

Short-term Missions Preparation Checklist

Thank you for your interest in VisionTrust. We appreciate your willingness and heart to serve. In order for your paperwork to be complete, you will need to fully fill out and submit the following:

- ☐ Team member application
- ☐ Liability release waiver
- ☐ Parental release waiver (*for those 17 and younger*)
- ☐ Color copy of current passport
- ☐ Health form
- ☐ Reference form
- ☐ Background check form (*mandatory for those 18 and older*)
- ☐ Financial agreement form

If you have any questions about these documents or short-term trips with VisionTrust, please send inquiries to **teams@visiontrust.org**.



Short-Term Mission Application

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



Please print neatly...

● Name **as it appears in your passport:** _____

● Date of birth: _____ ☐ Male ☐ Female
☐ Married ☐ Divorced ☐ Single ☐ Widowed (Please check one)

● Spouse's name: _____

● Citizenship: _____ Do you have a valid passport? ☐ Yes ☐ No ☐ Applied for on ____/____/____

Passport number: _____

Expiration date: _____

● Home Address: _____

City: _____ State: _____ Zip: _____

● Church Name: _____

Pastor's Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Are you involved in any volunteer activities in your church? ☐ Yes ☐ No If so, in what capacity?

● Employed? ☐ Yes ☐ No If so, where? _____

Work Address: _____

City: _____ State: _____ Zip: _____

Occupation or interest of study: _____

Will your employer be matching your mission trip donation costs? ☐ Yes ☐ No

● Please check primary contact number

☐ Home phone: (_____) _____ - _____

☐ Work phone: (_____) _____ - _____

☐ Mobile phone: (_____) _____ - _____

● E-mail address: _____ *This needs to be valid and current due to vital information that will be shared via email. This email address will also be used in case of any emergency.

● Please list the closest major airport to you: _____

● Have you had a tetanus shot? ☐ Yes ☐ No (If yes, please list the date ____/____/____)

(Please note that tetanus shots are only valid for 10 years)

For the protection of the children that we serve, it is highly recommended that you are current on all suggested immunizations.

● Do you feel like you submit well to authority and leaders? ☐ Yes ☐ No Please explain:

● How do you anticipate this ministry will contribute to your spiritual, educational and personal goals for growth?

● Do you have any physical/health limitations? ☐ Yes ☐ No If yes, please explain:

● Are you willing to adapt to different/difficult living conditions? (i.e.: different language, food, culture, and bathroom facilities)

● Are you willing to submerge yourself in the local culture as much as possible and to refrain from expressing (whether by work, implication or action) criticism of the local way of doing things?

● Have you ever traveled to a different culture? Please explain:

● What foreign language(s) do you speak?

● You need to raise all the necessary funds for your trip. Are you willing to do this with some guidance?

☐ Yes ☐ No

● Please share your Christian testimony (include how you became a believer, the major influences on your spiritual walk and how you have grown spiritually in the past year- use additional sheet if necessary)

● What are your two or three strongest qualities?

● What are two or three traits that need to be strengthened or changed?

● What skills, talents, and abilities will you bring to the project? (i.e., experience with children, construction, a love for teenagers, talent in teaching)

● Please list two emergency contacts:

1. Name: _____

Address: _____

Phone: (____) _____ - _____

Relationship: _____

Email: _____

2. Name: _____

Address: _____

Phone: (____) _____ - _____

Relationship: _____

Email: _____

Health Insurance Information

Health Care Provider: _____

Name of Policy Holder: _____

Group # _____

Account # _____

Provider phone # (24 hour # if possible) _____

Doctor's Name: _____ Allergies: _____

● T-shirt size: ☐S ☐M ☐L ☐XL ☐XXL (men's sizes)

● I authorize VisionTrust to use pictures of me for publications or on social networking websites:

☐ yes ☐ no

● Code of Honor

I understand that while participating on a VisionTrust Mission Team I am a representative of VisionTrust and I am also representing Jesus Christ in my words and actions. With this in mind I agree to the following statements:

- I will conduct myself in a manner that represents Jesus Christ's character.
- I will submit myself to the authority of my team leader and of VisionTrust's staff.
- I understand that I will not partake in any drugs or alcohol consumption during the missions trip.
- I understand that I will not have in my possession or use explosives, firearms, or knives larger than a personal pocket knife during the missions trip.
- I will not use inappropriate language or participate in coarse joking at any time during this trip.
- I will submit to the dress code that has been set forth by our country Directors.
- I understand that participating on a VisionTrust Mission Team is a privilege and not a right, so I will take every opportunity to share God's love with others.
- I understand that if I do not conduct myself in an appropriate manner, VisionTrust has the right to send me home at my own expense.

