



**PART I:**

Date \_\_\_\_\_ Projected month/year of Ministry work \_\_\_\_\_

**ADULT PARTICIPANT**

Name (Legal/exactly as on passport): \_\_\_\_\_

Email: \_\_\_\_\_ D.O.B.(mm/dd/yyyy): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Additional family members  
(Legal Names)

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

**PASSPORT INFORMATION**

- I AM IN THE PROCESS OF OBTAINING APASSPORT
- I HAVE A CURRENT PASSPORT (must be a current passport that is valid for six (6) months AFTER the return date of the trip)

Name as it appears on Passport: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Passport #: \_\_\_\_\_

- I HAVE ATTACHED A COPY OF MY PASSPORT PHOTO PAGE (This will be destroyed after the trip.)

**EMERGENCY CONTACT**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEDICAL CONTACT**

Primary doctor name and phone number \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ Current medical conditions: \_\_\_\_\_

Medications (& frequency taken during participation): \_\_\_\_\_

Describe any physical, emotional, or chronic conditions: \_\_\_\_\_

Describe any physical limitations: \_\_\_\_\_

Describe special dietary needs: \_\_\_\_\_

### **CURRENT MEDICAL INSURANCE INFORMATION:**

Medical Ins. Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Policy Holder's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

### **TRIP DISCLOSURE**

Mission trips can be extremely strenuous & stressful. They may include long air/train/bus rides of 10-24 or more hours in duration. Participants are required to carry their own luggage. Restrooms are not always readily accessible. The housing/meeting rooms may not have air conditioning & may not have adequate heating. There may be a considerable amount of walking between the housing & meeting locations in addition to climbing many flights of stairs. The summer months in much of the world are very hot/humid & may affect overall strength/energy. The air quality is poor in many locations. All of these factors may aggravate certain health conditions. Medical facilities in most third world countries where we travel may not provide adequate care. A medical statement from your doctor may be requested.

### **PARTICIPANT LIABILITY RELEASE**

Given the risk in travel, especially due to unstable world conditions at this time, I am willing to accept full responsibility for all risk & hereby release, waive, discharge, covenant not to sue, agree to indemnify & hold harmless, the trip/project & Buyamba, Inc. & its officers, directors, agents, affiliates, employees & ("Releases") from any & all damages, liability, causes of action, or any other form of liability, past, present or future, & whether caused by the negligence of Releases or otherwise, arising out of or relating to my presence or participation in the trip/project & any activities related thereto, including but not limited to, physical or emotional Injury or illness, criminal victimization, terrorism, imprisonment & legal proceedings or any actions taken by Releases. This Release shall be binding on myself, my heirs, executors & legal representatives. By signing below, I am agreeing that all information is accurate and I accept all policies, covenants & statements listed in this application.

By signing below, I understand Buyamba Uganda will require a background check in order for me to attend this mission trip.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## PART II:

Please use separate sheet (or back of this sheet) if you need more space to write.

1 Would you consider yourself a Disciple of Christ?  YES  NO

2 Please briefly give your testimony on how you came to know Jesus Christ.

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3 What gifts, skills, or talents do you feel you can contribute to this ministry?

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4 What (if any) mission or outreach experience do you have?

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5 What (if any) ministry/service are you presently involved in?

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6 Describe your spiritual journey/your walk with Jesus Christ?

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7 Do you feel called to this ministry? Please explain.

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### REFERENCES & RECOMMENDATIONS

Check here if you know someone involved in Buyamba personally  Name: \_\_\_\_\_

Please enclose your current resume or give a brief explanations of your business/and or ministry experience.

#### PASTOR/CHURCH LEADER REFERENCE

Home Church Name: \_\_\_\_\_ Pastor/Church Leader Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comment? \_\_\_\_\_

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Would you be open to being contacted by a Buyamba Director or board member?

Please have a Pastor/Church leader sign below indicating approval of your participation in this mission trip **OR YOU may EMAIL the above Pastor/Church Leader asking that they email a recommendation directly to Julie Dimas at [Julie@ugandabuyamba.com](mailto:Julie@ugandabuyamba.com)** Please ask that they include their name, position, church name, & phone number in the email.

