



RIO VIEJO, HONDURAS | HEALING HANDS GLOBAL JUNE 2-9, 2012

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MISSION TRIP DETAILS

HEALING HANDS GLOBAL | 2012 Summer Mission Trip

Destination: Rio Viejo, Honduras

Dates: June 2-9, 2012

Approximate Cost: \$1,450/person

Description: Construction/Medical/Educational

This trip will provide construction assistance to the Dyer Rural Hospital in Rio Viejo as well as medical support. Educational teams will minister in local schools.

Maximum Capacity: 20

Deadlines:

- Application Submission and \$100 Deposit – **January 8, 2012**
- Mid-payment (airfare-\$800) deadline—**April 8, 2012**
- Final Payment – **April 29, 2012**



Mission Trip Funds Policy

Monies raised for missions are designated funds and must be used for the sole purpose in which they were raised.

Deposits for mission trips are non-refundable and must be from resources other than third-party contributions and/or church-sponsored fundraising.

Refunds of monies contributed to the mission trip by the participant's personal contributions can only be made after any/all expenses incurred by the church on the participant's behalf have been paid.

Monies contributed on behalf of the participant by third-party contributors and/or fundraising efforts cannot be refunded to the participant for any reason. If the participant cannot attend the trip, all monies will be allocated toward the general mission trip budget for which it was raised.

If the participant has paid his/her balance from their personal funds to meet required deadlines and third-party contributions continue to be received after full balance has been paid, the church may reimburse the participant up to, but not exceeding, an amount equal to that which he/she has personally contributed (excluding the \$100 non-refundable deposit). All third-party contributions and/or fundraising that are above the actual price of the trip will be allocated toward the general mission trip budget for which it was raised.



PARTICIPATION REQUIREMENTS

Each participant must review the following participation requirements and abide by them at all times.

1. Participants must be active members of Destiny Church. Exceptions are only made on a case-by-case basis.
2. Participants must be at least 15 years of age at the time of departure. Participants between the ages of 8 and 14 may be allowed to travel on approved outreach trips with an accompanying parent.
3. Participants must attend all team meetings, with the exception of 1 absence as necessary.
4. Participants must submit the completed application and provide the deposit by the required deadline listed on page 2.
5. Participants are personally responsible for all fundraising, necessary vaccinations, and required legal documentation, including passports and/or visas.
6. Participants must agree to submit to leadership and policies of Destiny Church at all times during this trip.
7. Participants must work as a team during the entire trip, from departure to return.
8. Participants must follow a modest dress code with respect to the cultural norms of the individual countries where outreach teams are traveling.
9. Participants will refrain from the use of profanity, tobacco, alcohol or any nonprescription narcotic once embarked and through duration of mission.
10. Participants may not separate from the group during travel.
11. Dating within any Destiny Church outreach team or with any local individual is strictly prohibited.
12. Participants will maintain a Christian attitude, demonstrating the love, joy, peace, compassion, and understanding of Christ with the entire outreach team and all individuals encountered during the trip. Team members must abstain from making derogatory comments or arguments regarding people, politics, sports, religion, race or traditions.
13. Absolutely no mode of weaponry will be allowed.

Inability to follow the Destiny Church mission guidelines will result in early travel home at the participant's added expense.

I HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION REQUIREMENTS.

