

TEAM DATE _____

Please contact the US Office regarding specific flights you need to be on. (407) 240-4058 and ask for Christy.

You must attach a copy of your flight itinerary to this application.

Member Code # _____

Have you been on a trip with New Missions? Yes No Date of last visit: _____ Where? _____

Full Name _____ Nickname _____ Birthdate _____ Male Female

Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone (____) _____

Home Church _____ Pastor's Name _____

Church Address _____ Telephone (____) _____ Years Attended _____

T-Shirt size: Small Medium Large X-Large XX-Large

Please list your top three skills for use on the mission field.

1. _____ 2. _____ 3. _____

Occupation: _____

Whom we should contact in the case of an emergency: Name _____ Relationship _____

Address _____ Telephone (____) _____ Email _____

Beneficiary (for trip insurance purposes): _____

List any diet restrictions or needs: _____

Please give a statement regarding your general health: _____

Which foreign languages do you speak? _____

How did you hear about New Missions? _____

If you sponsor a child with New Missions, what is his/her name and identity number so we can make arrangements for you to visit your child.

Passport# _____ Issuing Country _____ Expires _____

I have read and understand the Waiver and Release form; attached hereto as page 2 of this Application. I agree to provide my own personal accident/health insurance.

(SIGNATURE)

(DATE)

(PARENT'S SIGNATURE FOR VISITORS UNDER THE AGE OF 18)

(DATE)



**PLEASE HELP
BRING NEEDED
SUPPLIES!**

Call our office if you can reserve one suitcase for priority supplies from the Orlando office.

This application must be returned with a \$100 deposit 60 days prior to trip to secure your spot. The balance of your mission lodging fee must be paid in advance to the U.S. office at least 30 days prior to your trip date. Mastercard and Visa accepted.

WAIVER AND RELEASE

A. As a condition of being permitted to travel with New Missions, Inc. (the "Company") on, and participate in, a missions trip to _____ (the "Country"), during the week of _____ / _____ / _____, month/day/year; the undersigned hereby:

1. Agrees to assume all normal and foreseeable risks associated with travel to, from and within the Country (including but not limited to natural disasters, terrorism, political unrest, and contraction of illness) and releases Company and its affiliates from any responsibility for such risks;
2. Acknowledges that the carriers, hotels and other suppliers (the "suppliers") providing services in connection with the missions trip are independent contractors and are not agents, employees or representatives of, or joint venturers with, the Company or its affiliates and releases Company and its affiliates from any responsibility for the actions or omissions of such suppliers;
3. Agrees that the Company shall have no liability for any personal injury, property damage or other loss, accident, delay, inconvenience, or irregularity which may be caused by (a) any wrongful, negligent or unauthorized acts or omissions on the part of any of the suppliers or their agents, (b) any defect in or failure of any vehicle, equipment or instrument owned, operated or otherwise used by any supplier, or (c) any wrongful or negligent acts or omissions on the part of any other party not under the control of the Company;
4. Releases the Company, its officers, directors, employees, agents and representatives from any claims whatsoever relating to the missions trip to the Country;
5. Agrees not to sue or otherwise hold the Company responsible for any injury, damage, or loss resulting to the undersigned or the undersigned's property in connection with the undersigned's participation in the missions trip to the Country;
6. Accepts full responsibility for luggage and other belongings brought on the missions trip by the undersigned;
7. Agrees to submit any dispute, claim or cause of action arising out of the undersigned's participation in the missions trip to the Country solely to a Christian arbitration panel, agreeing that lawsuits among and between Christians is prohibited by Scripture; and
8. Agrees to be responsible for any injuries, damages or losses caused by the undersigned while the undersigned is traveling with representatives of the Company or while the undersigned is in the Country.

B. The undersigned acknowledges that the Company has recommended that the undersigned obtain a physical examination and proper inoculations prior to going on the mission trip.

C. The undersigned acknowledges that he/she has been informed that United States citizens traveling outside of the United States are required to carry documentation of United States citizenship, which includes a valid passport that does not expire within 6 months of travel or may include a notarized copy of the child's birth certificate with a raised seal, and a valid picture I.D. (such as a driver's license).

