



Program For Humanitarian Aid
(PHA)

Summer Mission Trip Documents

Required Documents Checklist

Below is a list of documents that are REQUIRED for your participation on this trip. It is your responsibility to complete and return all documents before you depart the U.S. Thank you!

All forms need to be completed and returned to Chris or Christy Hill.

- Basic Requirements for PHA Mission Trip
- 2019 Mission Trip Application for Participation
- Financial Memo of Understanding
- Team Covenant
- Child Protection Policy
- Hold Harmless Indemnity Agreement
- 2019 Physician's Evaluation Form. To be completed by your physician. Carry a copy with you to Ukraine.
- Physician's Evaluation for PHA Mission Trip Program Team Member. To be completed by your physician. Carry a copy with you to Ukraine.
- Minor Permission forms (4) for participants under the age of 18 (if applicable)
- 2 photo copies of your passport. One to turn in to Chris or Christy and one to carry with you to Ukraine.
- Immunization record. Carry a copy with you to Ukraine.

Basic Requirements for PHA Mission Trip

I understand and agree to the following:

1. Be at least 18 years of age. (Or, at least 16 years of age with a parent participating in the same trip.) Selected trips may have other trip-specific age requirements.
2. Be actively involved in your local congregation.
3. Receive parental approval (for candidates under 18 years of age).
4. Attend all trip meetings. Absences must be cleared with the trip team leader.
5. Will adhere to all **deadlines, including financial deadlines**, regardless of whether I pay individually the cost of the mission trip or raise financial support to cover the cost. All participants must abide by the deadlines for application, deposits and payments.
6. Passport, vaccinations, and any medical prescription costs are incurred by the team member and are their financial responsibility. These costs are not calculated in the trip cost and are not the responsibility of PHA.

I have read and agree to the above.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

_____/_____/_____
DATE

2019 Mission Trip Application for Participation

Please specify which trip: _____ **Trip Dates:** _____

In order to participate in a PHA Mission Trip, you must attend the mandatory training sessions/team building. Are you willing to attend these meetings? _____ *Yes* _____ *No*

Personal Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Email: _____ T-Shirt Size: _____

Occupation: _____

Date of Birth: _____ Social Security Number: _____

Passport Number: _____ Issue Date/Expiration Date: _____/_____

Name as it appears on your passport: _____

Circle one: Male Female

Circle applicable: Single Married Divorced Widowed

Spouse's name if married: _____

In case of emergency, please notify:

Name: _____ Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

Medical:

Personal Physical Assessment:

1. Do you have any limitations related to walking or mobility? (If yes, please explain.)

2. Do you have any medical conditions for which you are currently receiving treatment? (If yes, please explain.)

3. Do you have any physical limitations or disabilities? (If yes, please explain.)

4. Are you physically able to carry two large pieces of luggage (up to 50 lbs each) into your accommodations without the assistance of an elevator?

5. Are you presently being treated for any mental or emotional conditions? (If yes, please explain.)

6. Are you currently taking any medications? (If yes, please list them.)

Physician's Name: _____ Office Phone: () _____
Address: _____ City: _____ Zip: _____

Consent:

I hereby give my permission to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____ Date: _____

Insurance:

Insurance issued in the name of: _____

Address of insured: _____

Name of insurance company: _____

Address of insurance company: _____

Policy number: _____

Experience: (If additional space is needed for questions please attach pages)

1. Do you have domestic or international missions experience? (If yes please specify the dates, purposes, and locations of each mission.)
2. Do you have recent experience in teaching or working with children? (If yes, please specify ages of the children you worked with and what you did.)

General Questions:

1. Describe your temperament and work style:
2. What is your personal goal for this mission trip?
3. Describe how you would work in a situation that may include: communication barriers, unsanitary conditions, limited food options, uncomfortable sleeping conditions, last minute schedule changes, etc.
4. Are you willing to make changes in personal habits or dress to avoid being offensive in a different culture or to your team?
5. Are you willing to attend and participate in team meetings regularly? There will be approximately 4 and may consist of: a book study, child protection training, a weekend retreat and web based trainings.
6. If you are applying as a distanced team member, are you willing to be available for online or phone participation with your team in their team meetings and discussions?
7. Are you willing to abide by the spirit and mission/intent and policies of PHA?

