



Africa Mission Trip Team Member Application

Qualifying Criteria: 1) Mains'l hire date previous to 12/31/2006; 2) a personal contribution of \$1500 towards expense of trip (personal needs and purchases extra.)

Mail application to: Dawn Valerius, Mains'l Services, 7000 78th Ave. N., Brooklyn Park, MN 55445
or e-mail to dmvalerius@mainsl.com, by November 25, 2011.

Personal Information

Legal Name: _____

Current Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Job Title: _____

Mains'l Hire Date: _____

Citizen of: _____ Birth Place: _____

Include a copy of your passport (the page with your picture) with application, and fill out details below:

Passport Number: _____ Issue Date: _____ Expiration Date: _____

In process of applying for my passport

Personal Profile

1. In two sentences, describe why you want to be a part of this mission trip:

2. Please list three expectations for your experience:

3. What concerns and/or fears do you have about this experience? Please explain:

6. Briefly describe your previous (if any) mission experiences (short-term or long-term):

7. Do you have health issues/medical restrictions that the team should know about:

8. What accommodations, if any, would you need to overcome any health concerns/medical restrictions you have listed:

Expectations and Agreement

- You are willing to be flexible with your time and expectations as you serve.
- You can submit to the authority in-country and your team leader during your stay.
- You are coming as a team player and a desire to help and reach the needs of others.
- You are willing to take on the role of “servant-learner” during your time.
- You will faithfully participate in the determined team trainings that are provided to you.

Lifestyle, Driving, and Kidnapping Expectations

It is clear that the following behaviors on the mission are unacceptable: sexual relationships, no dishonesty, no cheating, and no drunkenness.

The lifestyle expectations are to do the work with glory and to not seek for your own good but for the good of many so they may be saved.

It is clear that you are to refrain from one-to-one dating while serving on this mission. This applies to those on the team and/or those living in the host country. You will show appropriate behavior as expected.

It is expected that you will consult with your team leader prior to departure for further clarification on any policies and procedures that are put into place and meet the expectations of the company that are noted above and elsewhere.

Driving is strictly prohibited, unless one has the appropriate license and insurance consistent with the law of the country.

Although kidnapping has not happened with prior mission trips, it is recognized that paying ransom for one member would likely spark a rash of kidnappings in many places. Therefore, our organization, like many other agencies, believe ransom should not be paid whether the person involved is an employee or board executive. We are prepared to use every legitimate means to obtain the release of hostages, yet to remain firm in the resolution that ransom should not be paid.

If you have any questions or cannot comply with any of the above policies, please explain or contact us. We are excited at the possibility of having you with us!

By signing or typing my name and date, I agree with the above expectations and certify that the information in this application is true and accurate.

Signature _____ Date _____

Waiver and Release of Liability

I, _____, plan to participate in a short-term mission trip to Zimbabwe, Africa and the planned activities, and understanding that the actual itinerary and actual activities that I participate in during the short-term mission trip, may vary. I recognize the participation in the short-term mission trip and its activities may be hazardous and dangerous, and I willingly assume all risks associated with the short-term mission trip.

I acknowledge that I have been advised to seek my medical professional to understand the potential for contracting disease or parasites or suffering other adverse health consequences during my participation in the short-term mission trip. I understand that such diseases, parasites, or health conditions may cause or result in serious health problems and may be fatal. I also realize that I would be serving in a country less developed than the United States, and may report frequent cases of disease more rarely occurring in the United States, such as malaria, yellow fever, typhoid, Hepatitis A, Hepatitis B, and/or other diseases or illnesses.

I am aware that Mains’l Services, Inc. strongly advises me to obtain Tetanus vaccinations and any other vaccinations, inoculations, or immunizations recommended by the Center for Disease Control or federal or Minnesota state health authorities. After careful consideration of these risks, I have either received all recommended vaccinations, inoculations or immunizations from medical professionals, or I have declined to receive them due to my religious beliefs, personal convictions, or medical contraindications. I agree that my decision to decline receipt of any or all of the recommended precautionary measures increases my risk of contracting disease and suffering other potential adverse consequences.

Therefore, in consideration of the privilege to participate extended to me by Mains’l Services, Inc., and on behalf of myself, my heirs, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge Mains’l Services, Inc. and it’s partners, employees, directors, officers, agents, representatives, and volunteers, from any and all actions, omissions, causes of action, claims and/or damages arising from, relating to, or resulting from my participation in the mission trip, including, but not limited to, injury, expense, cost, damage, loss, illness, or death. I acknowledge that I have received good and valuable consideration for signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of Minnesota, and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. If any portion of this waiver and release is held invalid, it is agreed that the balance shall continue in full legal force and effect.

By signing or typing my name and date, I acknowledge that I have read, understood, and execute this waiver and release on _____, 20__

Signature: _____ **Date:** _____

Printed Name: _____

Consent of Treatment

Individual's Name _____
Company Name: _____ Mains'I Services, Inc. _____
Team Leader/Staff Member/Agent: _____

I, _____, as the team member, so hereby authorize the Agent, acting as my agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable by and is rendered under general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby waive and release Mains'I Services, Inc. and Agents from damage, liability, claims, or causes of action arising from or relating to decisions made, consents granted, or authorizations made by Mains'I Services, Inc. and/or Agents pursuant to this Consent to Treatment.

By signing or typing my name and date, I hereby authorize any clinic, hospital, or other medical facility which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent(s) upon completion of treatment. These authorizations shall remain effective through the following period of time: through _____.
(Date one year from today)

Signature of Team Member: _____ Date: _____

Date of Birth (mm/dd/yyyy): _____

Mothers Name: _____ (required regardless of age)

Fathers Name: _____ (required regardless of age)

Insurance Company: _____ Policy #: _____

Claim Office Address: _____

Primary Doctor's Name and Phone Number: _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the team member:

In case of emergency, notify:

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Phone: _____

Email: _____