Applicant's Signature

____/____/____
Date



APPLICATION INSTRUCTIONS

1. Please type or print in ink. Fill out all of the information. If any aspect of the form does not pertain to you, write **Not Applicable**.
2. Make sure you mark your country of citizenship and include your passport number. **If you do not have a passport, apply now through your local post office. In some cases your passport must be valid for six months after the date of departure from the U.S. If this requirement is not met, you will not be allowed to leave the U.S.** Passports can take up to 6 months or longer to return. You must apply promptly.
3. A deposit of \$100 **MUST** be enclosed with the application. This deposit is non-refundable and will be deducted from the total cost of your trip.
4. Applicants under the age of 18 must fully complete and notarize the Consent to Travel form. Return this form with your application to your team leader.
5. Complete and return the Medical History form to your team leader. Medical examinations are not required, but are recommended since your physician may wish to prescribe a medication or give an injection.
6. Complete, notarize and return the Liability Release and Medical Release forms to your team leader. If participant doesn't have medical insurance, travelers insurance must be obtained. (This is a minimal cost.)
7. Read, sign, copy and return the original Participation Requirements to your team leader.
8. Understand that while on a Destiny Church missions trip, you are subject to the authority of the Team Leaders and others with designated responsibilities. Failure to comply with the regulations, itinerary, and rules of conduct will jeopardize your standing as a team member with the possibility of being sent home immediately at additional personal expense. Your signature on the application confirms your commitment to abide by the guidelines of Destiny Church.
9. The application deadline and important dates are listed on page 2. Reservations for Destiny Church missions trips are taken on a priority basis! Earlier applicants receive priority. Applications received after the deadline may be assessed a late fee, the amount of which is dependent upon airfare increases. While most applicants are generally accepted, this application does not guarantee acceptance and space reservation on respective mission trip(s). You will be notified of acceptance by a trip coordinator no later than 5-months prior to the actual mission trip.
10. All prospective Destiny Church missions team members **must be aware** that airfares fluctuate. Projected costs for trips are estimations only. **Final costs may be higher or lower.** All participants will be advised of any changes.
11. The participant must acquire passports and other related materials/vaccinations. The costs of these are in addition to the trip cost.
12. Final payment must be submitted to your team leader by the deadline date(s) listed on page 2.



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APPLICATION (Type or print in ink)

This application should be returned (or mailed) to:

1. Destiny Church Welcome Center
2. Destiny Church | 28186 Hwy 98 | Daphne, AL 36526

Application Checklist (Application will not be accepted without the following items.):

- Pages 6-15 of this packet completed with appropriate pages notarized (Destiny has notaries in-house. Ask us.)
- Copy of your passport I do not have a passport, but I have already applied for it.
- Copy of your insurance card (front & back)
- \$100 non-refundable deposit attached

*Name: _____
**(Full name as it appears on your birth certificate/driver's license/ passport)*

Address : _____

Home Phone: _____ Work: _____ Cell: _____

Marital Status: _____ Occupation : _____

Birthdate: ____/____/____ Male Female Birthplace : _____
City | State | Country

REQUIRED TRAVEL INFORMATION

Please provide a legible copy of a current passport. **Passports must be valid after the date of travel.**

Driver's License #: _____ Exp. Date: ____/____/____

Passport #: _____ Exp. Date : ____/____/____

Passport Place of Issue : _____ Citizenship: ___ U.S.A. ___ Other: _____

SSN: _____ - _____ - _____

SPIRITUAL INFORMATION

How long have you been a Christian? _____

Have you been baptized in the Holy Spirit? _____

Are you a member of Destiny Church? Yes No

What are your habits with regard to your devotional life? Please include how often and how you make these times meaningful to you.

Bible Study: _____

Prayer: _____



List the areas of Christian ministry where you have served or are presently serving:

OUTREACH EXPERIENCE

What other language(s) do you speak? _____

Fluently? Yes No

Have you participated in other short-term outreach programs? Yes No

If so, where and when? _____

What special skills do you have? (Example: Carpentry, Secretarial, Medical, Dental, Drama)

List any construction skills: _____

List any medical skills: _____

List any evangelism skills (Mime, Puppets, Drama, etc):

Describe any musical abilities (Vocal, Instrumental, etc):

Have you ever been convicted of or pleaded guilty to any crime and/or felony (other than a traffic violation)?

Yes No

Have you ever been convicted of or pleaded guilty to any charge of sexual misconduct?

Yes No

APPLICATION FEE

Please attach a \$100 non-refundable deposit in the form of a check or money order payable to **Destiny Church** and send with application materials. This deposit will be applied to the cost of your trip.

I understand that by filling out this application:

1. It does not guarantee that I am selected to go on a short-term trip.
2. If I am not selected, my deposit will be refunded in full.
3. If I am selected, I agree to submit to the leadership and policies of Destiny Church at all times during this trip.

Applicant's Signature Date ___/___/___

If under 18 years of age, parent or guardian signature is required.