Acknowledgement: (Please initial each item)

_____ If accepted to serve as a PHA team member, I understand that I am responsible for providing or raising the total amount of funds required as outlined in the Financial Memo of Understanding.

_____ I am aware that a background check will be conducted.

_____ I agree to participate in team trainings.

_____ I agree to participate in Child Protective Training.

_____ I agree to provide all medical documents.

_____ I agree to pay an application fee of \$25.

_____ I understand that if I'm unable to participate this year, my application and application fee can be held for future PHA mission trips, but it is non-refundable.

_____ I agree to demonstrate a Christ-like attitude and will act in cooperation with the guidelines set by PHA in order to honor God.

_____ If my application is not accepted my application fee is non-refundable.

_____ I acknowledge that all information is current and correct.

I have read and agree to the above.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

_____/_____/_____
DATE

Financial Memo of Understanding

1. I understand that I am responsible for raising 100% of the funds required for the trip. The money I raise covers travel cost, food, translator fees, lodging, exit taxes, ministry expense and on ground transportation. I am responsible for my passport, souvenirs, immunizations, food / drink while traveling to and from the airport of my departure.
2. Financial donations made to **PHA** mission team accounts are not mine—they belong to God and have been given to **PHA** in order to accomplish the mission and work of the **PHA**.
3. If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.
4. If I do not raise enough money to pay for my trip, I may not be able to go. Any money raised will be applied to the current trip or materials needed.
5. If I raise an amount of money that exceeds my needs, remaining money will be dispersed to other team members in need or used by **PHA** for other financial needs associated with the mission.
6. If, for some reason, I do not participate on the mission trip to which I have been accepted, I understand that the monies donated to my trip *cannot be refunded to me or to the donors* due to the non-profit status of **PHA**. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside of the trip.
7. In order to comply with the IRS, all checks for support of my trip must be made out to **PHA**.
Donors should *write my name and the trip name in the memo* line of their check.
8. If inappropriate behavior and/or the breaking of any team covenant or policies causes me to be sent home early from my mission trip as a disciplinary action, none of the money raised will be refunded to me or any donors.
9. If I am a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, I will be sent home at my parent's and/or guardian's expense.

10. I will return any unused money from my on-field stipend (if given) to my team leader before leaving the airport upon my return.

I have read and agree to the above.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

____/____/____

DATE

Team Covenant

As PHA works in Ukraine, it is incumbent upon the mission teams to be culturally sensitive to their Ukrainian hosts. At all times, we want to present ourselves in a way that is well received by everyone with whom we have contact. American behavior, dress and attitudes are under constant scrutiny by the Ukrainians. As a result, we know that we must increase our level of sensitivity in order to allow our work to be accomplished and our message to be heard without distraction. We want to always have in mind what our mission is. Why we traveled to Ukraine to serve others with the spirit of Jesus Christ should be our focus as we serve, interact and communicate with others. We want our time in Ukraine to be positive and productive. We want to avoid actions that we may consider good hearted, but may inadvertently do immeasurable damage.

Many of our requirements may appear unnecessary while in the U.S., but are required out of a need to be culturally sensitive and spiritually thoughtful.