Dated: _____

Print Name: _____

PLEASE READ, SIGN AND SUBMIT THIS FORM ALONG WITH YOUR APPLICATION



Checklist for Short Term Mission Trips

6 months ahead

Apply for Passports

1. Passports can be obtained at your local post office by appointment.
2. You will need to have two passport photos taken prior to filling out your application for your passports. Costco, some grocery stores, WalGreens, or the post office are some places where you can get your passport photos taken.
3. Usually it takes four to six weeks to receive your passport.
4. Please visit the following link for details:
http://travel.state.gov/passport/passport_1738_2.html

Check Immunizations

1. We suggest that each person contact his or her personal physician before traveling.
2. We encourage the teams to have a current tetanus booster and many opt to take malaria medications.

Reserve Air Travel

1. Contact the U.S. office to find out specific arrival and departure flight numbers you will need to book.
2. Make air reservations.
3. You may contact Sarita at Stow Travel 1-800-610-7846 to book your plane ticket, as they are familiar with the correct flights you must book.
4. Notify the U.S. office once you have booked your flight. Also send a copy of your flight itinerary by fax, mail, or email.

3 – 6 months ahead

Luggage and Supplies

1. Each person is allowed one carry-on (40 lbs.) and one personal item. All checked luggage requires payment.
2. The U.S. office has “essential supplies” that need to be transported to the mission base from time to time. We ask each traveler to reserve space in their luggage. The supplies are shipped to each team to pack in their luggage. If you have to check an extra bag for the New Missions’ supplies sent to you, New Missions will reimburse you.

1 – 2 months ahead

Application and Payment datelines

1. Everyone on a team must send in an application and \$100 deposit to the U.S. office by 60 days out from the trip. The trips do fill up. The application and deposit will confirm your spot on the trip.
2. Remaining balance is due 30 days prior to the trip.

Preparing for your trip

1. By this time you have completed all the items listed above.
2. You will receive a t-shirt and journal from the U.S. office.
3. The journal will answer many questions regarding packing, serving, etc...

Double Checking – Do you have...?

1. Passport
2. Airline tickets
3. Supplies
4. Application and payment sent

On day of departure

1. Please wear your New Missions t-shirt on the day of departure so the team will be easily recognizable by the missionaries who will be picking you up.
2. Your team will be provided with New Missions luggage tags (Haiti trips only). Please tag your luggage so it will be easily identified at the airport.

If you have any other questions, please call 1-800-937-4248 or email info@newmissions.org.

May God bless you as you fulfill His calling for your life and passion for missions!

Haiti Medical Supplies

Need List

First Aid Supplies

Rubbing alcohol – bottles & swabs
Calamine lotion
Benadryl cream, liquid and tablets – 25mg
Sterile 4x4s (gauze)
Chromic absorbable sutures
Sterile blades
Cord clamps/umbilical tape

Other

Infant formula
Protein powders
Instant breakfast
Medicated bars of soap
Bars of Ivory

Over-the-counter Medication

Children's chewable vitamins – 30 day supply
Children's chewable Tylenol
Infant Tylenol
Liquid children's ibuprofen
Adult vitamins
Prenatal vitamins
Iron tablets
Pedialyte (powdered form best)
Antibiotic ointment (ie. Neosporin)
Antibiotic for eyes – any type (getamycin is best)
Hydrocortisone cream – 1% and Kenalog
Antifungal creams (ie. Nystatin (for babies), Lotrimin or Vagisil)
Triple sulfa vaginal cream
Cough medicine
Vicks Vapor rub
Muscle/analgesic rub
Benadryl cream, liquid and tablets – 25mg
Calamine lotion

Prescription Medication

Amoxicillin pills 250mg
Zithromax
Erythromycin 250mg & 500mg
Cefaclor pills and suspension
Augmentin 250mg & 500mg
Ketoconazole suppositories, crème and pills
Acyclovir
Nistatine pills
Miconazole Vaginal
Moconazole skin
Betamethasone crème
Lidocaine
Albuterol inhalers (not albuterol for nebulizers)
Keflex 250mg & 500mg
Cortisporin ear drops