● I agree to VisionTrust's Code of Honor and state that the foregoing information is true and accurate to the best of my knowledge and understanding. Initial _____

● I understand that if I am 18 years old and older I will be subject to a background check or I will not be eligible to serve on this mission team. Initial _____

● VisionTrust Communication Policy: I agree to not exchange any personal information with sponsor children, local staff and translators. This includes physical address, phone number, email, Facebook and other social networking sites. I will not directly contact parties stated above. I understand that all communication must be sent through VisionTrust in the USA.

Initial _____

Signature: _____

Date: _____

VisionTrust
ATTN: Short Term Missions
3710 Sinton Rd. #100, Colorado Springs, CO 80907
Tel: 719.268.2943 Fax: 719.528.1168
E-mail: teams@visiontrust.org

Note: Submission of application and all requested information **does not** guarantee anyone a place on the team. Decisions regarding team membership are solely in the hands of VisionTrust. All information will be kept confidential.

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



Medical Form

Name: _____ Age: _____

Emergency Contact: _____ Phone: _____

Please answer the following questions. All information is confidential and will only be used in the event of a medical emergency.

1. Are you currently being treated for any medical condition? ☐ Yes ☐ No

a. If yes, please explain: _____

2. Are you currently taking any medications? ☐ Yes ☐ No

a. If yes, please list: _____

3. Have you ever had any psychiatric care or treatment? ☐ Yes ☐ No

a. If yes, please explain: _____

4. How would you describe your health and fitness?

☐ Excellent ☐ Good ☐ Average ☐ Below Average

5. Do you have any of the following conditions?

<input type="checkbox"/> Allergies	Explain: _____
<input type="checkbox"/> Allergies to Medications	Explain: _____
<input type="checkbox"/> Asthma	Explain: _____
<input type="checkbox"/> Blood Disorder	Explain: _____
<input type="checkbox"/> Heart Disease	Explain: _____
<input type="checkbox"/> Depression	Explain: _____
<input type="checkbox"/> Mental Illness	Explain: _____
<input type="checkbox"/> Migraine Headaches	Explain: _____
<input type="checkbox"/> Pulmonary Condition	Explain: _____
<input type="checkbox"/> Seizures	Explain: _____
<input type="checkbox"/> Fainting Spells	Explain: _____
<input type="checkbox"/> Eating Disorder	Explain: _____
<input type="checkbox"/> Other Condition Not Listed	Explain: _____

6. Are you under any doctor's restrictions regarding how much you can walk, lift or carry?

☐ Yes ☐ No Explain: _____

7. Do you wear glasses and/or contact lenses? ☐ Yes ☐ No

8. If you know, what is your blood type? _____

9. Check all the following that you have been immunized against:

☐ Tetanus/Diphtheria within the past: ☐ 5 years ☐ 10 years

☐ Typhoid ☐ Hepatitis A. ☐ Hepatitis B ☐ Other: _____

10. Other Health Notes: _____

VOLUNTEER GENERAL RELEASE FORM

[IMPORTANT - PLEASE TYPE OR PRINT CLEARLY]



ORGANIZATION - Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Subject - First Name: _____ MI: _____ Last: _____

Maiden or Alias Names Used: _____

Social Security Number: _____ DOB: _____

Driver License Number: _____ State: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING]

NOTICE REGARDING BACKGROUND INVESTIGATION

Organization may obtain information about you from a consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are accepted to volunteer, throughout your volunteer period. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Clear Investigative Advantage LLC, 3000 Internet Blvd., Suite 610, Frisco TX 75034, Tel: 888-242-2503** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Organization to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are accepted to volunteer, throughout the course of your volunteer period to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Organization by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am accepted to volunteer, throughout my volunteer period. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Clear Investigative Advantage** or another outside organization acting on behalf of Organization, and/or Organization itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by Organization at no charge whenever you have a right to receive such a copy under California law.

