



## Africa Mission Trip Team Member Application

*Monday, April 24 – Monday, May 15, 2023*

**Qualifying Criteria:** 1) Mains'l hire date previous to 12/31/2019; 2) hold a FT position with Mains'l; 3) have supervisor approval; 4) embody Mains'l core values, mission, vision; 5) have prior charitable experience

**Send application:** By mail: Mains'l Services, ATTN: Tracy Hinkemeyer, 7000 78<sup>th</sup> Ave. N., Brooklyn Park, MN 55445; or e-mail to [thinkemeyer@mainsl.com](mailto:thinkemeyer@mainsl.com), by October 30<sup>th</sup>, 2022.

### **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. Please describe why you are interested in being a member of the Mains'l Mission team to Africa. Be as specific as possible, including what you might already have heard about past trips, etc.:
2. Please list any special skills, strengths, and abilities you bring to the team and the mission, (carpentry, IT, teaching, brute strength, gardening, etc.)
3. Describe any previous mission experience you have (short-term or long-term), and what you took away from these experiences.
4. What are you committed to accomplishing prior to your departure that will prepare you for the mission and support your work upon your return?
5. Identify three goal areas for yourself that you will work on **during** the mission trip ?Consider how being a member of the Mains'l Mission Africa will benefit your leadership and the work you do for Mains'l.
6. Describe in your own words how the mission trip contributes to the vision?

7. What concerns and/or fears do you have about being selected to serve on the Mains'I Mission Team? What are some realistic roadblocks that might keep you from going on this trip? Please explain.
  
8. As a team member, what is your approach to conflict resolution and what role do you play during conflicts? Please include how you would work to resolve challenging/uncomfortable situations.
  
9. Mains'I Missions involve periods of intense physical or emotional activity. Please comment on your physical and mental stamina.
  
10. Do you have health issues/medical restrictions that the team should know about? Do you require any accommodations?
  
11. Is there anything else you would like us to know that you wish to share?

***Please attach your one-page personal profile. Feel free to update the profile for the purpose of a mission trip.***

## **Expectations and Agreement**

- You are an ambassador for Mains'I Services and the USA.
- 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 attend and be fully engaged in the determined team trainings that are provided to you.
- You will read and will abide by the job duties and responsibilities of the Mains'I Mission Team Member Job Description.
- You will be full vaccinated with the COVID vaccine by departure date.

## **Financial Responsibilities**

Financial responsibilities for team members:

- \$1200 towards the cost of the trip, \$350 in additional funds to contribute to group tips, and \$250 (personal discretion) for personal spending (souvenirs, etc.)
- Cover own personal costs of required health screening, including Center for Disease Control (CDC) required inoculations and medications for international travel.
- Personal clothing and items for use in the bush.
- Personal medical insurance is active during mission trip and for any follow up care that was a result of the mission trip.

Financial responsibilities for Mains'I Services:

- International and inter-Africa airfares, trip insurances, transfers, accommodations, meals, mission project supplies, and costs of team activities.

## **Lifestyle and Risk Expectations**

The following behaviors on the mission are unacceptable: any sexual references or sexual behavior, no dishonesty, no cheating, and no drunkenness. You must 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.

The lifestyle expectations are to work as a team and to not seek your own good but the good of many.

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.

Mains'I and mission team leaders plan and prepare for possible adverse situations. However, there is always risk involved in international travel, and each team member will sign a Waiver of Risk and Liability (see below).

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 understand 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. In addition, some areas do not have medical facilities in the immediate area.

I am aware that Mains’I Services strongly advises me to obtain Tetanus vaccinations and any other vaccinations, inoculations, immunizations, and preventative medications recommended by the Center for Disease Control or federal or state health authorities. A COVID 19 vaccination is required by all mission member. After careful consideration of these risks, I have either received all required and 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 and/or prohibit being selected as a mission team member.

Therefore, in consideration of the privilege to participate extended to me by Mains’I Services, Inc., and on behalf of myself, my heirs, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge Mains’I 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: _____ <b>Mains'I Services, Inc.</b> _____
Team Leader/Staff Member/Agent: _____

I, \_\_\_\_\_, as the mission 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: \_\_\_\_\_

Date of last COVID-19 vaccination/s: \_\_\_\_\_

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: \_\_\_\_\_