



Sharing the love of Jesus Christ with orphaned children in Africa.



Short Term Trek Participant Application

Please complete and return with your **\$100 non-refundable application fee.**
(Please note that no application can be processed without application fee)

Today's Date _____

PERSONAL INFORMATION:

Name: _____ Birth Date: _____/_____/_____
(Last/Family) (First/Given) (MI) (Month) (Day) (Year)

Permanent Address: _____ City: _____ State: _____ Zip _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ ext. _____

Fax: (_____) _____ - _____ E-mail: _____

Do you have a Passport? Yes No If no, have you applied? Yes No

Name exactly as it appears on your Passport: _____

Passport Number: _____ Passport Date of Issue: _____/_____/_____
(Month) (Day) (Year)

Passport Expiration Date: _____/_____/_____
(Month) (Day) (Year) Social Security Number: _____ - _____ - _____

Are you a U.S. citizen? Yes No _____ Sex: M F
(If no, list country of citizenship)

Marital Status: Married Single Spouse's Name: _____

Will your spouse be traveling with you? Yes No (Spouse must complete a separate application)

Adult T-Shirt Size: S M L XL Other: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Day Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ ext. _____

Cell Phone: (_____) _____ - _____ E-mail address: _____

City: _____ State: _____ Zip Code: _____

INSURANCE:

Do you presently have health insurance? Yes No

Primary/ Secondary Insurance Co. _____ Subscriber's name: _____

Phone #: (_____) _____ - _____ Policy # _____ Group # _____

Does your insurance company require pre-authorization for medical treatment? Yes No





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PERSONAL QUESTIONNAIRE:

1. What is your current church affiliation?

2. Name and phone number of a church staff member or deacon who knows you well: _____

3. How (or from whom) did you learn of the Every Orphan's Hope Short-Term Mission Ministry Project?

4. What is your motivation for participating in the EOH Short-Term Mission Ministry project and why do you want to go?

5. A trek in Zambia requires crucial character qualities. Please answer the following on a scale of 1 (strongly disagree) to 5 (strongly agree) :

I deal well with uncertainty and change: 1 2 3 4 5

I am flexible and seek to adapt to changing circumstances: 1 2 3 4 5

I seek to follow the instructions of my leaders: 1 2 3 4 5

I willingly forego my personal preferences to honor others around me: 1 2 3 4 5

6. Describe your previous cross-cultural living, training and or travel experiences:

7. Briefly describe any major life changes you have gone through in the past year: (e.g. job or family changes, illness, injury, death of a relative or close friend, etc.)

8. Comment on your willingness and ability to serve the team in any way you can (This may include carrying extra luggage, boxes of supplies, sharing your hotel room, etc.)

9. Explain any difficulties you may have working with Christians who have doctrines different from your own:





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10. Describe how you became a Christian. (Use a separate piece of paper, if necessary):

11. Describe what God has been doing in your relationship with Him over the past 3 months. (Use a separate piece of paper, if needed):

12. Suppose you felt the leading of the Holy Spirit to take a direction or to act differently than what your team leader instructs. How would you handle this?

13. I plan on: (Check One)

- Paying my own way.
- Paying part of my way and trusting God to provide the balance.
- I will need God to provide all of the finances.
- I need help learning how to develop my financial support team.

14. Have you ever been denied a visa or had a visa revoked? Yes No

15. **ALL PARTICIPANTS 18 YEARS OR OLDER** (If you answer yes to any of these questions, please explain on a separate piece of paper.)

- Have you ever been arrested and/ or been convicted of, or pled guilty or no contest to a felony? Yes No
- Have you ever been arrested and/ or been convicted of child abuse or any type of sexual offense? Yes No

I hereby certify that all the above statements and information I presented are true and accurate. I understand that by signing below, I am consenting to allow Every Orphan's Hope to perform a criminal background check on me using the information that I presented above.

Participant Signature: _____ **Date:** _____





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Short Term Trek Participant Application Medical Questionnaire - PLEASE READ CAREFULLY

AfricaTrek Missions Outfitters ministry treks are strenuous and stressful. They may include long plane, train or bus rides of 10 to 20 hours in duration. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food may be high in fat, carbohydrate, and sodium content. Fruits and vegetables may not always be available. The housing and meeting rooms may not have air-conditioning and may not have adequate heating. There may be times when overnight stays are in open air settings with minimal protection from heat, cold and insects. There can be a considerable amount of walking between the housing and project locations in addition to climbing many flights of stairs in meeting halls or hotels. During the winter months, walking may be on snow-covered or ice-covered walkways and stairs. During the summer months, it may be very hot and this might affect your overall strength and energy. The air quality can be poor in many developing countries and allergies may increase as a result.

