

Greetings:

We are excited that you want to partner with Victory Church on our upcoming missions trip to El Salvador! The target date range for the trip is set for May 30 – June 6, 2020. The trip will be approximately seven days long. This is the target date range and will be within that range. Airfare will determine our exact dates of departure and return.

We will be working with missionary Don and Terri Triplett. They are working with Kings Castle Ministries in Santa Ana. Ministry opportunities will include street evangelism, school assemblies, outreaches involving music, drama, games, etc. Our main focus will be partnering with Kings Castle and canvassing as much of the area as possible.

Your trip price will include airfare, ground transportation, lodging, meals, trip supplies, medical insurance, t-shirts, and other expenses. You will need money for the travel day meals and souvenirs. Please understand that trying to estimate trip prices a year in advance can be somewhat difficult. A change in the trip price may occur. The estimated total for this trip will be \$1300.

Here are the simple steps to getting accepted and processed for a missions trip:

1. After receiving your application, fill it out and return it back to our office along with a non-refundable deposit of \$100. Upon receiving your application, deposit, and reference forms back in our office, we can begin processing your request. If accepted, you will receive an acceptance letter from our office and you can immediately start raising your support. If the missions committee doesn't feel this trip is a fit for you, your deposit will be refunded.
2. Due to the large amounts of expenses involved in an overseas missions trip, money is due beginning in September. We have laid out a payment schedule for you of when money is due for the trip. It is necessary to purchase airline tickets as early as December. *Once a ticket is purchased in your name, you are responsible for the full cost of the airline ticket even if you are not able to go on the trip.* The due dates for funds are as follows: \$100 deposit with application, \$100 due December 1, 2019, \$200 due January 1, 2020, \$200 due Feb 1, 2020, \$300 due March 1, 2020, \$200 due April, and the balance is due at our final parent meeting. You do not have to wait to send in the money for those dates. You may send in money any time you desire.
3. You must immediately apply for your passport. It can take up to 2 months to receive it from the government. Passport information can be obtained at most local post offices. This is a must have for the trip, so please do not waste time in getting your passport! If you already have your passport make sure your passport number is on the application and make sure that it doesn't expire within 6 months from the trip date.

Randall Campbell
Youth Pastor

Student Application – El Salvador 2020

Instructions

- Complete the application (be sure to sign and date it).
- Must be the **age of 15** by the date of the trip.
- Ask your parents to complete the parental consent form.
- Return the application and the parental consent form to Pastor Randall along with a non-refundable deposit of \$100 to: Victory Church

Personal Information

Full Legal Name _____
(last, first, middle)

**Name listed above MUST be the name listed on your passport. The name on your airline ticket MUST match the name on your passport! You will be responsible to purchase a new ticket if the name on this form does not match your passport.*

Passport number _____ (If you do not have your passport number yet, please leave this blank)

Current Address _____

City _____ State _____ Zip _____

Phone (____) _____ Birth date (m/d/y) _____ Age _____

Birthplace _____ State _____

Occupation _____

E-mail address _____ **T-Shirt Size** _____

Educational Information

1. How many years of schooling have you completed? _____

2. If you speak a foreign language, how many and which one(s)? _____

How fluent? _____

3. Please list any awards, honors, and achievements _____

4. Special skills, abilities, or musical talents _____

Health Information

1. Are you in good physical health? Yes No If no, explain. _____

2. Will you be willing to eat whatever food you are served? Yes No If not, please explain. _____

3. Do you medically require a special diet? Yes No If yes, explain. _____

4. Do you have any known allergies? Yes No If yes, explain. _____

5. Do you have (or has ever had) any of the following: (check all that apply and explain below)

- Seizures Asthma Heart murmur
- Diabetes Hay Fever Kidney disease
- Other _____

Explain _____

6. Have you ever sleep walked? Yes No

7. Can you swim? Yes No

Spiritual Information

1. Please check all that apply to you personally:

- Conversion (Date _____) Water baptism (Date _____)
- Baptism in the Holy Spirit (Date _____)

2. Please describe your involvement in your local church. _____

3. Why do you want to participate in a missions outreach? _____

4. How did you learn about this trip? _____

Missions Experience Information

1. Have you ever participated in a missions outreach? Yes No

2. If yes, what year(s) did you participate? _____

3. Where did you go? _____

PARENTAL CONSENT AND AUTHORIZATION

For Minors under the Age of 18

Foreign Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Father's Name: _____ Father's Email: _____

Address is the same as Child's (skip to phone information)

Father's Address: _____ City, State, Zip: _____

Father's Phone Numbers – Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Mother's Email: _____

Address is the same as Child's (skip to phone information)

Mother's Address: _____ City, State, Zip: _____

Mother's Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

“Victory Church Missions” will be participating in a short-term mission trip to El Salvador where we will receive training and real life ministry opportunities in one of many established outreach ministries schools, family care program, orphanage, churches, and work projects. We will have the opportunity to minister to both the physical and spiritual needs of the people through various ministries.

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

We will travel to Kings Castle, by plane and will be met by the host missionary team at the airport where they will take us to our destination by bus, van, cars, or other means of transportation. Transportation in El Salvador could be the above for the different ministries and activities that the missionaries participate in.

Housing – Our group will be housed in dormitories.

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

- Most of our activities are ministry-based outreaches, which will include choreography dances, skits, dramas, etc. in schools, churches, and streets. It could also include door to door canvassing, handing out flyers and other information.
- During our free day to shop and explore, we could go swimming in the ocean and sunning at a beach or pool is possible. Please bring hat, sunglasses, and sunscreen if planning on participating in this activity. Hiking is a possibility as well. Appropriate shoes, clothing and insect repellent would be appropriate.