Signature: _____ **Date:** _____

Clear Investigative Advantage, LLC

3000 Internet Blvd. | Suite 610 | Frisco, TX 75034 | Toll free: 888-CIA-2503 | Local: 214-382-2727 | Fax: 214-382-2732

www.CIAresearch.com | support@CIAresearch.com

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Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected,

usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



Liability Waiver and Release Statement

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS I, _____, am about to travel by both public and private conveyances on an international trip in cooperation with VisionTrust International; and **WHEREAS** I am doing so entirely on my own initiative and at my own risk;

NOW THEREFORE, in consideration of the opportunity afforded me to take this trip, I do hereby, for myself, my heirs, executors and administrators waive, release and completely and forever discharge VisionTrust International and all their officers, agents, and employees acting officially or otherwise from all claims, demands, actions, or causes of actions on account of my death, injury or sickness and/or injury to property and the consequences thereof, which may occur from any cause during this trip or as a result thereof from any means of travel or otherwise.

It is understood and agreed that the obtaining of this release shall not be construed as an admission of any liability or responsibility on the part of VisionTrust International or any other party hereby released for any death, sickness, or bodily injury to my person or damage to my property while on the trip or otherwise.

(Signature of releaser)

(Witness)

(Signature of parent or guardian if under the age of 18)

(Date)



Trip Location: _____

Trip Dates: _____

Team ID: _____

VisionTrust Team Member Financial Agreement Form

- Participants are responsible for raising 100% of funds required for the trip.
- Participants must adhere to financial deadlines.
- Upon failure to meet financial deadlines, participants will be dismissed from the mission trip without a refund of money submitted. Any money raised up to this point will be applied to current trip or other VisionTrust ministries as needed most.
- Participants are responsible for all passport fees, luggage fees, souvenirs, any required immunizations, support letters, and personal meals at the airports on travel days.
- Financial support raised and donations made for a mission trip belong to God and have been given to VisionTrust to accomplish the work set before them.
- If a participant is unable to travel on the mission trip to which he/she has been accepted, participant is responsible for and will reimburse VisionTrust for any fees incurred as a result of his/her cancellation. (i.e. purchased airline tickets, emergency medical insurance, etc.)
- If a participant is unable to travel on the mission trip to which he/she has been accepted, all monies donated to his/her trip cannot be refunded due to VisionTrust's nonprofit status.
- Any money raised that exceeds participant needs will be dispersed to other team members, ministry needs of the team, or used by VisionTrust for ministry needs.
- Participants who do not pass the background check will be immediately dismissed from the team and money already submitted for participant will not be reimbursed. **There are no exceptions.**
- Participant agrees to return home at his/her own expense if team leadership determines that his/her behavior is/has been inappropriate. In this event, any money raised will not be refunded.

I have read, agree to, and understand the above policies, rules, and terms.

Participant's name (please print)

Participant's signature

Date

Legal guardian if under 18 (please print)

Legal guardian signature

Date

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



VisionTrust Short-term Mission Team

PASTOR'S/CHURCH LEADER'S REFERENCE

Confidential

Team member's name: _____

Pastor's/church leader's name: _____

1. How have you seen evidence of spiritual growth in this individual?

2. Would this individual represent Christ, **your church**, and VisionTrust International well?
Yes ☐ No ☐ Please explain:

3. Reasons for VisionTrust International to accept or not accept this individual?

4. Would you want this person on your short-term mission trip?
Yes ☐ No ☐ Please explain:

☐ Highly recommend ☐ Recommend ☐ Do not recommend (*Please check one*)

Signature

Date

Do not return to individual

Please return DIRECTLY to:

VisionTrust International, 3710 Sinton Road Suite #100, Colorado Springs, CO 80807