All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel may provide inadequate care. We may request a medical release statement from your physician upon review of your completed questionnaire.

1. Full Name _____
1. Height _____ Weight _____
2. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions listed above? (e.g. Have you experienced any knee or back problems? If yes to any of the following questions, please explain in the space provided. If more space is necessary, attach a separate piece of paper.)
3. Do you have any existing medical condition that may require extended medical treatment or surgery in the future?
4. Have you had any surgery or major health problems in the past 2 years?
5. Are you currently under a doctor's care or have you been in the past year?
6. Are you currently taking or do you regularly take any medications? (Please note and explain any prescription or non-prescription medications taken on a regular bases)
7. Do you have any special dietary needs or food allergies?

Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, or mobility limitation?)





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SIGNATURES – PLEASE FILL OUT ALL REQUIRED FIELDS BELOW

EOH Statement of Faith

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe in the universal sinfulness and guilt of all mankind since the fall, rendering man subject to God's wrath and condemnation.

We believe that for salvation of lost and sinful people, redemption through the blood of our Lord Jesus Christ and regeneration by the Holy Spirit is absolutely essential.

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ who comprise the Church, which is His body.

I have read, understood, and agree with EOH's statement of faith:

Participant Signature: _____

Date: _____

Payment/ Cancellation Policy

In compliance with IRS and ECFA guidelines, Every Orphan's Hope adheres to a strict "no refund" policy for all donations received. All contributions are accepted with the understanding that Every Orphan's Hope has complete discretion and control over the use of all donated funds.

If a volunteer with EOH is unable to raise sufficient donations to fund their volunteer service on an AfricaTrek trip, he/ she should voluntarily cancel their trip before departure. EOH will extend the option of applying the contributions toward a different volunteer trek with Every Orphan's Hope within 12 months of the initial trip. If that option is not exercised, EOH will apply the donations where needed most by the ministry.

I have read and agree to support and adhere to the payment/ cancellation policy

Participant Signature: _____

Date: _____

Parent/ Guardian Signature (if applicable): _____

Date: _____





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SIGNATURES – PLEASE FILL OUT ALL REQUIRED FIELDS BELOW

Liability Release Agreement

The undersigned wishes to participate in a short-term mission trek (herein the "Project") with:

_____, (sending church/group name – if applicable)
sponsored by Every Orphan's Hope, Inc., a Texas non-profit religious corporation (herein "AfricaTrek Missions Outfitters")
who is providing assistance in arranging this missions ministry trek.

AfricaTrek Missions Outfitters and the undersigned agree that the Project poses risks including the following specific risks: sickness, crime, political instability, government opposition to missions/Christian ministry activities, acts of terrorism, as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of AfricaTrek Missions Outfitters assisting the participant in the Project, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue AfricaTrek Missions Outfitters and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releases or otherwise, while the undersigned is participating in the Project.

The undersigned is fully aware of the Risks and other hazards inherent in the Project, and voluntarily assumes the Risks and all other Risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Project.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Project, whether for injury or illness, and whether required as a result of the undersigned's participation in the Project or not. The undersigned acknowledges Releasees are under no obligation to, and do not provide medical insurance for the undersigned.

I have read, understood, and agreed to all of the provisions of the Liability Release Agreement.

I agree that, from time to time, EOH may photograph, record, and/ or take video footage of me (my minor son/daughter), my team, and the ministry activities during both the training and the trek for use in EOH/ AfricaTrek promotional materials including, but not limited to videos, printed brochures, and web site photos/ promotions. Any such image and/or recording will be used for the purpose of promoting EOH/ AfricaTrek and it's ministry to serve orphans, and will be the sole property of Every Orphan's Hope.

Participant Signature: _____ **Date:** _____

Parent/ Guardian Signature (if applicable): _____ **Date:** _____

Return the above application, signed statement of faith, refund/ cancellation policy, and liability release agreement with your \$150 non-refundable application fee to: Every Orphan's Hope, Attn. AfricaTrek Coordinator, 3245 W. Main St. Suite 235/332, Frisco, TX 75034.

NOTE -- Please have your pastor submit the following pastoral reference form **separate** from your application.