- In serving alongside PHA in other countries, go as a servant disciple of Jesus Christ and maintain this servant attitude.
- Accept and submit to the authority of the PHA leadership and promise to abide by leadership decisions.
- At all times, it is important to be affirming of PHA and the organizations with which we work. Upholding the good name and reputation of PHA is a high priority.
- Do our best to never make any disparaging comments regarding individuals or the organization. Belittling words, gossip and complaining are extraordinarily damaging and must be completely avoided.
- In all conversations with locals or co-workers, one must refrain from meddling, complaining and using obscene or insensitive humor. Also, abstain from making derogatory comments or getting involved in arguments regarding people, politics, sports, religion, race or traditions.
- We strive to “avoid the very appearance of evil.” For this reason, we require all PHA associates, while in another country, to abstain from tobacco, alcoholic beverages, illegal drugs, bars, discos, nightclubs, or anything else of this manner. PHA has a zero tolerance policy regarding this issue.
- Refrain from getting any body piercing, tattoos, etc. while serving outside the U.S. with PHA.
- Any public displays of affection or physical contact between married, engaged or dating couples should be appropriate and respectful of others.
- Refrain from giving gifts, such as money, clothes, jewelry, books, technology devices, etc. Although the intent is good, the results can cause problems and jealousy amongst the locals. If you feel compelled to give a gift to someone, consult first with a PHA Employee before you promise or give the gift, and abide by the decision.
- Refrain from having conversations with locals agreeing to sponsor someone for citizenship or offering to help with logistics or financial assistance in coming to the United States.
- We endeavor to respect the culture, structures and customs of the communities and countries in which we are working. It is the PHA policy to be culturally sensitive and appropriately modest in dress and actions.

- Each worker must feel liable for him/herself. If you are responsible for breaking or damaging an item, you are responsible for restitution.
- Acknowledge that we are guests working at the invitation of PHA.
- Acknowledge that we have come to serve. We may run across procedures that we think are inefficient or attitudes that we find closed-minded. We will resist the temptation to inform our hosts about how we would do things. We will be open to learning people's methods and ideas.
- Respect our team leader(s) and his or her decisions.
- Not leave our assigned area of ministry or separate ourselves from our assigned group without first obtaining permission from the team or group leader(s) assigned to us.
- Refrain from gossip. We may be surprised at how much each person will blossom when freed from the concern that others may be passing judgment.
- Refrain from complaining. We know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable, and flexibility is key.
- Respect the work that is going on in the country with particular congregation(s) or person(s) with whom we are working. We realize that our team is here for a short while, but that the local church is here long term. We will respect their knowledge, insights and instructions.
- Refrain from negative political comments or hostile discussions concerning our host country's politics.
- Remember not to be exclusive in our relationships. If our significant other, fiancée or spouse is on the trip, we will make every effort to interact with all members of the team, and not just one another.
- Refrain from any activity that could be construed as a romantic interest. We realize certain activities that seem innocent in our own culture may seem inappropriate in others.

I acknowledge that I understand and agree to abide by the Team Covenant for the duration of my association with PHA.

I also understand that failure to comply with the Team Covenant may result in immediate dismissal from association with PHA.

I have read and agree to the above.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

_____/_____/_____

DATE

Child Protection Policy

The protection of the children we serve in Ukraine is mandatory. PHA has a zero tolerance policy regarding the abuse or mistreatment of children. The following list outlines PHA's Child Protection Policy components.

- Always treat all children equally. Never discriminate against, show differential treatment or favor particular children to the exclusion of others.
- Never give gifts to just one or two of the children. If you want to give gifts, ask the PHA staff to help you plan the best way to do so.
- Children generally love having their picture taken, but please always ask their permission before taking a picture.
- Never post pictures with names and private information of the children on social media.
- Never act in ways intended to shame, humiliate, belittle, or degrade children, or otherwise perpetrate any form of emotional abuse.
- Never develop physical/sexual relationships with children.
- Never develop relationships with children that could in any way be deemed exploitive or abusive.
- Always maintain appropriate boundaries with the children. Always refrain from any behavior that might be confusing to the child (such as dancing in a suggestive manner).
- The volunteer is always considered to be responsible for maintaining an appropriate relationship, even if a child behaves inappropriately. Volunteers should not place themselves in compromising or vulnerable positions. (Be aware of the children who, because of circumstances and abuses they may have experienced, may use a relationship to obtain "special attention.")
- Never hit, physically assault, verbally assault, verbally abuse, or physically abuse children.
- Never condone or participate in behavior of children that is illegal, unsafe or abusive.
- Never take a child or children into a private place out of view of other adults. Where possible, implement the practical use of the "two-nonrelated-adults" rule.
- Inappropriate behavior towards children is grounds for immediate dismissal from volunteer programs.
- If you witness or are concerned about abuse or any inappropriate conduct, report this to a PHA Employee. Do not discuss it with others.