Dates and Locations of Activities:

Dates are tentatively set for May 30th returning June 6th, 2020. Dates are subject to change by a week until airfare is confirmed. Departing destination is subject to change until airfare is confirmed. We will be working with missionaries Don and Terri Triplett and will be based there in Santa Ana. However, we will also be doing ministry throughout El Salvador. We will be flying to San Salvador and traveling to Santa Ana. However, until airfare is purchased it will be subject to change.

Medical Information

Family Doctor: _____

Doctor's Phone: _____

Insurance Company: _____

Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (explain)

I/We approve the following travel plans:

Dates of Travel: _____

Destinations / City
country _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Church: _____ Church Location: _____

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that Victory Church and/or any of their directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify Victory Church, its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless Victory Church from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify Victory Church in the event of any health changes, which would restrict the Child's participation in this mission trip. We also understand that any Victory Church representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors

Guidelines for minors, have been established by Victory Church and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses abroad. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Brotherhood Mutual. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by Victory Church to the destination noted above, including, but not limited to, all of the activities customarily associated with a Victory Church trip unless noted above.

1. **Status.** Further, I/We hereby certify that the Child is physically fit and adequately trained to participate in an overseas team trip. I/We have contacted either our public health department or a travel clinic and our family doctor regarding vaccinations, immunizations, and other precautions for the prevention of disease. I/We further certify that the Child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our family doctor and the above agencies.
2. **Risks of international travel; U.S. State Department and CDC warnings.** I/We the parent(s) and/or legal guardian(s) are aware of the hazards and risks to the Child and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which the Child will travel may have health and safety standards that differ from those enjoyed in the United States, and I/we recognize that the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them knowingly and willingly on our own and the Child's behalf. We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I/We also acknowledge that in working, living and traveling in cities abroad, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed to in the United States. We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft.

I/We have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which the Child is traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I/We also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>) and Travel.State.Gov.

I/We understand and agree that if, during the Child's participation in the above-described activities, Victory Church learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then Victory Church may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the missionary in charge.
4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**
KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO

INDEMNIFY VICTORY CHURCH AND THEIR DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

5. I/We 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/us enforceable against me/us in accordance with its terms.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
7. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph & Video Release Form

I/We hereby grant Victory permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/We waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I/We agree that Victory may use such images of the Child with or without the Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/We have completely read and fully understand the above release and agree to be bound thereby. I/We hereby release, defend, hold harmless and indemnify Victory from any and all claims for utilizing this material.

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to RANDALL CAMPBELL or his designee as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Kentucky, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Kentucky, excluding its choice of law rules.

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date

Certificate of Acknowledgement of Notary Public
STATE OF _____
Acknowledged before me on _____

COUNTY OF _____
(date)

By _____

(parental/legal guardian)

And _____

(parent/legal guardian)

Signature of Notarial Officer: _____

My commission expires: _____

_____.

Temporary Guardian's Signature (if applicable)

Date

Certificate of Acknowledgement of Notary Public
STATE OF _____
Acknowledged before me on _____
(date)

COUNTY OF _____

Signature of Notarial Officer: _____

My commission expires: _____

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a missions trip during (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with a missions trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (We) do not authorize our child to participate in any of the following activities _____

Initial _____ Date _____

Insurance Information

I am aware of the hazards and risks to my child associated with serving in a mission’s capacity, as described above. I further understand that Victory Church currently requires the insurance coverage summarized below, that the cost of the insurance is included with the trip, that these coverage’s are subject to change, and that I am responsible for obtaining any additional insurance coverage that I consider necessary at my own expense.

Initial _____ Date _____

Financial Statement

I understand that payments are due by their due dates and the entire trip MUST be paid for in full by the final deadline. I understand if the missions trip is not paid in full by the final deadline, I will apply the final balance to my credit card during the final parent meeting.

Initial _____ Date _____

Medical Information

I attest that all medical information is accurate.

Initial _____ Date _____

Reference Information

(Please fill out each section completely. The references cannot be relatives.)

Senior pastor _____

Youth pastor _____

Church name _____

Address _____

City _____ State _____ Zip _____

How long have you known your pastors? _____ Church phone (____) _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

Mature Christian _____ Years acquainted _____

Address _____

City _____ State _____ Zip _____

I certify that all the above information is true and I have answered each question completely and honestly. I also understand my application will be reviewed for approval and my \$100.00 application fee is nonrefundable.

Signature _____

Print name _____

Date _____

Parental signature _____

Print name _____

Relation to student _____ Date _____

Mature Christian Reference — El Salvador 2020

This section is to be completed by the applicant (please print):

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____ Day Time Phone () _____

The following section is to be completed by the person who is referring the individual listed above:

A note from Victory The above-named person is applying for a short-term mission trip through Victory Church. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our missions program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check)

slightly casually well very well

3. Do you believe the applicant is a committed Christian? _____

4. To what extent is the applicant involved in your church?

no involvement slightly involved involved very involved

5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No

If yes, please explain. _____

8. Do you know any reason why the applicant wouldn't be suitable to participate on a missions trip? Yes No

If yes, please explain. _____

Please rate the applicant in the following areas.

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachability					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

Knowing the applicant as you do what recommendation would you make? (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments _____

Reference Information

Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ Day Time phone () _____

Signature _____

Date _____