



# ChildReach Ministries

Loving the world... One child at a time!

PO Box 485

Canal Fulton, OH 44614

866-607-4096

## What You Need To Know

(Please keep this page)

**Financial Responsibility:** To reserve a space for a mission trip, we require a non-refundable deposit, which is due with your application. Deposits are: \$50 for domestic trips, \$100 for international trips, and \$200 for trips to Africa. For international travelers asking CRM to arrange airfare, \$1,500 is due 90 days prior to departure. Any remaining balance after airfare is purchased will be put towards the total trip cost. ALL trips are to be paid in full 45 days prior to departure. **Any trip participants not paid in full at 45 days prior to departure will be charged a late fee of 10% of the total trip cost.**

<b>Immediately</b>	<b>90 Days Prior</b>	<b>45 Days Prior</b>	<b>Departure Date</b>
<b>Deposit Due</b>	<b>\$1,500 due for Airfare</b>	<b>Remaining Balance due</b>	<b>\$0 Balance</b>

**Included in the project cost** is a CRM T-shirt, trip devotional, construction materials, set-up costs, housing, food, interpreters, and ministry expenses from the day of arrival to the day of departure. Craft materials for Vacation Bible Schools, snacks, and souvenirs you may wish to purchase are not included.

During your project, ChildReach will provide a Project Leader and staff to assist with evangelism, Vacation Bible School, construction, prayer walks, etc. Each evening the Project Leader will facilitate time of daily reflection.

**Transportation for Domestic Projects:** Each group is responsible for their own travel to and from the projects, as well as throughout. ChildReach does not have vehicles in any of our locations. Ground transportation expenses are not included in the cost for our domestic or Mexico projects.

**Transportation for International Projects:** ChildReach is willing to assist with airfare arrangements. Any person wishing to arrange their own airfare must arrive before the team at the final destination. Anyone arriving after the team arrival time will be charged a transportation fee. Transportation in-country is included in the cost of the project.

**For Student Projects,** we ask that you bring one leader for every six students, and one for each gender.

## Covenant

- I agree to participate in all training sessions and keep the terms of this covenant.
- I will not complain and will do my best to have a servant's heart.
- I will obey all leadership on this trip.
- I will not use profanity, alcohol or drugs while on this trip.
- I will adhere to the dress code advised by ChildReach.
- I will follow safety precautions during the trip.
- I will always remember the purpose of this trip is to Honor God



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## Participant Application Package - Adult

Name(s) \_\_\_\_\_ Passport Number \_\_\_\_\_  
(Name as it appears on Passport)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Contact # \_\_\_\_\_ Evening Contact # \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Church/Organization Affiliation \_\_\_\_\_

Compassion International or ChildReach Child Number (if applicable) \_\_\_\_\_

Child's Name: \_\_\_\_\_

Project Location \_\_\_\_\_ Trip Leader \_\_\_\_\_ Dates \_\_\_\_\_

Size for ChildReach t-shirt:    S    M    L    XL    XXL    Departing Airport preference: \_\_\_\_\_

Have you ever been on a mission trip before, if so, when/where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to go on this trip? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remove page one to keep as your reminder. The balance of the form should be returned with your deposit or no later than first payment due date. If necessary, you can provide passport number as soon as available

*I have read, understand and will abide by the Covenant and Financial policies as stated.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_



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Personal testimony \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Skills

Please help us identify your serving strengths. We do not expect you to be an expert in anything, but knowing your experience helps us better prepare activities for your trip. By being aware, we can utilize your talents in the best ways possible.

Please list experience in: VBS planning/coordinating, Children's Ministry, Worship Leading/Music, Painting, Tile work, Carpentry, Stucco, Concrete work, General Plumbing, Metal or Wood Framing, Hanging or Finishing Drywall, Masonry, Electrical work, and any other skill you may desire to use.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



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## Medical Release

If you are traveling outside the United States, your insurance will need to cover you internationally as well.  
Please complete and give original to your Group Leader.

Your Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

### Insurance Information:

Company: \_\_\_\_\_ Policy type: \_\_\_\_\_

Policy #: \_\_\_\_\_ SS# \_\_\_\_\_

### Medical Information

Will you be bringing any prescription medication on the project? \_\_\_\_\_ Please list medication and condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (this must be up to date, less than 10 years old): \_\_\_\_\_

List any physical disabilities or limitations: \_\_\_\_\_

List any known allergies and reactions: \_\_\_\_\_  
\_\_\_\_\_

List any major illnesses in the past year: \_\_\_\_\_  
\_\_\_\_\_

Other conditions of which ChildReach or a treating physician should be aware: \_\_\_\_\_  
\_\_\_\_\_

### Release

*In case of unconsciousness, or inability to release myself for medical treatment resulting from an accident on the ChildReach project which requires medical attention, I, \_\_\_\_\_, give my permission to ChildReach, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to hospitalize, anesthetize, or perform surgery on me as is required. I, \_\_\_\_\_, the undersigned, do release, acquit, discharge and covenant to hold harmless ChildReach Ministries, and its representatives from all actions, damages or liabilities arising out of the treatment of any sickness or accident incurred by my participation on the trip. It is the intention of this release that the above ChildReach Ministries and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the project.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## Liability Form

I, \_\_\_\_\_ (name) in consideration of my acceptance as a participant on a mission trip sponsored by ChildReach Ministries, Inc of Canal Fulton, OH to \_\_\_\_\_ (destination of trip) represent and agree that:

1. I am a participant and not an employee of ChildReach Ministries, Inc...
2. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks subject to any insurance coverage that may be available to me from any source. With respect to ChildReach Ministries and its agents, officers, volunteers, 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 ChildReach Ministries and its agents, officer directors, and employees from any liability 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. II Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
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 trip, as described above. I further understand that ChildReach Ministries does not have any insurance coverage that would apply in the event of my illness, injury or death, 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 and arrangements for such insurance.
6. 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 AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date  
Signature  
Address  
City  
State  
Zip

Witness  
Signature  
Address  
City  
State  
Zip

Witness  
Signature  
Address  
City  
State  
Zip

IMPORTANT: Please have 2 witnesses observe your signature, and have them sign above. They must be at least 18, and should not be a relative