By Signing below, I am indicating my approval of the above named person to participate in the listed mission trip.

**Signature of Pastor/Church Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL REFERENCE 1**

Personal Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PERSONAL REFERENCE 2**

Personal Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comment?

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## PART III:

### TRIP CONTRIBUTION POLICY (BUYAMBA'S POLICY: CONTRIBUTIONS SHALL NOT BE REFUNDED)

The Participant hereby agrees that all contributions given for his/her participation in the above named long-term trip/project are the property of Buyamba. Accordingly, all checks must be made out the Buyamba with a note designating which person's name to credit. Checks not made payable to Buyamba cannot be deposited. As noted above, donors may request that their contribution be used to pay the expenses of a particular person for a particular trip. However, to receive contribution credit for income tax purposes, IRS regulations prohibit donations from being designated for the benefit of one particular person. Further, IRS regulations prohibit the refunding of donations should the named person not participate in the trip, or should the trip not occur. As a result, it is Buyamba's policy that contributions shall not be refunded.

Financial gifts towards trips are tax-deductible should be made in addition to your regular tithing. Should a particular person not participate in the trip, should the trip be cancelled, or a particular person fund raise more than his or her trip cost, all donations received for that trip shall be used to pay the expenses of other people participating in the trip, reallocated to other short-term trips, or reallocated to the general fund, at the discretion of Buyamba. Donors must be made aware of these policies at the time a donation is solicited.

### IF YOU ARE FUNDRAISING: THIS PARAGRAPH MUST BE INCLUDED IN YOUR SUPPORT LETTER

"Checks should be made payable to Buyamba, returned with the attached Sponsor Card, in the attached self addressed stamped envelope. Financial gifts toward my trip are tax-deductible. Please understand that it is Buyamba's policy that all contributions are non-refundable. Should I not be able to go for some reason, or the trip is canceled, all donations received for the trip will be used to pay the expenses of other people participating in the trip, reallocated to other short-term trips or reallocated to the general fund at Buyamba's discretion."

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

#### DOWN-PAYMENT

I understand that if my application is accepted I will need to bring a NON-REFUNDABLE DEPOSIT by the prearranged date. Make checks payable to Buyamba, Inc. and write the name of the short-term mission trip (with participant and month of trip listed) on the memo line.

#### SPONSOR CARDS, ENVELOPES & LETTERS

I understand that I can obtain a sample letter, sponsor cards, & envelopes from the offices of Buyamba Uganda to help solicit funds to defray the cost of this long-term mission trip.

## TEAM COVENANT

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**VISION** - I commit to the purposes of this trip and will respond to the direction of our US/Uganda leadership.

**TEAMWORK** - I commit to being with a group who unites as one, striving to accomplish the same goals of glorifying Christ and increasing His Church. I will stay with the group and surrender my personal agenda to the group agenda.

**CONFLICT** - I commit to dealing with conflict and approaching difficult situations with truth and grace. I will commit to an attitude of forgiveness that reflects itself in understanding and love.

**SECURITY** - I commit to observing any security issues discussed, including staying with the group, communicating my whereabouts with my team leader, and being responsible for my own personal property.

**CULTURAL SENSITIVITY** - I commit to approaching the culture of the country with an attitude of learner and servant. I will guard my mouth of criticism or judgments that could cause harm to relationships.

**BEHAVIOR** - I commit to engage only in behavior that is above reproach to ensure that the team represents Jesus in the most effective way. I will refrain from the use of drugs and alcohol, offensive language, inappropriate public displays of affection and any other behavior that might be a stumbling block to the community or other team members.

**MINISTRY OPPORTUNITIES** - I commit to be a witness of the love of Jesus to the people we meet all throughout the trip. I will do what is asked of me, even if it is uncomfortable.

**TEAM LEADER AUTHORITY** - I am willing to submit to and respect the leadership and authority of my team leaders during all aspects of this mission.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_