

Passport Update: (If current passport is within 6 months of expiration, **it will not be valid**. Please renew.)

Name as it appears on your passport: _____

Passport Number: _____ Date Issued: _____ Expiration date: _____

Date of birth: _____ Are you a US Citizen? _____

Please attach a color copy of your passport.

I have consulted my personal physician and have followed his/her advice concerning necessary immunizations? Yes _____ No _____ Please make sure you do this in plenty of time to follow all recommendations and guidelines.

I have the following allergies, medical conditions, and take the following medications: (please list **all** medications and what conditions they are taken for)

Do you have any special needs (i.e., vegetarian, food allergies, car sickness, etc.) that require attention during traveling? We cannot guarantee that all needs can be met, but we will advise you in advance of the trip. _____

Agreement:

I understand and agree that this trip is outreach and volunteer service. I will participate as part of a team effort and I will do my best not to complain. I will participate in pre-trip planning as fully as possible. I will show respect for team members and those whom we serve. I agree to adhere to the guidelines, policies, codes of conduct, requirements, and will cooperate with the team leader and the missionary host. I will dress and behave appropriately and obey the laws of the country where we are serving. I will adhere to the safety protocols and all advised safety precautions given to me before and during the trip. I agree to uphold Vessels of Mercy Intl.'s statement of faith while serving. I understand that I am subject to dismissal for violation of any of the above, without refund or reimbursement. I also understand if I am dismissed that I am responsible for any cost incurred.

I hereby agree that I have read and been informed of the policies, procedures, protocols, and agree to abide by these while volunteering with Vessels of Mercy Intl. during any activity or event. I have also been provided copies of the policies, procedures, and protocols.

I release on my behalf and/or on behalf of my spouse, child/children, the volunteers, independent contractors, and Vessels of Mercy International, Inc. from any liability and/or responsibility for any personal injury, death or damage to, or loss of personal property. I authorize adults designated by Vessels of Mercy Intl. to secure emergency medical treatment for me and/or my child/children.

I concur with the following: "I know Christ as my personal Savior and desire to share Christ with people who are ministered to through Vessels of Mercy Intl., Inc."

In signing this application, I agree to the above-mentioned terms.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please complete and return this application with a non-refundable deposit of \$1000.00 and a copy of your passport. Note: Your funds for the trip are your personal responsibility and need to be deposited with VOMI by the deadline given and prior to securing any flight reservations.

MEDICAL RELEASE

*Adult Medical Release (must be completed by all participants age 18 and over)
All information is treated confidentially by Vessels of Mercy International.*

Name: _____
Project Destination and Dates: _____
Emergency Contact: _____ Relationship: _____
Phone #: () _____

Medical Insurance Information

Company: _____ Policy # _____
Policy Holder: _____

Project participants (other than U.S.) are strongly encouraged to have insurance coverage outside the U.S.

Medical Information:

Will you be bringing any personal prescriptions/medications (s)? _____ What kind(s), please list all prescriptions and what conditions they are prescribed for. _____

What is your blood type? _____
Date of last tetanus shot (this must be within last eight (8) years): _____

Have you had the Hepatitis B vaccine? _____ If so, when? _____

List any physical disabilities, disorders, or limitations: _____

List any known allergies and/or reactions: _____

List any food allergies: _____

List any major illnesses and/or surgeries in the past three years: _____

Have you ever fainted or passed out? _____ When? _____ Why? _____

Do have any eating disorders or addictions? _____ If yes, have you ever received treatment or counseling? _____

Have you ever required counseling for a psychological condition or mental disorder? _____

Are you being treated now? _____

FOR COMPLETION BY PHYSICIAN (If you are currently under the care of a physician for any physical or mental condition, he/she must complete the following):

I have examined _____ and find him/her to be in good general health and physically able to take part in the VOMI project to _____, traveling from

_____ through _____
(Beginning Trip Date) (Ending Trip Date)

Doctor's Signature _____ Date: _____

MEDICAL RELEASE
(continued)

Release (Participant must sign in the presence of a Notary Public):

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident while on the project which requires medical attention, I, _____, give my permission to VOMI, its representative (s) and all attending health professional (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless Vessels of Mercy, Intl., and its representatives, and/or independent contractors, from all actions, damages or liabilities arising from the treatment of any illness, death, injury, or accident incurred during my participation on this project. It is the intention of this release that the above-named Vessels of Mercy Intl. and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during this project.

Participant Signature: _____ Date: _____

State of _____, County of _____.

Sworn to and subscribed to me this _____ day of _____, 20__.

