

PIEI-WOT-KENYA SHORT TERM MISSION TRIPS



SHORT TERM MISSION TRIP APPLICATION PACKET

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- Mission Trip Health Questionnaire**
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SERVICE INTEREST

Explain why you feel motivated to go on this trip:

List your skills:

Gifts:

Abilities:

List previous overseas experiences (country, length of stay and purpose of trip):

CHRISTIAN EXPERIENCE

Please describe if and how you came to know Jesus Christ as your Savior.

What are your habits of Bible study and prayer?

How have you grown spiritually in the last year?

How regularly do you attend church/church-related activities?

Are you involved in other ministries outside of your own church?

FIELD EXPERIENCE

Are you an ordained pastor or lay preacher? Yes No

Would you be willing and able to give a devotional or speak? Yes No

Foreign Language(s) I speak: _____

Proficiency: Good Fair "Cloudy"

Do you sing? Yes No

Would you do special music on the trip? Yes No

Please share any special skills or abilities you would like to use during the trip: (puppets, drama, guitar, dance, sign language, etc) _____

PIEI-WOT-KENYA SHORT TERM MISSION TRIP

TEAM LEADERS

Al & Marsha McCarty

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Phone: 269-721-9019



MISSION TRIP HEALTH QUESTIONNAIRE

Name: _____

Date of

birth: _____

Height: _____ Weight: _____ Blood Type: _____ Date: _____

Yes No Do you have, or have had any of the following diseases or problems?

- _____ 1. Rheumatic fever
- _____ 2. Heart trouble, heart attack, Angina
- _____ 3. High blood pressure
- _____ 4. Chest pain

_____ 5. High cholesterol medicines) _____ to control blood sugar

_____ 6. Lung or breathing problems

_____ 7. Asthma

_____ 8. Hives or eczema

_____ 9. Allergies (food, animals, medicine, pollen) trouble _____

_____ 10. Fainting spells

_____ 11. Seizures

_____ 12. Liver disease

_____ 13. Thyroid problems

_____ 14. Arthritis or autoimmune disorder

_____ 15. Joint replacement

serious illness _____

_____ 16. Ulcers

_____ 17. Kidney problems

_____ 18. Kidney or other organ transplant

_____ 19. Tuberculosis (TB)

_____ 20. Anxiety or depression

_____ 21. Chronic fatigue

_____ 22. Are you pregnant/think you might be pregnant?

_____ Do you have any other disease, condition, or problem

_____ Do you have any health problems or physical you think we should know about? limitations that might hinder your work in a different climate, high altitude or adverse living conditions?

Yes No Are you regularly taking any of the following?

_____ 1. Anticoagulants (blood thinners)

_____ 2. High blood pressure medication

_____ 3. Cortisone (Steroids)

_____ 4. Anticonvulsants (seizure

_____ 5. Insulin or other drugs

_____ 6. Thyroid hormone

_____ 7. Nitroglycerin

_____ 8. Digitalis or other drugs for hearth

_____ 9. Hormone supplements

_____ 10. Antidepressants

_____ 11. Sedatives or antipsychotics

_____ 12. Any other regular medications

In the past two years have you

_____ 13. Been admitted to a hospital

_____ 14. Been in an accident

_____ 15. Been under medical care for

_____ 16. Been in psychiatric care

_____ 17. Seen a counselor regularly

_____ 18. Adopted a child

If you answered yes to any of the above questions, please give a brief description:

EMERGENCY CONTACT INFORMATION:

1:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email Address

2:

Name: _____

Relationship: _____

Address:

Phone Number: _____

Email Address:

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Sample Support Letter

It is natural to have some feelings of discomfort in asking others to help support you in going on mission trips. But keep in mind that you are not asking money for yourself, but instead are giving them the chance to partner with you in fulfilling the Great Commission. This sample letter is meant to serve as a guide to give you an idea of how to write your own support letter. Try to personalize the letter, such as adding a picture of yourself and a map of the country you are going to, be creative!

Dear _____,

This <spring, fall> I have the wonderful opportunity to go to on a short-term mission trip with, PIEI-WOT-KENYA Ministries. God has put this trip on my heart and I desire to go and be used by Him for His glory, ministering to the people of Kenya. The trip to is scheduled for _____.

Before we depart we will be spending time in orientation and preparing for various ministry opportunities. Ministry opportunities being planned include :

Before this trip can take place I need to trust God to provide a team of partners who will support me both in prayer as well as in finances. Some current prayer requests I have are . Thank you for praying for me! If you would be willing to be a prayer partner, please let me know and I will send you more prayer request prior to our departure.

The cost of the trip is approximately \$2,000 which includes all my travel, lodging, and food. I am expected to have half of the money by _____ and the balance is due by_____.

If the Lord leads you to support me financially, please consider sending a monetary gift. You can send your gift to Partners in Evangelism International, 5518 W. Diversey Ave. Chicago, IL 60639 or give online at <https://www.piei.org/donate-to-word-of-truth>. 100% of your gift will go where you designate. If donations go over the amount I personally need, those funds will be used for ministry, work projects for this trip.