Parent/Legal Guardian Signature Date ___/___/___



CONSENT TO TRAVEL

**TO BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18
(please print)**

I, _____, give my full approval and consent to
Parent/Legal Guardian Name

_____ (our son/daughter) to travel from
Applicant's Name

_____ to _____ with the
Departure City Destination

Destiny Church Outreach team from ____/____/____ to ____/____/____.
Departure Date Return Date

Parent/Legal Guardian Signature Date

This form must be SIGNED and NOTARIZED:

AFFIX
SEAL
HERE

I, _____, the Parent/Legal Guardian of
Parent/Legal Guardian (please print)

_____ have read and understood the above Consent to Travel.
Participant's name (please print)

Parent/Legal Guardian's Signature Date

This document signed in _____ County in the state of _____ this
_____ day of _____ 20____

Notary Signature Seal

My commission expires _____, 20 ____



MEDICAL HISTORY FORM (Please print—legibility is crucial.)

Name _____

Birthdate ____/____/____ Birthplace _____

Family Physician _____

Address _____

Physician telephone number _____ Fax _____

Provide the following information:

Please indicate any other medical conditions that we should know about (Use the back of this page if necessary)

- | | | | | | |
|---------------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disorders Digestive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Handicap | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

If you have checked YES for any of the above, please explain:

Are you presently receiving any other prescribed or over-the-counter medication? Yes No
Specify _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

Home () _____ Work () _____

Cell () _____ ; _____

I hereby certify that this information is an accurate representation of my medical history. Should any changes in this occur, I will notify the **Destiny Church** offices immediately.

Applicant's Signature _____ Date ____/____/____

**Please attach a photocopy of the front and back of your insurance card.
*If you do not have medical insurance, you are required to purchase a travel insurance policy & provide documentation no later than airfare deadline listed on page 2. Go to www.gomissiontrip.com.**

If you are under 18 years of age, a parent's signature is required.

Parent/Legal Guardian's Signature _____ Date ____/____/____

Physician's Signature _____ Date ____/____/____



Dear _____,

This summer, I have an opportunity to be a part of the Destiny Church mission trip to **Rio Viejo, Honduras**. Our team will be continuing construction on the school in Los Limpios, a nearby village, and helping to perform medical services at the Dyer Rural Hospital. We will also have several educational ministry opportunities in the public schools.

I can't think of a better way to spend part of my summer than helping to provide a place for the impoverished to receive medical care. I expect our trip to make a life-changing impact on the people of Honduras and our team as well.

I will be leaving on **Saturday, June 2** for a full week of construction and ministry in Rio Viejo, Honduras. **The cost for the trip is \$1,450/person**, which includes my airfare, accommodations, food and training.

I am asking you to be a part of this mission trip with me. I need your support, both financially and spiritually. I will be working very hard for the next several months to raise the finances to go through fundraisers and personal contributions. Will you join me in this opportunity by supporting me financially? **No gift is too large or small**. A gift of any size will go a long way in helping make this trip a reality. All contributions are greatly appreciated and **tax-deductible**.

If you would like to support me with a contribution, please place your gift in the self-addressed, stamped envelope which I have included and return to Destiny Church by **April 8, 2012**. **I'm setting a personal goal of raising all funds for my trip by April 1, 2012.**

Checks can be made payable to Destiny Church. Once again, thank you for your support.

Sincerely,

Destiny Church/Impact Global Missions



HHG Guidebook Agreement

This agreement states that you:

- Have read and understand the HHG Ministry Guide.
- Have a basic understanding of the Honduran culture, what is acceptable to wear and what behaviors should be avoided.
- Have a heart to wholeheartedly serve the Lord, Honduran people, HHG and your organization during your stay.
- Understand the delicate balance of relationships in Rio Viejo and will do your best to be an ambassador of your ministry and HHG.
- Understand that Dr. Martin is the authority at all times and that it is imperative to listen and obey his instructions at all times.
- Will respect the privacy and belongings of others in the dormitory, and that you will abide by the Dormitory Guidelines.

Please print name clearly

Signature

Date: ____/____/____

Group leader: Please print an HHG Guidebook Agreement sheet for each member of your team and have them read and sign. Bring the signed agreements to HHIM on your trip.

www.healinghandsglobal.org
PO Box 234 Fayetteville, TN 37334 USA
Phone: (931)433.3650

Team Member Information Sheet

Name: _____

1. What is your favorite type of candy?

2. What is your favorite ice cream flavor?

3. Do you play an instrument or have musical talents?

4. Do you have any artistic talents (drawing, painting, etc.)?

5. Do you have any medical conditions that we should be made aware of? If yes, please describe:

6. List any prescription medications you are currently taking?

7. List any medical allergies:

8. List any food allergies:

9. Please list any other personal information about yourself that you think may be helpful to us:
