



Program For Humanitarian Aid  
(PHA)

# **Summer Mission Trip Application**

## 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.

\_\_\_\_\_  
PARTICIPANT'S NAME 18 or OLDER  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN if UNDER 18  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

# **2021 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.*

***Please type your name in the box below to serve as your digital signature. If you are under 18, your Legal Guardian must include their digital signature as well.***

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? They may consist of: a book study, child protection training, a weekend retreat and web based trainings.
6. Are you willing to abide by the spirit and mission/intent and policies of PHA?

**Spiritual Survey:**

1. When did you become a Christian?
  
2. Please describe your personal walk with the Lord at this time:
  
3. Please share some of your personal ministerial **strengths** as they would relate to this trip:
  
4. Please share some of your personal ministerial **opportunities for growth** as they would relate to this trip:

**References:**

Please list two references. Each reference needs to be an unrelated/non-family member who has known you for at least 3 years. One reference needs to be a minister or congregational leader and the 2nd an employer, co-worker, professor, or friend.

Reference 1 Name and relationship to you, Work Phone, Home Phone:

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**Acknowledgement:**

- 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 demonstrate a Christ-like attitude and will act in cooperation with the guidelines set by PHA in order to honor God.
- I acknowledge that all information is current and correct.

I have read and agree to the Acknowledgement Section.

\_\_\_\_\_  
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 food, translator fees, lodging, ministry expense and on ground transportation. I am responsible for my flights to Ukraine and in Ukraine, travel insurance, passport, souvenirs, immunizations, COVID testing, unforeseen costs due to COVID, 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 Financial Memo of Understanding.

\_\_\_\_\_  
PARTICIPANT'S NAME 18 or OLDER  
(Please Print)

\_\_\_\_\_  
SIGNATURE

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\_\_\_\_\_  
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 Team Covenant.

\_\_\_\_\_  
 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 Child Protection Policy.

\_\_\_\_\_  
PARTICIPANT'S NAME 18 or OLDER  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN if UNDER 18  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

## **Hold Harmless Indemnity Agreement**

### **Hold Harmless, Indemnity Agreement and Release of Liability**

For and in consideration of the planning for my participating in a mission trip to Ukraine, the undersigned (“Indemnitor”) hereby agrees to indemnify and hold PROGRAM FOR HUMANITARIAN AID, INC. (“PHA”), a Texas non-profit corporation and its affiliates, directors, officers, volunteers, members and contractors (collectively the “Indemnified Parties”) entirely free and harmless of and from any and all claims, demands, causes of action, costs, attorney’s fees, judgments, injury (including severe personal injury or death) or any liability arising from or out of Indemnitor’s participation in a mission trip, which involves international travel. In addition, I acknowledge that I have chosen of my own free will to participate in a PHA Mission Trip and I am assuming all liabilities and responsibility for myself and my wellbeing during the preparation, travel, stay in Ukraine or other location, and any post-mission trip meetings. I am aware that the current state of conflict in the world resulting from Coronavirus/COVID 19, and threats of war and acts of war present in and around Ukraine present additional risks to my health as well as an increased likelihood of unexpected delays, interruptions, possible personal expense, or personal injury. I am also aware that I am choosing of my own free will to travel to an area that has an increased risk of civil unrest and aggression from Russian forces as well as internal groups.

The undersigned further agrees to release, waive and covenant not to sue the Indemnified Parties with respect to any liability, claim, demand, cause of action, damage, loss or expense, including court costs and attorney’s fees, of any kind or nature (“Liability”) which may arise out of, result from, or relate in any way to my participation in a PHA Mission trip to Ukraine, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Indemnified Parties, and I will indemnify, defend and hold harmless each of the Indemnified Parties from any such Liability which any may be incurred as the result of such claim.

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

Printed name and address:

Date:

\_\_\_\_\_

\_\_\_\_\_

**COVID 19 Vaccine Acknowledgement:**

I acknowledge that PHA is not requiring me to have been vaccinated against COVID 19 in order to participate in this mission trip. I further acknowledge that it is not at this time required to visit Ukraine or have contact with those they serve in Ukraine, but this is subject to change at any time.

I have read and understand to the COVID Vaccine Acknowledgement.

\_\_\_\_\_  
PARTICIPANT'S NAME 18 or OLDER  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN if UNDER 18  
(Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

DATE

## PHA PARENT/GUARDIAN TRAVEL AUTHORIZATION

The undersigned parent/parents or guardians of 1) \_\_\_\_\_  
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.

2) \_\_\_\_\_ 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 3) \_\_\_\_\_

and up to the date of 4) \_\_\_\_\_ (date 2 days after planned return).

***Please answer in the form of 1-4 to fill in the above blanks:***

- 1)
- 2)
- 3)
- 4)

To authorize PHA PARENT/GUARDIAN TRAVEL AUTHORIZATION.

**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 as parent or legal guardian, to authorize emergency medical treatment for 1) \_\_\_\_\_, a minor, and do hereby authorize (name of adult supervising this child) 2) \_\_\_\_\_ to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I hereby authorize 3) \_\_\_\_\_, 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.

***Please answer in the form of 1-3 to fill in the above blanks:***

- 1)***
- 2)***
- 3)***

***Legal Guardian of team member, please type your name in the box below to serve as your digital signature as the Legal Guardian of the team member listed above to give your PARENTAL AUTHORIZATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT.***