I acknowledge that I understand and agree to abide by the Child Protection Policy for the duration of my association with PHA.

I also understand that failure to comply with the Child Protection Policy may result in immediate dismissal from association with PHA.

I have read and agree to the above.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

_____/_____/____

DATE

Hold Harmless Indemnity Agreement

I AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY FROM ANY AND ALL CLAIMS ASSERTED BECAUSE OF ANY INJURY TO MYSELF, PROGRAM FOR HUMANITARIAN AID (PHA), all of its affiliates, and all individuals, named and otherwise, participating with the explicit approval of the duly authorized representative of PHA, including but not limited to volunteers and employees, from any and all damages arising during the period of my participation in PHA Mission Trip as I meet with the team or PHA, prepare to travel, travel to Ukraine and am in Ukraine and then return from Ukraine to the United States. I do hereby agree to hold PHA harmless and agree to indemnify fully PHA for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional or other type claim of injury to me that is claimed or asserted.

I have chosen of my own free will to participate in a PHA Mission Trip and am assuming all liabilities for myself and my wellbeing during the preparation, trip, and any post meetings.

PARTICIPANT'S NAME 18 or OLDER
(Please Print)

SIGNATURE

LEGAL GUARDIAN if UNDER 18
(Please Print)

SIGNATURE

_____/_____/_____

DATE

PHA Mission Trip Instructions for Physician's Evaluation

Take this to your physician and make certain (s)he reads it thoroughly before completing your examination.

READ THIS ENTIRE DOCUMENT CAREFULLY. Orphanage officials in Ukraine require that your doctor complete the 2019 Physician's Evaluation Form and the Physician's Evaluation for PHA Mission Trip Program Team Member, indicating that you are free of each of the listed infections or diseases, are not a health risk to children at camp, and that you are in good health and able to work in the camp environment and participate in camp activities. You will also need a copy of your immunization record.

Being aware of Ukraine's medical standards and requirements, PHA does NOT require that you have specific tests for each topic on the list. Results can be based on a recent or upcoming (before your trip) general examination. We ask that your doctor complete the "2019 Physician's Evaluation Form" or write a letter reporting if at that time of the examination you were free from any of the listed infections or diseases. A letter needs to individually list these items just as they appear on the form.

It is vital for this to look as professional and official as possible. Therefore it is imperative that this be on the doctor's letterhead stationery and have the Doctor's signature and stamp included in the letter. The Doctor's initials or stamp need to be at each entry on this list.

Instructions for preparing the form/letter:

Please type or use a copier to place the form's information onto the doctor's official letterhead stationery. The Physician's evaluation form has been prepared so that it will fit most stationery pages. Have the doctor complete and sign the letter. If this doctor or clinic has a stamp, please stamp the lower section of the page. While this may even only be a simple 'return address' stamp, to Ukrainians a stamp lends credibility to the form.

If you have any questions, please contact us.

Note: If you have reason to suspect any current infection or disease listed, it is important that you report to your physician or doctor before going to camp.

2019 Physician's Evaluation Form

(copy on Physician's official letterhead)

**Physician's Evaluation for PHA Mission Trip Team Member to whom it
may concern:**

(name of patient)

has been examined and does not indicate any symptoms for:

doctor's signature or stamp

Streptococcus

Tuberculosis

Dermatological infection, including Staphylococcus

Venereal Disease

Intestinal parasites

Swine Flu virus

Has received the necessary shots required by the immunization program of the U.S.
government Yes No

I confirm that this person is not a health risk to anyone, including children, and is in good health
and medically approved to participate in youth camp work and/or physical activities.

