



SOS TRIP APPLICATION FORM rev 1-4-12

MISSION YEAR _____

SUBMIT THIS FORM TO: 5731 Wanakah Dr. 77069
e-mail sosconniesos@yahoo.com

EXACT NAME AS PRINTED on Passport: _____

Passport Number: _____ Passport Expiration Date: _____

NAME you like to go by: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

Date of Birth: _____ Citizenship: _____ Marital Status: _____

Occupation: _____ If retired, previous occupation _____

Do you wish SOS to book your flight with the team's Group Reservations? Yes _____ No _____
If 'no', then will you will making your own flight arrangements? Yes _____ No _____

TRIP SELECTION: Indicate which trip you are interested in below:

- Faith Sharing Team Vision Screening Team Vision Surgical Team

Name of parish registered in: _____

Are you able to serve as a Spanish Translator? ___Yes ___No
Are you CPR qualified? ___Yes ___No If yes, what year? _____
Have you taken the Archdiocesan Virtus Training? ___Yes ___No If yes, what year? _____

MEDICAL INFORMATION: *All information is kept confidential!* Use Back of Form if Necessary.

Do you have Health Insurance: ___Yes ___No
Any major illness during the past year? ___Yes ___No If yes, briefly describe _____

Do you take medication regularly? ___Yes ___No If yes, name and dosage please _____

Are you allergic to any MEDICINE, FOOD, INSECTS or have any other allergies? ___Yes ___No
If yes to ANY of these, please specify. _____

CAUTION! If you have any health problems that would be aggravated by high altitude, bumpy roads, please consult your Doctor. We will be traveling and working at an altitude of 6-7000 ft. We might be required to walk a lot and at an incline. *Medical help is not quickly available.*

- YOU MUST HAVE A PASSPORT. Allow 6 weeks to obtain one.
- YOU MUST HAVE A CURRENT TETANUS SHOT and [HEPATITIS B series if medical personnel]
- YOU MUST ATTEND ALL TEAM FORMATION MEETINGS
- It is recommended but not required to have a Hepatitis A series of two injections given 6 months apart. For protection the first one must be given 5 weeks before departure.
- No smoking or consuming alcoholic beverages permitted at any time while on mission.**



WHAT AM I COMMITTING TO?

1-12

As a Sending Out Servants (SOS) Travel Team member, we wish you to know in advance that you are being asked to take on a large time and participation commitment. You will be actively involved in the preparation of your assigned Mission Activity and be well prepared to enter a foreign country, culture, and language. First time missionaries will need preparation in the Who and the Why of what they are about to experience as well as be introduced to SOS mission philosophy and how we reflect it in our missionary presence. In order to be truly an effective team for the Lord, time is required to not only get organized, but to also reach a comfort level with one another that will be conducive to both working together and sharing on a spiritual level. Thus, everyone must take very seriously their commitment to the Mandatory Team Formation meetings and the formation process.

The following commitments are needed from you at this time.

Note differences regarding faith sharing missions and vision clinic missions

1. To take seriously your commitment to **Follow SOS Mission Entry Protocols**.
2. Attend all **Mandatory Team Formation Meetings** held usually on Saturdays or Sundays:
Faith Sharing Missions and Medical Missions usually require four to five meetings.
3. Faithfully pray daily for your **Secret Team Prayer Partner** throughout the preparation period as well as during the mission.
4. Attend the **Team Commissioning** during one of the Sunday Liturgies before our departure.
5. Attend the **Share The Experience Event** held one to two weeks post trip.

Signature

Date



CONTACT, INTEREST, SKILLS INFORMATION 1-12

5731 Wanakah Dr. Houston, Texas 77069

sosconniesos@yahoo.com

PLEASE PRINT CLEARLY AND RETURN FORM TO ABOVE ADDRESS

<u>Name</u>	Date
<u>Street Address</u>	City, State Zip Code
<u>Home Phone</u>	Work Phone
E-mail	Cell #

1. Please check areas of interest: Home Team Travel Team Both
2. If Travel Team, please Indicate: Faith Sharing Mission Vision Screening Mission Cataract Mission
3. Have you participated in missionary activities before YES NO If yes, please list when and where?
4. Do you speak any languages besides English? _____
If yes, are you fluent? YES NO
5. Have you traveled outside of the U.S.A? YES NO If yes, please list locations
6. Do you play a musical instrument? YES NO If yes, which one? _____
7. Please circle areas below where you see yourself potentially sharing your skills, talents or interests.

Computers	Educational	Volunteer Areas	Medical	Medical Related	Occupational Expertise
Data Entry Programs: *Excel, *Word *Power Point Programming Websites	Teachers: *ESL *School Teacher Grade _____ Religious Education *Age Group _____ *Lesson Planning Spanish Translator *On-Mission Translator *Translating Documents	Bulk Mail Outs Creative Writing *Newsletters *Web Articles Fund Raising Phone Calling Photography Public Speaking Sewing Visual Aides	Anesthesiologist Dentist Doctor *Specialty ____ Nurse *Specialty ____ Optician Optometrist Surgeon *Specialty ____	CPR Optometry Tech Other _____	Accounting Banking Carpentry Clergy Construction Deacon Lawyer Marketing/Publicity Printing/Advertising Religious Order Other _____

8. Please identify your Parish or Faith Community affiliation. _____
9. Please identify areas of current ministry involvement or community service. _____
10. If currently a student please indicate: Current grade level _____ Name of School _____
11. Age group: 16-23 24-30 31-40 41-50 51-60 70+



MY COVENANT
WITH GOD, MY TEAM MEMBERS & SENDING OUT SERVANTS [1-12]

I AGREE:

TO REPRESENT MY COUNTRY, AND MY CHRISTIAN BELIEFS, at all times in a POSITIVE WAY by refraining from what might appear to be offensive behavior, dress, speech or attitude.

