



# International Missions Outreach

## Missionary Team Member Application

www.imohaiti.org

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

Team Leader: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender:  male  female

Birthday: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Do you use tobacco? \_\_\_\_\_

### EMERGENCY INFORMATION:

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

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Relationship \_\_\_\_\_

**Passport #:** \_\_\_\_\_ Country: \_\_\_\_\_ Exp: \_\_\_\_\_

*\* New law states passport must be good for six months beyond time of travel.*

How did you hear about International Missions Outreach?

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If you sponsor a child and would like to meet him/her, please list his/her full name and identity number.

_____	_____
_____	_____
_____	_____
_____	_____

Please list your top 3 skills for use on the mission field:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I have obtained a copy of the International Missions Outreach guidelines for a one-week's missionary trip and agree to comply fully with the conditions outlined in the advisory.

I understand that International Missions Outreach is not to be held responsible for expenses incurred in case of an accident, death, or medical injury while subsequent to my stay in Haiti. I agree to provide accident/ health insurance or assume full responsibility or personal payment in case of an emergency. International Missions Outreach is not responsible for items lost or stolen during my stay.

I agree to the above statement and terms.

I am under the age of 18 and have parental consent.

**(Must complete a NOTARIZED Consent Form before departure)**

_____	_____
Signature	Date
_____	_____
Team Leader	Date
_____	_____
Parent's Consent (if under 18)	Date

\* All Documents **MUST** be mailed to the IMO US office at least 30 days before departure date.

ADDITIONAL REQUIREMENTS: (PLEASE ATTACH TO APPLICATION)

- \*Photocopy of Passport
- \*Current Photo
- \* Pastoral Recommendation
- \*\$50 non refundable application fee made payable to IMO
- \*Notarized Consent Form for minors

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## Checklist for Application

- Completed Missions Team Application
- Current Photo
- Pastoral Letter of Recommendation
- Photocopy of Passport
- Liability Release Agreement with Signature of Witness
- Team Member Agreement (signed and dated)
- Application Fee check in the amount of \$50 payable to International Missions Outreach
- A copy of completed affidavit of Support and Consent mailed to to Clendenin Office. Keep original form with you during your travel time abroad.

Photocopy all documents for your records

Completed Application must be received in our Clendenin Office at least 30 days prior to the team's departure.

International Missions Outreach  
PO Box 1145  
Clendenin, WV 25045  
304.548.7009 - fax 304.548.7060

# Liability Release Agreement

Whereas, the undersigned will be going to Haiti and are residing and co-working with International Missions Outreach, a non profit organization and

Whereas, the undersigned desires to release and hold harmless International Missions Outreach, its President, Vice-President and Directors both in the United States of America and Haiti from any and all claims, demands or actions because of injury or illness to the undersigned.

Now, therefore, in consideration of the undersigned working on projects with International Missions Outreach, the undersigned hereby releases and discharges International Missions Outreach, it's Directors and Staff and Officers from claims present and future, known or unknown, in any matter arising out of the undersigned specifically assumes all risk involved in travel and work on the projects of during the undersigned's stay.

The undersigned will never institute any action or suit at law or in equity against International Missions Outreach, It's President, Vice-President, Directors, Board Members, Office and Staff, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses, or compensation for or on account of any damage, loss, or injury either to person or property, or both whether developed or undeveloped, resulting or to result, known or unknown, past or present or future, arising out of the undersigned working with International Missions Outreach.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signed \_\_\_\_\_

Witness \_\_\_\_\_



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## Team Member Agreement

As a team member with International Missions Outreach, I do hereby agree to the following guidelines for serving on a Mission Team:

1. I am a professing Christian, active in a local church, and responding to the call of God to this mission.
2. The ministry of this Missions Team is under the supervision of the designated IMO Missionary. The Team Leader is accountable to the Missionary for the approval of all ministry and any other activities on the field. I agree to follow instructions of the Missionary and Team Leader.
3. The Mission Team will be responsible for all costs of the ministry team activities while in Haiti. (including restaurants, beach, shopping, etc)
4. All of the funds given through IMO in support of this trip or project shall be used for such purposes, with any unused money being transferred to the IMO for general donations or refunded to the Sending Church. No funds will be returned directly to individual team members.
5. Any expenses anticipated or incurred which are payable to IMO must be paid directly to IMO.
6. I understand the need for modesty in both personal conduct and dress.
7. I realize that alcoholic beverages, illegal drugs, or tobacco product usage is NOT permitted at any time during the mission trip. If this is violated, it will be dealt with immediately. IMO is not responsible for any legal assistance that could be necessary.
8. I understand doctrinal positions outside of IMO's statement of beliefs should not be taught or promoted during the mission trip unless approved by the IMO Missionary supervisor. Evangelism, basic discipleship, and helping ministries shall be the primary purpose of any public or private ministry.
9. I understand that IMO is not responsible for any health and/or medical treatment while in Haiti, nor a life flight back to the United States in case of serious injury. I assume full responsibility.

Signature: \_\_\_\_\_

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



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## Affidavit of Support and Consent

I/We \_\_\_\_\_, parents of \_\_\_\_\_ residents of the United States of America, hereby give full consent and authority to \_\_\_\_\_ to accompany and make decisions for our son/daughter \_\_\_\_\_ to Haiti.

The aforesaid guardian, as proof of his/her identity shall present before authorities his/her/ Passport No. \_\_\_\_\_ issued in \_\_\_\_\_ on \_\_\_\_\_ and valid until \_\_\_\_\_.

I/We , the parents, after being duly sworn accordingly, hereby depose and say that I am/ We are willing and able to maintain and support our child financially and guarantee that he/she will not become a public charge or burden during his/her stay in Haiti.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

WITNESS OUR HAND AND SEAL

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public

This form must be completed, signed and notarized for all children 18 yrs and younger traveling without both their parents.

Keep the original form with you on your trip.  
Return a copy with your application to the Clendenin office.