

# Team Application

## Missionaries of the New Evangelization Mission Trips

PLEASE PRINT Date of Application: \_\_\_ / \_\_\_ / 20\_\_\_

### Personal Information

Name (as on passport): \_\_\_\_\_  Male  Female  
Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Nearest Airport: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Parish Name: \_\_\_\_\_  
Parish Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Marital Status:  
 Single  Married  Engaged  Widowed  Divorced

### Specialized Training Education

List Degrees, Areas of Study, & any Specialized Training:

\_\_\_\_\_  
\_\_\_\_\_

Have you been on a mission trip before?  Yes  No

If yes, what ministry, when, and where?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Missionaries of the New Evangelization?

Church  Friends  Internet  Radio  Other: \_\_\_\_\_

### Confidential Information

Have you ever had problems with government or police at home or abroad?

Yes  No If you answered YES to any of these questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid passport?  Yes  No

Passport Number: \_\_\_\_\_

**Passports are required for all travel.**

## Medical & Liability Release Form Missionaries of the New Evangelization, Inc.

**Please complete parts A, B, C and D of this form. Your signature is required on Parts D and E to confirm your understanding and agreement with the statements made.**

### Part A—In Case of Emergency, Please Notify:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Part B—Medical Insurance

Do you have medical insurance that covers all medical or evacuation expenses in the country you are traveling to?  Yes  No

If Yes, what is the name of your insurance company and your policy number?

\_\_\_\_\_

If No, do you agree to purchase international travel insurance to cover any necessary medical or evacuation expenses while traveling and provide Missionaries of the New Evangelization with the name of the insurance company and policy number?  Yes  No

### Part C—Medical Information

Do you have any health conditions we need to be aware of?  Yes  No

List: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies to food, medication, etc..?  Yes  No

List: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription medication?  Yes  No

Medication: \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

**Part C—Medical Information, cont'd**

Do you have any physical limitations?  Yes  No

List: \_\_\_\_\_

\_\_\_\_\_

**Part D—Consent for Medical Treatment:**

**MEDICAL AUTHORIZATION**

I authorize Missionaries of the New Evangelization, through its employees, adult volunteers or agents to render or obtain such emergency medical care as may be necessary and make medical decisions on my behalf in the event that I am unable to make such decision for myself.

I agree to fully pay for any and all costs of medical or dental care provided to me and consented to by Missionaries of the New Evangelization or its adult employees and volunteer leaders. Medical insurance information is attached.

I authorize the release of any medical or insurance related information necessary for my care. In the event it becomes necessary for Missionaries of the New Evangelization or its adult employees or volunteer leaders to give consent for me, I agree to hold Missionaries of the New Evangelization and /or its adult employees or volunteer leaders free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

**THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND DELIVERED TO MISSIONARIES OF THE NEW EVANGELIZATION.**

Printed Name: \_\_\_\_\_

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

## Part E—Waiver of Liability and Assumption of Risk and Indemnity Agreement

In consideration of being permitted to participate in a Missionaries of the New Evangelization Mission Trip (hereafter known as the Mission trip), I agree to what follows:

I acknowledge that participation in the Mission Trip carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid harm. I acknowledge that there are risks to my health (including death), safety and property and that I have read all appropriate State Department warnings regarding travel to the area. By signing this legally binding contract I hereby assume the risk involved in the Mission Trip, including, but not limited to: loss of property, harm to my physical, mental and emotional wellbeing (including death) arising from accidents, illness, unsanitary conditions and criminal acts. I voluntarily and expressly agree to assume all risks and full responsibility for any illness, injury, death or property damages arising out of or related to this Mission Trip.

To the fullest extent permissible by law, I hereby release, waive, discharge and covenant not to sue Missionaries of the New Evangelization, Inc., its Board of Directors, officers, employees, volunteer leaders and agents (hereafter know as Missionaries of the New Evangelization) from liability from any and all claims including the negligence of Missionaries of the New Evangelization resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to participation in this Mission Trip.

To the fullest extent permissible by law, I hereby agree to INDEMNIFY AND HOLD HARMLESS MISSIONARIES OF THE NEW EVANGELIZATION from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees cause for alleged to have been caused by Missionaries of the New Evangelization or otherwise as a result of my involvement in the Mission trip and to reimburse Missionaries of the New Evangelization for any such expenses incurred.

I agree that the laws of the State of Indiana only will govern every aspect of this Agreement and I further expressly agree that the foregoing waiver and assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing freely and voluntarily and intended by my signature to be a complete and unconditional release of all liability to the greatest extent by law.

Signed this \_\_\_\_\_, 20 \_\_\_\_\_

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