TO COOPERATE AT ALL TIMES WITH THE TEAM LEADERS concerning the work assignments, food, lodging and the accommodations provided for the team and to stay with the Group and a buddy at all times. .

TO REFRAIN from COMPLAINING.

TO TAKE ALL PROBLEMS AND CONCERNS directly to the designated team leaders.

TO COOPERATE WITH and FOLLOW ALL SAFTEY PRECAUTIONS recommended by the Team Leaders.

TO ABSTAIN FROM THE USE OF ALCOHOL, TOBACCO, AND DRUGS while on the Mission. "ON THE MISSION" time begins when the team gathers at the airport to leave for the destination and ends when dispersed at the airport upon returning from the flight home.

THAT IN THE EVENT of an ACCIDENT, ILLNESS, INJURY, or ANY OTHER UNFORSEEN EMERGENCY, I will not hold the team leaders, spiritual director, other team members, members from the host country, Sending Out Servants, its Board of Directors, or the Catholic Church in general, personally responsible.

NAME (please print): _____

SIGNATURE: _____ **DATE:** _____

WITNESS (please print): _____

SIGNATURE: _____ **DATE:** _____



RELEASE OF LIABILITY TO SENDING OUT SERVANTS

1-12

Please have this Form NOTARIZED

I, _____, in consideration of the benefits derived from my participation in the Short Term Mission trip to Guatemala (hereafter referred to as the "trip") administratively organized by Sending Out Servants (hereafter referred to as SOS), do hereby voluntarily release, acquit, and forever discharge both organizations, the Catholic Church in general, and the organization SOS, their directors, officers, board members, employees and agents from all manner of suits, actions, claims demands and liabilities which may arise from my participation in the trip.

I recognize that the conditions in some of the places to which I will travel are not the same standard as the conditions to which I am accustomed (i.e. medical, political, environmental and judicial systems). I realize further that there are certain health and detainment risks as well as other risks to me and my property, and I enter into participation in this trip with full knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property loss or damage arising out of my participation in this trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than the Catholic Church in general and SOS, its Board of Directors, officers, employees and agents.

I have executed this agreement and this release on this _____ day of _____, 20_____.

Signature of Applicant _____ Printed Name of Applicant _____

**If under the age of 18, parent/guardian must sign below.*

Parent/Guardian Signature of Applicant _____

Printed Name of Parent/Guardian of Applicant _____

NOTARY ACKNOWLEDGEMENT

State of _____ }

County of _____ }

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____ A. D. 20 _____.
(L. S.)

My Commission Expires: _____

Notary Public

S.O.S. EMERGENCY AUTHORIZATION (for Adults) 1-12

This form must be filled out, signed by each team member, and will remain with the mission team leader of Sending Out Servants at all times.

I, the undersigned,

Name: _____ Date of Birth: _____

agree to the performance of any emergency medical treatment, anesthetics, and/or surgeries by a licensed physician that may be deemed necessary should I experience any illness or accident while traveling with the **Sending Out Servants (.S.O.S.)** mission team to Guatemala in the event that I cannot speak for myself or make a rational decision. I understand that I am responsible for providing medical and accidental insurance to cover my medical expenses.

This release is effective from _____ to _____ (dates).

Dated this _____ day of _____ (month year) at _____ (city, state)

Signature of Applicant _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IN THE EVENT OF A MEDICAL EMERGENCY AND YOU ARE UNABLE TO SPEAK FOR YOURSELF.

1. Name of personal Physician: _____

Physician's Phone Number _____

2. List all medications you are currently taking including name, dose, and frequency. Use back of page if necessary.

3. Do you have allergies to medications, food, pollen, insects, etc.? Circle Yes/ No

If yes, please identify. _____

4. What is your blood type (if known)? _____

5. Do you have any medical disorder of which a doctor should be aware? Circle Yes/No

Example: diabetes, hypoglycemia, high blood pressure, heart conditions, etc.

Note: Please place personal medical information in a sealed envelope with your name on it and give to mission leader. At termination of mission trip, it will be returned to you unopened. This envelope will only be opened if you are unable to speak for yourself if requiring emergency care.]

6. Do you have any medical restrictions/disabilities that the team leader/host should be aware of? Circle Yes/No

If yes, please explain. _____

7. Have you consulted your health care provider regarding this trip? Circle Yes/ No

EMERGENCY CONTACT INFORMATION AND SAFE ARRIVAL NOTIFICATION

1. Name _____

2. Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____

Phone _____

Mobile _____

Mobile _____

MEDIA RELEASE FORM

Sending Out Servants (SOS)

5731 Wanakah

Houston TX 77069

I hereby grant permission to Sending Out Servants (SOS) to allow my child/myself,

(print here the name of participant)

to be photographed, filmed and/or interviewed. It is my understanding that these photographs will be used for public view and marketing (SOS) Website, newsletter, scrapbooks, brochures, fundraising events/promotions, etc.). I agree to participate in these projects without financial remuneration, and I understand this releases Sending Out Servants from any future claims as well as from any liability arising from the use of said photographs.

Name of Parent / Guardian if participant is a minor:

Address _____

City, State, Zip _____

Signature:

(parent or guardian signature if participant is a minor)

Date _____

