

# Mescal's Children's Center of Hope, Inc.

## Partner Trip Checklist

### APPLICATION PACKET

Submit a completed application packet and \$500 deposit to MCCH

This includes the following items:

- FORM A – Application (completed and signed)
- FORM B – Team Covenant (signed)
- FORM C – Medical Information (completed and signed)
- FORM D – Medical Release Form (Notarized)
- FORM E – Liability Release Form (Notarized)
- FORM F – Death Notification (Notarized)
- FORM G – Background Check
- FORM H - Parental consent, if applicable (Notarized)

A **\$500** deposit. Refunds will only be issued in cases where an application is denied, or a disqualifying background check occurs. Checks should be payable to **Mescal's Children's Center of Hope, Inc.**, with the **trip name or code** listed on the memo line. Information provided on the application is used to secure travel documents and provide assistance in case of emergency. Applications are shredded once the trip is completed and settled.

**PASSPORT PHOTO PAGE** – A clear photocopy of the photo page of your valid U.S. passport, which does not expire within six (6) months of the trip return date and has at least two (2) blank pages.

After submitting a completed application packet, each applicant will meet individually with a member of the MCCH Missions Committee via video or phone call for an application interview that will last approximately forty-five minutes to one hour.

### REQUIRED TRAINING (Mandatory)

- ☐ Team training
- ☐ Background check

### PAYMENTS

Two months prior to the trip, participants should submit the balance of the cost and have paid for their trip in full. Please inform your team leader if you are struggling to meet this schedule and we will do our best to work with you! All checks should be payable to **Mescal's Children's Center of Hope, Inc.** with the **trip name** on the memo line.

### IMMUNIZATIONS

Complete immunizations as recommended for your destination (see Medical Information Form for specific details). Please consult with your personal physician and for more information check the CDC website: [www.cdc.gov](http://www.cdc.gov)

### APPLICATION DECISION

Once the application process has been completed (including the application interview), the applicant will be notified promptly of the missions committee's decision regarding the application via email or phone call. If, for any reason, an application is denied, the \$500 deposit will be refunded in full. Acceptance of an application is **always** contingent on the applicant completing the entire application process and successfully passing the required background checks.

Upon completion of the training requirements, specifically Child Protection Training (Safe and Sacred Spaces), if a person is denied certification as a result of the background check, a 100% refund will be made. All information provided on the application is used to secure travel documents and provide assistances in case of emergency. *all information related to these investigations and the results are kept confidential and applications are kept in a secured location. All applications are destroyed upon return from the trip once trip logistics are finalized. Applicants will not be notified of the reasons for denial.*

**If applicant cancels participation on a mission trip, the non-refundable \$500 deposit plus all expenses and fees incurred will be forfeited.**

# Form A – PARTNER TRIP APPLICATION

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

-

**FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.**

Title (Circle) \_\_\_\_\_ Name \_\_\_\_\_  
Mr. Mrs. Miss  
Rev. Dr. Other: \_\_\_\_\_

\_\_\_\_\_ Last/Family \_\_\_\_\_ First/Given \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (print plainly): \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_ Birth Place: \_\_\_\_\_

Current or last Employer (if student, name of school): \_\_\_\_\_

Name on Passport (print clearly your name as shown exactly printed on your passport or passport application):

\_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Delta Frequent Flyer #: \_\_\_\_\_ Known Traveler #: \_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_

Country/State/City of Issue: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a member of a local church congregation? If so, where? \_\_\_\_\_

Please share the name and email address of a church leader who knows you well: \_\_\_\_\_

Describe your cross-cultural living, training and/or travel experiences? What did you learn? What types of difficulties did you experience?

List countries and dates of previous overseas volunteer experiences:

What gifts, talents, abilities, and professional skills do you have that might contribute to your ministry as a team member?

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

**Please return this completed application packet including:**

- A color photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages.
- A \$500 non-refundable deposit (checks should be payable to **MCCH**, with the **trip name or code** on the memo line).

Return to: **Mescal's Children's Center of Hope, Inc.**  
**ATTN. Emily Naler**  
**P.O. Box 242385**  
**Montgomery, AL 36124**  
**334-595-8047**

# Form B – PARTNER TEAM COVENANT

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

## As a member of this team I agree to:

- Remember that I am representing Mescal's Children's Center of Hope and, more importantly, Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and for those with whom we will be in contact.
- Remember that I am a guest visiting at the invitation of my hosts. I will respect their culture without judgment.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about "how we do things." I'll be open to learning about other people's methods and ideas.
- Respect others' view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and to only bring luggage and possessions that are determined by MCCH to be appropriate for the service needs of the mission and the country's culture.
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.
- Respect the thoughts and ideas of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions.
- Respect my team leader(s) and respond positively to his/her decisions. If conflict arises, I will refer to the team leader(s) for handling conflict.
- Refrain from criticism and gossip about our host(s) and my teammates.
- Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining, I will be flexible, constructive, and supportive.
- Remember not to be exclusive in my relationships and make every effort to interact with all team members.
- Refrain from any activity that could be construed as a special or romantic interest in a national or teammate.
- Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip to the end, including at the departure airports and in route.
- Watch my language, refrain from discussing politics or other sensitive subjects, and avoid references to the military and to other religious groups or practices.
- Attend the mandatory Mission Training.
- Participate actively in meetings as well as in mission, through sharing opinions, assisting in finding alternatives when necessary, assuming responsibilities and honoring decisions.
- Keep confidential discussions and personal information shared among team members.
- Remember that I can be sent home if there is an irresolvable conflict or lack of adherence to this Covenant.