You will receive a tax-deductible receipt for your gift. Thank you for your prayers!

Sincerely in Christ,

Don't let the tax-deductible receipt be your thank you card! Follow up with a thank you card when a donation is made as well as doing a follow up when you return!

Dietary Restrictions

Date of trip: _____

Name: _____

Address: _____

_____ Phone number: _____

List all medications that you will be taking on this trip:

Please list all dietary restrictions:

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PIEI-WOT-KENYA Short Term Mission Trip
RELEASE AND ASSUMPTION OF RISK:

1. I acknowledge that I have voluntarily applied for enrollment in the PIEI-WOT-KENYA short-term mission trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs, and next of kin, my personal representative and my estate.
2. I acknowledge that I have been fully informed of the nature, scope, and demands of this trip, and that I have met all the prerequisites required to participate in this trip.
3. Many churches and individuals travel on our short-term mission trips. These trips usually involve a number of risks that may not be covered by my insurance. The form below is for use by team members of PIEI-WOT-KENYA Ministries who participate on a trip that involves travel outside of the United States. PIEI-WOT-KENYA will not have insurance to cover injuries or accidents that occur on such trips, and typically, PIEI-WOT-KENYA has no means of adequately supervising all activities involved on this trip. As a result, they ask members/volunteers who participate on such trips to assume all risks associated with them as a condition of their participation. In such cases, a form similar to this one is often used.
4. I am aware of the hazards and risks to myself and property associated with serving in a mission's capacity, such as hazards and risks including, but not limited to, death or injury by accident, disease, war, terrorist's acts, 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's that may be available to me from any source, and only with respect to PIEI-WOT-KENYA and its agents, officers, directors, and volunteers. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release PIEI-WOT-KENYA and its agents, officers, directors, and volunteers from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of my participation in this mission trip.
5. I understand that every care and attention will be given to the health and comfort of the team members, but PIEI-WOT staff cannot be held liable for any injuries/illness sustained while on this mission trip.
6. I hereby authorize the team leaders of the trip to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility, including in excess of the benefits allowed by provincial health insurance plans: a. Where the health and well being of the applicant is involved. b. Where all attempts to contact the parent or guardian have failed or where due to the nature of emergency there was insufficient time to contact such parent or guardian. It shall be at the discretion of the team leaders of PIEI-WOT-KENYA as to what action must be taken for the welfare and safety of the member/volunteer.
7. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property or property issued to me by PIEI-WOT-KENYA, while I am participating in the trip and, in furtherance thereof, I agree to indemnify and hold harmless PIEI-WOT-KENYA, from and against any/all claims, demands, actions or causes of action, on account of damage to personal property, or

to my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity, and which results from causes beyond the control of PIEI-WOT-KENYA and its volunteers.

8. I agree to abide by the rules and regulations imposed on participants by the WOT Ministry and its staff.
9. I agree that I will be cooperative and helpful to /with all other participants in the trip and will not be disruptive of the objectives established for the trip or as many be designated by the leaders or group consensus.
10. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated activities of this trip.
11. I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Michigan, and if any portion thereof is held invalid, I request that the remainder continue in full force and effect.

Printed name of participant (Adult Guardian)

Participant signature (Adult Guardian)

Date

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PIEI-WOT-KENYA MISSIONS CAMPAIGN CONTRACT

By signing this contract, I am indicating that I have decided to participate in the mission trip and I plan to obtain the funds necessary to do so. I realize that the monies received will be submitted to PIEI and will be administered as a personal "support account" that goes toward the WOT-KENYA mission trip and all monies are non-refundable. I understand that this account will be established with the submission of my initial non-refundable \$100 deposit and submitted application. Additional payments are as follows:

You are able to make payments online at <https://www.piei.org/donate-to-word-of-truth>. Account #20400. In the event that funds raised exceed campaign costs, I understand that such excess funds may be used to cover work projects and other ministry cost. In the event that I do not participate in the ministry opportunity, any charges incurred for me or on my behalf (airline cancellation fees, deposits, etc) will be deducted from my account, and I will be responsible for any deficit. I will pay any deficit within (120) days following notice to me of the amount of such deficit. Gifts become the sole property of PIEI-WOT-KENYA. A gift to PIEI-WOT-KENYA is a charitable contribution for federal income tax purpose to the extent permitted by law. Tax deductible gifts cannot be refunded. In the event I do not participate in the ministry opportunity, gifts to PIEI-WOT-KENYA will go to support work projects and other ministry costs for this trip.

_____ Printed Name

_____ Signature

_____ Date

_____ Mission Trip

IMPORTANT: This form MUST be notarized. STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____,

by _____, who is personally known to me or produced

_____ as identification.

(SEAL)

PRINTED NAME OF NOTARY



WORD OF TRUTH- KENYA

MISSION STATEMENT OF HEALTH

I, _____ affirm
(Physicians Name)

(Patient's name)

is a patient of this practice. _____ is
(Patient's name)

medically, physically and mentally able to travel and participate in activities of the Word of Truth - Kenya Short Term Mission Trip scheduled for _____.

(Physicians Signature)

(Date)

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