such visits.

MofM staff will make all arrangements for visits with children. A staff member should always be present during sponsor/visitor interactions with children.

MofM and its staff will make every effort to organize a visit between sponsor and child within reason. When this visit includes additional un-planned costs and logistical support from field personnel, the sponsor will be responsible for covering these associated costs.

Sponsors/visitors are not permitted to accept any accommodations offered by host country nationals unless authorized by the Team leader or MofM staff.

The sponsor/visitor should make every effort to understand and observe local cultural norms and customs when interacting with a child.

A sponsor/visitor is prohibited from personal contact information to a child or requesting personal contact information from the child. MofM is not responsible and will not mediate for any communication or contact after the sponsor's site visit.

Any gifts for the child or his/her family should be cleared with a staff member and be in accordance with MofM policy. Direct transfers of cash to the child, family, or project are not allowed.

All travelers will be given an opportunity to begin sponsorship before, during and after the trip. Those interested in sponsorship should contact their Mission of Mercy representative for further information. Mission of Mercy will provide the trip leader with the photos and information of children available for sponsorship from the project(s) to be visited. It is VERY IMPORTANT to understand that these are the ONLY children from which you can choose, should you decide to sponsor a child while on the trip.

## Covenant not to Sue

Please read statements below and sign here

IN WITNESS WHEREOF, this Release for Covenant not to Sue is executed this			day of		the year	
Name (please print)	Signature	Date				
Witness Name (please print)	Signature	Date				

**Covenant not to Sue**

The undersigned understands and acknowledges hereby being invited to participate with Mission of Mercy/Bethesda Ministries, in certain travel activities connected with its business activities and child sponsorship. The undersigned has been informed of the risks that may result from such participation, including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident or disease. The undersigned nevertheless has voluntarily chosen to participate in and travel with Mission of Mercy/Bethesda Ministries.

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including, but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be personally required for travel with Mission of Mercy/Bethesda. The undersigned further acknowledges having had the opportunity to consult with legal counsel and with respect to rights and obligations under this Release and Covenant Not to Sue and the legal effect thereof.

Having been fully appraised of the risks, and in consideration of allowing the undersigned to travel with Mission of Mercy/Bethesda, the undersigned hereby releases and covenants not to sue Mission of Mercy/Bethesda employees, officers, directors, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with Mission of Mercy/Bethesda.

There is no reservation or agreement not clearly expressed herein. The undersigned has read this Release and Covenant Not to Sue and understands all of its terms. The undersigned executes it voluntarily, with full knowledge and intention to be legally bound. This Release and Covenant Not to Sue is made in and shall be governed by and construed according to the laws of the State of Colorado, United States of America.

<b>PAYMENT</b>			
<p style="color: red; margin: 0;">There is no registration fee to apply with Mission of Mercy!</p> <p style="margin: 0;"><b>Please include a non-refundable security deposit of \$500</b></p>			
I will pay with:	<input type="checkbox"/> Check, I will include it with this form	<input type="checkbox"/> Credit Card	<input type="checkbox"/> I will call Mission of Mercy with my payment information
Check - Make Payable to: Mission of Mercy - Checks are not cashed until trip is confirmed by International Child Ministries Department			
Credit Card Number*	Expiration Date	Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
<small>*Mission of Mercy understands and respects the importance of your personal information. We will not sell it or share it with any other entity. This document is confidential and is destroyed after use.</small>			

**You're all done.** Use any method you choose from the options outlined on the cover page to return this form to your trip leader or the Mission of Mercy Trip Coordinator.