



Buyamba Uganda  
3625 E. Thousand Oaks #265  
Thousand Oaks, CA 91320

## Minor Short-Term Trip Application

### PART I:

Trip Name: \_\_\_\_\_ Trip Dates: \_\_\_\_\_ To: \_\_\_\_\_

#### PARTICIPANT (12 years of age to 18)

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### PASSPORT INFORMATION:

I AM IN THE PROCESS OF OBTAINING A PASSPORT

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

I HAVE ATTACHED A OF MY PASSORT 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: \_\_\_\_\_

\*while reasonable efforts will be made, not all special dietary needs can be accommodated (esp. in a foreign country) so you may want to bring your own food

## CURRENT MEDICAL INSURANCE INFORMATION:

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

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

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

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

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## TRIP DISCLOSURE

Short-term mission trips can be extremely strenuous & stressful. They may include long air/train/bus rides of 10-24 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 can 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 & this might affect your overall strength/energy. The air quality is poor in many locations. All of these factors may aggravate certain health conditions & medical facilities in most countries where we travel may not provide adequate care. A medical statement from your doctor may be requested.

## MINOR'S MEDICAL/LIABILITY RELEASE

COMPLETE THIS SECTION IF PARTICIPANT ON PAGE 1 IS **BETWEEN 12-18 YEARS** OF AGE

Name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List the name(s) & date(s) of birth for anyone 12-18 years of age going on the trip with a parent/legal guardian:

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

If the parent/guardian is NOT GOING on the trip but the minor is in the care of "Authorized Guardian" list the name: (example: Minor's friend's parent)

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

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

I agree as follows: in the event of any accident, sudden illness, or medical emergency involving said minor(s) in connection with the above named trip/project, I hereby authorize the authorized guardian &/or staff member of the above named trip/project & Buyamba, Inc. as adults into whose care the minor(s) has been entrusted), to consent to x-rays examination, anesthetic, medical or surgical diagnosis or treatment & hospital care, deemed necessary by a licensed physician. This authorization is limited to the above trip/project dates. In consideration of being permitted to participate in the above trip/project, I the undersigned, as parent or guardian of the minor(s) & on behalf of said minor(s) & heirs, executors & personal representatives of said minor(s), hereby release, waive, discharge, covenant not to sue, agree to indemnify & hold harmless, the trip/project & Buyamba, Inc. & its officers, directors, agents, affiliates, employees & ("Releasees") from any & all damages, liability, causes of action, or any other form of liability, past, present, or future, & whether caused by the negligence of Releasees or otherwise, arising out of or relating to the presence or participation in the trip/project & any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with respect to myself. This Release shall be binding on myself, my heirs, executors & legal representatives & on the minor & his/her heirs, executors & legal representatives.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II:** (This Part II may be waived by a Buyamba Director)

**TRIP QUESTIONS** (Use separate sheet if you need more space to write)

1. Would you consider yourself a Disciple of Christ?     YES     NO
2. What gifts, skills, or talents do you feel you can contribute to this trip?
3. What (if any) mission or outreach experience do you have?
4. What (if any) ministry/service are you presently involved in?
5. Describe your spiritual journey/your walk with Jesus Christ?
6. Why would you like to participate in this trip? What do you expect to gain from the experience? What are your reservations if any?

**REFERENCES & RECOMMENDATIONS**

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

**PASTOR/CHURCH LEADER REFERENCE**

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

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

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 [info@ugandabuyamba.com](mailto:info@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

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

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

### **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 short-term trip/project are the property of Buyamba, Inc.(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. A \$200 deposit is due upon acceptance into a short-term trip. By three months prior to departure, or a date set by the trip leader, 50% of all funds should be received by Buyamba. The remainder of all funds is to be received by Buyamba at least one month prior to departure. Exact fund deadlines will be set by short-term trip leaders/director & given to team members at the first team meeting. By signing below you accept that you are in agreement with this contribution policy.

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

"Checks should be made payable to Buyamba, Inc. 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."

#### **DOWN-PAYMENT**

I understand that if my application is accepted I will need to bring a NON-REFUNDABLE DEPOSIT by the given team date. Make checks payable to Buyamba, Inc. and write the name of the short-term mission trip (with 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, Inc. to help solicit funds to defray the cost of this short-term mission trip.

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

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **TEAM COVENANT**

**VISION** - I commit to the purposes of this trip and will respond to the direction of our team 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:** \_\_\_\_\_