Doctor's signature _____ Date _____
(Licensed Physician)

(Please stamp if stamp is available)

Physician's Evaluation for PHA Mission Trip Program Team Member

Participant's name: _____

Health Insurance Company: _____

Policy Number: _____

Personal Physician: _____ Physician's Phone _____ - _____ - _____

Age: _____ Gender: _____ Height _____ Weight _____

History

Check response that accurately describes your health history. Please explain any "Yes" answer. Yes No

	Explanation if any checked "Yes", or other health issues:
_____ Allergies: food, medicines, insects, plants	_____
_____ Asthma/Respiratory problems	_____
_____ Do you have an inhaler?	_____
_____ Cancer/Leukemia	_____
_____ Convulsions/seizures/fainting spells	_____
_____ Epilepsy	_____
_____ Diabetes	_____
_____ Headaches	_____
_____ Hemophilia/bleeding disorder	_____
_____ Hernia	_____
_____ High blood pressure	_____
_____ Low blood pressure	_____
_____ Kidney trouble	_____
_____ Menstrual problems	_____
_____ Serious illness in the past 12 months	_____
_____ Surgery in the past 12 months	_____
_____ Heart trouble	_____
_____ Emotional or mental problems	_____

Physician's Evaluation

The applicant will be taking part in a strenuous outdoor activity in a developing nation (Ukraine) that will include: camping, sports, and walking. This will include camp conditions where medical care cannot be assured and no handicap accessible facilities are available. In addition, this will be a camp that serves school-age children for whom the applicant should not be a health risk.

The applicant is approved for participation.

Signed _____ Date: _____ Physician

licensed to practice medicine

Name: _____ Phone Number: _____ - _____ - _____

Office Address: _____ City: _____ State: _____ Zip: _____

Participant Signature

By the signature below, I certify that it is true and correct.

Signed _____ Date: _____

PHA PARENT/GUARDIAN TRAVEL AUTHORIZATION

The undersigned parent/parents or guardians of _____
Full, middle, last name of underage team member

give permission for this child, who is under the age of 18 years old and U.S. citizen, to travel outside the United States.

_____ is authorized as the adult to accompany and be responsible
Full, middle and last name of adult

for this child's welfare and well-being during travel, beginning on the date of _____
and up to the date of _____ (date 2 days after planned return).

Signature of current Parent or Guardian: _____

Signature of current Parent or Guardian: _____

UNDERAGE EMERGENCY/MEDICAL INFORMATION

For: _____ Passport # _____
(Name of underage team participant)

Parent or Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone _____

If not available, in an emergency, notify:

1. Name _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

2. Name _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

List any allergies:

Penicillin _____ Other Allergies _____

Other Drugs _____

Insect Stings _____

Ivy Poisoning _____

Hay Fever _____

Date: Last tetanus shot _____

Family Physician: _____ Phone: _____

Please indicate medical or hospitalization insurance which provides benefits for this child:

Name of Insurance Co. _____

Insurance Policy No. _____ Group No. _____

Name of Policy Holder _____

Phone Number of Insurance Co. _____

Medical coverage outside United States provided by: _____

**PARENTAL AUTHORIZATION AND
CONSENT FOR EMERGENCY
MEDICAL TREATMENT**

I, the undersigned, attest and warrant that I have the legal authority (parent, legal guardian), to authorize emergency medical treatment for _____, a minor, and do hereby authorize (name of adult supervising this child) _____ to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I hereby authorize _____, the authorized adult responsible for my child, to take whatever steps deemed necessary to obtain emergency medical care for my child. This includes:

1. Consent to transport by medical emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by this person in the event of emergency situations.
3. Consent for surgery and anesthesia in event of life threatening situations as the attending physician may deem necessary and as related to the supervising adult.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of this adult or PHA, its successors, assigns, representatives, council members, Board of Directors, employees and agents from any financial liability incurred during emergency treatment.

Signature of current Parent or Guardian: _____

Signature of current Parent or Guardian: _____