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Africa Trek Code of Honor

“Understanding that the AfricaTrek Mission is a Christian ministry designed to serve orphans in their distress, while challenging the team members to walk with Christ and display His glory,

I commit to:

- Endeavor to center my mission experience on knowing God and making Him known;
- Adopt an attitude of a servant – seeking to humbly serve those around me for their good and for God’s glory;
- Pursue a unity of spirit that is centered on Christ and His gospel. For minor issues, I will seek to first overlook and pray for those around me;
- Seek to honor and serve the team, and its leaders in heart, speech, and action.

I commit to NOT:

- Drink or possess alcoholic beverages at any point on the trip;
- Smoke or use tobacco products;
- Engage in immorality or view pornography;
- Carry weapons, firearms, or take part in fighting or violence;
- Possess or purchase any illegal substance or engage in illegal activities;
- Possess or view “questionable” media, books, music, etc. that do not seek to glorify God. If in the leader’s judgment, something is deemed to be “questionable,” I commit to refrain from viewing or practicing these matters for the remainder of the trip;
- Pursue a romantic relationship with someone while I am on the trip.

I understand that, depending on the severity of the action – and the discretion of the team leader, if I do not adhere to these principles, I could be asked to return home at my own expense. (For minors) I also understand that, should I be required to return home prematurely, I will also need to pay for the ticket of an adult chaperone to accompany me on my trip home.

X _____ Date: _____
(AfricaTrek participant)

X _____ Date: _____
(parent or guardian, if applicable)





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Publicity Release Form

I, _____, give *Every Orphan's Hope, Inc. (EOH)*, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of or during *EOH* activities. I agree that *EOH* has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *EOH* mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet, websites, social media platforms and the like. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release *EOH* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to *EOH* to use my name and likeness to promote the *EOH* mission and/or their activities.

_____ signature

_____ date

_____ parent / legal guardian (if under 18)

_____ date

I do not give my consent to *EOH* to use my name and likeness to promote the *EOH* mission and/or their activities.

_____ signature

_____ date

_____ parent / legal guardian (if under 18)

_____ date





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Short Term Trek Participant Application Pastoral Reference Form

Every Orphan's Hope is a non-denominational 501(c)3 non-profit Christian Ministry dedicated to sharing the love of Jesus Christ with orphaned children in Africa. We are an evangelism, discipleship, and equipping ministry working directly through local churches in Zambia. With food, healthcare, shelter, and education, Zambia's children can witness and experience the Lord working firsthand in their lives.

Our Mission: To love, protect and care for orphans affected and infected by the HIV/AIDS pandemic.

Our Strategy: *Serving through local Christian churches* in HIV/AIDS affected communities, we *visit, defend, comfort, encourage, care for, and pray for* orphans.

Participants in the AfricaTrek are invited to an environment of intense learning and faith development working directly with the leadership of Every Orphan's Hope in Zambia as well as the orphans in need. We require a high level of commitment and maturity and a willingness and openness to learning and being open to the cultural sensitivities.

Your honest evaluation will help us tremendously in selecting the participants for our mission's treks to Zambia. If you have any questions, please call our office directly at (214) 705-9364. Please return this reference directly to us by email or mail. Email to: info@everyorphan.org or mail to:

**Every Orphan's Hope
Attn: AfricaTrek Coordinator
3245 W. Main St., Ste. 235 / 332
Frisco, TX 75034**

Your Name _____

Address _____

Email _____

Name of Applicant _____

Relationship to Application _____

Years You've Known the Applicant _____





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Pastoral Reference Form

- Please reflect on why/ if you think the AfricaTrek short-term missions trek would be a good experience for the applicant (including strengths and weaknesses the applicant offers to the missions trek experience.)
- How would you describe the applicant's faith journey in Christ?
- Please rate the applicant on the following characteristics and abilities by circling the appropriate number. (1 = a weaker area for the applicant; 5 = a stronger area for the applicant.) In addition, please UNDERLINE the three attributes listed below that **best** describe the applicant.

CREATIVITY	1	2	3	4	5
MATURITY	1	2	3	4	5
INITIATIVE	1	2	3	4	5
SELF-CONFIDENCE	1	2	3	4	5
SENSITIVITY	1	2	3	4	5
LEADERSHIP	1	2	3	4	5
INDEPENDENCE	1	2	3	4	5
TEAM APPROACH	1	2	3	4	5
DEPENDABILITY	1	2	3	4	5
ORGANIZATION	1	2	3	4	5
SENSE OF HUMOR	1	2	3	4	5
FLEXIBILITY	1	2	3	4	5

- Overall, how would you rate the applicant? Please select only one.

- _____ Exceptional
- _____ Recommend Highly
- _____ Very good, with no reservations
- _____ Acceptable
- _____ Some reservations
- _____ Weak

