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#  Exposure Trip Application Year \_\_\_\_\_\_\_\_\_\_\_Trip\_\_\_\_\_\_\_\_\_\_\_\_

Name as written on Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, St. Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***Attach copy of passport picture page to this application**\*\*

*The Poverty Simulation is STRONGLY SUGGESTED for all exposure trips.*

Please view schedule of Poverty Simulations at <http://missionwaco.org/poverty-simulation/> .

**When do you plan to participate in a Poverty Simulation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Personal Information |
| **Age \_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Beneficiary Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (beneficiary is usually parent or spouse)**Beneficiary Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beneficiary Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Your Height\_\_\_\_\_\_\_\_ Your Weight \_\_\_\_\_\_\_ Physical Activity Level: fair good great**  |
|  |
| Note: All exposure trips are Christian-based. If you are not a Christian, you must be willing to be around Christian activities and discussions.  |  |
| **Write on the back of this page the story of your love relationship with Jesus your King, your Redeemer, Jesus Christ and the reasons you are interested in this exposure trip to serve the poor. Also List your involvement among the poor in your hometown:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **List all travel experience:****List your skills:** (examples: speak French, crochet, knit, artistic, paint, fix small machines, sharpen knives, jump rope, play soccer….) |
| **Describe how you will provide the required finances for this exposure trip? (Please explain either way)****Please describe your family’s response to your applying for this trip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A |
| Do you agree to abide by the expectations and conduct of Mission Waco/World travel trips? Yes \_\_\_\_\_ No\_\_\_\_\_\_\_*(No alcohol, smoking, sexual activity between unmarried participants, must obey curfew guidelines, proper dress, & other defined guidelines by the travel leader) Sign here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **List Professional skills that you have been given:**Required reading includes “When Helping Hurts” and “Hole in the Gospel” before you go on this trip. The Poverty Simulation is required before you go on this trip. Please go to <http://missionwaco.org/poverty-simulation/> for dates.  |

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| **Person to Notify in Case of Emergency AND Personal Reference – VERY IMPORTANT** |
|  |
| Name and relationship |  |
| Phone/Cell Phone Address, City, ST, Zip  |  |
| Email |  |
| **PERSONAL REFERENCE\*#1** |  **Email & Cell** |
| **PERSONAL REFERENCE\*#2**  |  **Email & Cell** |

|  |
| --- |
| Agreement and Signature |
| Are you aware that traveling to other countries involves some risk, such as health, travel and emotional stress? Yes\_\_\_\_ No\_\_\_\_\_Do you have health insurance that would cover you in case of an out of country sickness or accident? Yes\_\_\_\_ No \_\_\_\_\_The cost of this trip **does** include international volunteer insurance - FYIBy submitting this application, I affirm that the facts set forth in it are true and complete. |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Deposit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pd |

**RELEASE OF LIABILITY MISSION WACO, MISSION WORLD, Inc.**

**Whereas, the undersigned participant wishes to be accepted for participation in one or more of the activities listed above which is organized by Mission Waco, Mission World, Inc., of Waco, Texas. Mission Waco Mission World's action in allowing the applicant to participate in such activities or programs, the undersigned acknowledges that the activity does involve certain risks.  The activities are designed to allow the participants to broaden their understanding of various Christian values, socio-economic differences, ethnic and racial diversity, cultural appreciation, team building, character development, and/or enrichment opportunities.  These activities include those listed above, but are not limited to, and activities in a lower income neighborhood and among poor people in Waco, Texas, other communities, and foreign countries.  I understand that participants are exposed to physical and psychological risk through elements of nature, travel by car, van, plane, walking or other conveyance, and direct contact with people from various backgrounds.  Risks may also include damage or loss of personal property.  I further understand that immediate medical treatment may be difficult or delayed, especially in foreign countries.**

**In consideration of the above, I have and hereby do assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold harmless the indemnify Mission Waco, Mission World, Inc., and its Board of Directors, employees, agents, and or Associates from any and all liability.  The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns for all members of my family, including any minors accompanying me. I also state that I am not under, and will not be under the influence of any non-prescribed chemical substance, including alcohol.  I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior.  I understand that my participation in this Mission Waco, Mission World, Inc. program or activity is entirely VOLUNTARY.**

**My signature also gives my permission and accepts financial responsibility, as well, for first aid treatment and/or medical attention if needed.  I also give my permission for photographing of myself or my child during the activities and use of those pictures or video by Mission Waco, Mission World, Inc.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**PARTICIPANT SIGNATURE                            DATE                           WITNESS**

**Please print legibly:**

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_** **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **In case of emergency, please contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsoring group, church, etc., if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Group leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_

**List below any physical, mental or emotional problems this participant has.  Include any medications to which he/she is allergic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **\*\*\*ATTACH COPY OF PASSPORT TO THIS APPLICATION ­­­­­­­­­­­\*\*\***