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

# Form C – PARTNER TRIP MEDICAL INFORMATION

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician/Phone Number: \_\_\_\_\_

Additional Physician/Phone Number: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_

Supplemental Health Insurance Co. (if any): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact and Phone Number: \_\_\_\_\_

Emergency Contact in U.S.: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## The following immunizations and medications are required to be current:

All Trips: Tetanus/pertussis, Anti-malarial medication

Please consult with your personal physician about all medications and immunizations. Other immunizations/medications may be recommended for the area where you will be traveling. Please check the CDC website [www.cdc.gov](http://www.cdc.gov) for information about immunizations and prophylactic medications specific to your destination.

## Please check if you have any of the following medical conditions:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Fibromyalgia               | <input type="checkbox"/> Obesity               |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Gastrointestinal disorders | <input type="checkbox"/> Physical Limitations  |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Glaucoma                   | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Bleeding Disorders   | <input type="checkbox"/> Hearing/vision problems    | <input type="checkbox"/> Back or Neck Problems |
| <input type="checkbox"/> Chronic Anxiety      | <input type="checkbox"/> Heart Disease              | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Hypertension               |  |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hypoglycemia               |  |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Migraines                  |  |

Is there anything the Team Leader or designated Medical Person needs to know about the above checked conditions in order to better assist in your comfort and care?

**Medications/Prescriptions**-Are you currently taking or do you regularly take any medications (including over-the-counter medicines)? If so, please list and explain the indication for each medication.

**Allergies**-Do you have any allergies to medications, foods, insects or other items? Please explain in detail. (

**General Health**-Do you have any physical/psychological conditions that could limit your ability to perform the ministry of this particular mission trip?

Your Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Mission Trip Dates \_\_\_\_\_

# Form D – PARTNER TRIP MEDICAL RELEASE

Mescal's Children's Center of Hope, Inc.

P.O. Box 242385

Montgomery, AL 36124

334-595-8047

mescalskids@gmail.com

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_,  
(Participant) (Trip Team Leader)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or specific supervision and on the advise of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

My medical information and history, including physician and insurance information, have been provided in the signed medical information form required in order to participate in this mission trip, which I confirm is accurate.

**BLOOD TYPE \_\_\_\_\_ In the event of an emergency while you are traveling abroad would you:**

- Consent to a transfusion with blood/blood products available in the country where you are traveling? YES\_\_\_\_ NO \_\_\_\_
- Consent to a transfusion with blood/blood products from a compatible donor within your mission team if one exists? YES\_\_\_\_ NO \_\_\_\_
- Prefer that no blood/blood product transfusion be given to you under any circumstances even life threatening conditions? YES\_\_\_\_ NO \_\_\_\_
- Be willing to donate blood/blood products for use by a team member if your blood is found to be compatible? YES\_\_\_\_ NO \_\_\_\_

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

## NOTARIZATION OF MEDICAL RELEASE FORM

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_

# Form E—Liability Release

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com

Name: \_\_\_\_\_ Passport No: \_\_\_\_\_

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

The undersigned releases and agrees to hold harmless Mescal's Children's Center of Hope and any related agency, local church, mission team leadership, mission board, member, employee, or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the mission trip/project indicated above.

The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Dangers resulting from air travel and disease; from civil insurrection or warfare of the kind seen in recent years; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives, and assignees.

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

## Notarization of Liability Release Form

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_

# Form F – PARTNER TRIP NOTIFICATION OF DEATH

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_

Name: \_\_\_\_\_ Passport No: \_\_\_\_\_

In the event of my death, should my death occur outside the United States, a family member, or a representative of the U.S. State Department/US Embassy, is to be instructed by the following:

1. Immediately contact the following family member:

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

2. My wishes are as follows:

\_\_\_\_\_ My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home):

\_\_\_\_\_

\_\_\_\_\_ My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home):

\_\_\_\_\_

\_\_\_\_\_ All my valuables, money, and personal possessions are to be kept in the control of a representative of the United States Embassy and shipped to: \_\_\_\_\_

\_\_\_\_\_

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

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

## NOTARIZATION OF DEATH NOTIFICATION FORM

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_



# Form G: BACKGROUND INVESTIGATION CONSENT

Mescal's Children's Center of Hope, Inc.  
P.O. Box 242385  
Montgomery, AL 36124  
334-595-8047  
mescalskids@gmail.com  
**(All information must be provided)**

I, \_\_\_\_\_, hereby authorize Mescal's Children's Center of Hope, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving record, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for working with children and youth now. I release Mescal's Children's Center of Hope, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that a background check is only valid for two years or less.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name (printed)		(Maiden Name, if married less than 6 months and/or other Names Used)	
Present Street Address		How Long?	
City, State Zip Code		( ) Phone number	
Date of Birth	Social Security Number	Driver's License #	State of License

CIRCLE ONE: EMPLOYEE or VOLUNTEER

Other than a minor traffic violation, have you ever been accused, arrested, convicted of or pled guilty/no contest to a criminal offense? Yes \_\_\_ No \_\_\_ If yes, please explain.

(Use back for additional comments)

**Signature**

**Date**

PLEASE LIST ALL HOME ADDRESSES FOR THE LAST SEVEN (7) YEARS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Revised 1/8/13

# Form H – PARTNER TRIP PARENTAL CONSENT FORM

Country \_\_\_\_\_ Trip Dates \_\_\_\_\_ Team Leader \_\_\_\_\_

I, \_\_\_\_\_, consent to allowing my minor child(ren) to travel out of the United States on a Mescal's Children's Center of Hope, Inc. mission trip on the dates and destination indicated

Name of child(ren): \_\_\_\_\_

Consenting Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

Signature (Notarized): \_\_\_\_\_ Date \_\_\_\_\_

## Notarization of Parent Consent Form

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_