

gotell



GO TELL

Missions Handbook



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MISSIONS APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Parents' Names if under age 18: _____

Do you have a passport? Yes No

If yes, be sure the expiration date is not within 6 months of your scheduled return date.

Where is your Church membership? _____

Church address: _____

Pastor's Name: _____ Phone: _____

Have you ever been on a mission trip with Rick Gage Ministries? _____

If so, please describe your experience and list the date/destination of the trip _____

Have you ever been on any other mission trip? Be specific and give full details of your work _____

On the back of this form, please include your personal testimony.

Destination of the mission trip you are applying for: _____

Date of the mission trip you are applying for: _____

Signature _____ Date _____

Please Print Name: _____

Application Fee: \$35 Per Person, NON-REFUNDABLE

- **Please remember to send your application fee along with your application to the address listed below:**

GO TELL Ministries

PO Box 2138

Duluth, GA 30096

Please make checks payable to GO TELL Ministries. Application Fee can also be paid on our website:
www.gotellministries.com/donate



EMERGENCY AND MEDICAL INFORMATION

Mission Participant's Name: _____

Parents/Spouse: _____

Address: _____

Telephone: (_____) _____(home) (_____) _____(work)

Emergency Contact other than parents/spouse: _____

Relationship: _____

Address: _____

Telephone: (_____) _____(home) (_____) _____(work)

Medical Insurance Company: _____

Insurance Policyholder: _____

Insurance Policy Number: _____

Family Doctor or Clinic: _____

Address: _____

Telephone: (_____) _____

Do you have any particular health problems? (circle one) YES NO

If yes, describe: _____

Are you on any long-range medication? (circle one) YES NO

List medications: _____

List any chronic disease or allergies you have: _____

Do you wear glasses or contact lenses? (circle one) GLASSES CONTACTS



Missions Trip Release Form

Name: _____
Date of birth: _____ Age: _____ Sex: _____
Home address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Cell phone: _____
In case of emergency, contact: _____
Day phone: _____ Evening phone: _____

Medical Profile

Generally, my health is: Excellent _____ Good _____ Fair _____ Poor _____

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are CURRENTLY being treated: _____

List any medication you are CURRENTLY taking: _____

List any medicine or substances to which you are ALLERGIC: _____

Family physician's name and address: _____

Date of tetanus immunization: _____ (must be within last ten years)

Insurance company: _____

Address: _____

Policy #: _____

Subscriber name: _____ Subscriber #: _____

Place of employment: _____

Address: _____

Subscriber occupation: _____ Work Phone: _____

Statement of Awareness of Risk

I am aware of the risks of foreign travel, particularly to lesser developed countries; and I voluntarily assume those risks.

Authorization of Treatment/Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 21 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a representative of the GO TELL Crusades, Inc. and the physician of hospital staff during a mission trip sponsored by GO TELL Crusades, Inc. I, the undersigned, do for myself (or for and on behalf of my child under 21 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees, and agents of GO TELL Crusades, Inc. from any and all claims and demands for personal injury, sickness, and death as well as property damage and expenses of any nature incurred by myself (or my child under 21 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 21 years of age) and do certify that I have secured primary medical insurance (for myself or for my child under 21 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Please complete and sign below

(youth under 21 years of age require parent/guardian signatures*).

Participant’s signature: _____ Date: _____

Father/custodial parent signature: _____ Date: _____

Phone: _____

Mother/custodial parent signature: _____ Date: _____

Phone: _____

Sworn to and subscribed before me by _____, _____,
(Participant) (Father of Participant)

and _____ on this _____ of _____,
(Mother of Participant) (day) (month) (year)

Notary Public Signature
My Commission Expires: _____

(SEAL)



CAMPAIGN POLICY AGREEMENT

I realize that the following elements are crucial to the effectiveness, quality, and safety of our campaign together. As a member of the campaign team, I agree to:

1. **Remember that I am a guest** working at the invitation of a local missionary or pastor.
2. **Remember that I have come to learn, not to teach.** I may run across procedures that I feel are inefficient, or attitudes that I find closed-minded. I will resist the temptation to inform our hosts about “how I do things.” I will be open to learning other people’s methods and ideas.
3. **Respect the host’s view of Christianity.** I recognize that Christianity has many faces throughout the world and that the purpose of this trip is to witness and experience faith lived out in a new setting.
4. **Develop and maintain a servant’s attitude** toward all nationals and my teammates.
5. **Respect my team leader(s)** and his or her decisions.
6. **Refrain from gossip.** I may be surprised at how each person will blossom when freed from the concern that others may be passing judgment.
7. **Refrain from complaining.** I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will try to be creative and supportive.
8. **Respect the work that is going on in the country with the particular church, agency or person(s) with whom we are working.** I realize that our team is here for just a short while, but that the missionary and local churches are here for the long term. I will respect their knowledge, insights, and instructions.
9. **Refrain from negative political comments or hostile discussions** concerning our host country’s politics.
10. **Remember not to be exclusive in my relationships.** If my sweetheart or spouse is on the team, we will make every effort to interact with all members of the team, not just one another.
11. **Refrain from any activity that could be construed as romantic interest toward a national.** I realize certain activities that seem innocuous in our own culture may seem inappropriate in others.
12. **Abstain from the consumption of alcoholic beverages or the use of tobacco or illegal drugs** while on the trip.

Signature: _____

Date: _____