Notary Public signature: _____

My commission expires: _____

Vessels of Mercy International

Assumption of Risk Agreement for Voluntary Short-Term Missionary Service

I, _____, in consideration of the acceptance of application for volunteer service on behalf of Vessels of Mercy Intl. represent that I am at least 18 years of age, and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas and United States of America missions' activities for which I am applying and will apply for in the future, such hazards and risks including but not limited to death or injury by accident, disease, terrorist acts, kidnapping, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and only with respect to this organization its agents, officers, directors, and employees, I, voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my personal property, and I release the said organization and its agents, officers, director, and employees from any liability whatever arising as result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. (2 Cor. 11:23-28) I volunteer my services on behalf of Vessels of Mercy Intl. despite such hazards and risks, and I assume the risks of death, injury and damage associated with such risks.
2. I attest and verify that I am physically fit and have no mental or medical conditions that would prevent me from performing the volunteer services for which I am applying.
3. I waive any and all claims for damages which I may have against Vessels of Mercy Intl. and/or agents, independent contractors, officers, directors or representatives of the organization.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission's trip, as described above. I further understand that this organization does not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I understand that all donations received by Vessels of Mercy Intl. go toward project expenses. To receive a tax deduction, the IRS stipulates that the donor must release control of the money donated to the non-profit organization. For this reason, money cannot be refunded. I understand once I sign up for a project and send in my deposit, I am obligated to pay for the complete project cost in the event I am unable to go for any reason. I also understand cancellation of the trip on my part means funds I have turned in become property of Vessels of Mercy Intl. to use for short-term projects in accordance with IRS regulations and the total cost of the trip is due before departure, or I will not be allowed to participate.

7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I **HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AT MY OWN FREE WILL. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Your signature

Date

Your address

Witness (Legible Signature please)

Date

Witness (Legible Signature please)

Date

Vessels of Mercy International

Vessels of Mercy International

CODE OF CONDUCT

Please read & place your initials by each statement below:

As a Vessels of Mercy Intl. team member, I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but Vessels of Mercy International, and the United States as a whole. I agree to uphold Vessels of Mercy Intl.'s statement of faith while serving.

I understand the Vessels of Mercy Intl., official statement of abstinence from alcohol, tobacco, and controlled substance use and /or abuse. In respect to God, Vessels of Mercy Intl., and its missionaries, national church and ministry partners that I will be ministering to, I will refrain from:

_____ The purchase and/or use of any kind of alcoholic beverage

_____ The purchase and/or use of any tobacco or vaping products or gambling products

_____ The purchase and/or use of any other controlled substance

(Does not include the use of personal medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismol, etc.)

I _____, have read and understood the above policy as well as the policies set forth in the team information packet and/or booklet. I promise to forgo my personal convictions on the subject in order to maintain unity and to avoid controversy in the body of Christ.

Signed: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Volunteer Information Multi-Media Release

Your personal information will be kept confidential and only used by Vessels of Mercy International staff and volunteers for the organization's purposes unless mandated by law.

As a volunteer, team member, and/or leader associated with Vessels of Mercy International, Inc. (VOMI), I agree that all recordings, photographs, and images captured during the trip are the property of Vessels of Mercy International, Inc.

I agree to make all recordings, photographs, and images I capture during my trip available to VOMI for duplication at the expense and discretion of VOMI. I grant permission to VOMI to use images or recordings captured of me during the trip without recompense or further notification. Photos will be available for personal use and/or publication in published print or film media only with the express consent in writing from VOMI. I agree to duplicate all recordings, photographs, and images upon my return and mail them to VOMI office within **two weeks** of the project or event. I understand that my photos will be available to me for personal use only. **I am not to provide nor post them for publication in any published print media, film media, web or social networking sites such as Facebook, Instagram, Twitter, Flickr, Picasa and others without express consent in writing from VOMI.** If I show or email photos to friends, family, and church members, I must inform them of this protocol for use of photos. All other uses must receive prior written consent from VOMI. **Violation of this agreement can prove dangerous to our work, volunteers, and future work within an area. Please understand the people we serve have not given their consent to have their photos used or posted and doing so could cause them to be at risk and/or cause VOMI to be held liable. No exceptions will be made. We do not want to damage our Christian witness, nor cause harm to those we serve, or cause a safety issue for our partners.**

Furthermore, when you enter or participate in a Vessels of Mercy International event, conference, missions' outreach, trip, or any sponsored event, you are entering an area where photography, video, and audio recording may occur. By entering the event premises you consent to interview(s), photography, audio recording, video recording and release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on web sites, or any other purpose by Vessels of Mercy Intl. and its affiliates and representatives. You release Vessels of Mercy International, its officers and employees, and all persons involved from any liability connected with the taking, recording, digitizing, or publication of interviews, photographs, computer images, video and/or sound recordings. By entering the event premises, or participating in the event or outreach/trip you waive all rights you may have to any claims for payment or royalties in connection with any exhibition, streaming, webcasting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, webcasting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video or audio recording taken by Vessels of Mercy International or the person or entity designated to do so by Vessels of Mercy International. You have been fully informed of your consent, waiver of liability, and release before entering or participating in the event, conference, missions' outreach/ trip or any sponsored event.

Please note that upon return, you will be given a google link to upload your photos, or you can copy them to a flash drive and mail to the office within two weeks of return.

Signing this contract is mandatory for further consideration for travel or participation in a VOMI team or event in the USA or internationally. My signature indicates my acceptance of the terms of this contract:

Signature: _____ Date: _____