



## **2012 Application Process**

Effective December 15, 2006, HIM will be implementing a new registration policy. We will be establishing a non-refundable, non-transferable registration fee. To be considered for a trip, all applications must be submitted with the registration fee of \$150.00. If **your** circumstances prevent you from participating on the team, your registration fee will not be refunded.

### **Who Can Apply?**

Anyone is eligible to apply for a HIM trip as long as there is availability and the applicant is in agreement with the HIM rules and regulations as stated on the application.

### **Application Requirements**

To apply for a HIM mission trip, please review ALL forms. Then complete and submit the following:

1. HIM Trip Application (with \$150 non-refundable/non-transferable registration fee)
2. Minor Supplement (if applicable)
3. Participant Agreement

Once your application has been received by us, you will receive confirmation via email.

**Note:** If you are going as a member of a group such as a church or hospital, please give your application to your group leader to be forwarded to HIM Offices for processing.

### **Project Fees, Deposits, Cancellations and Tax Receipts**

Dates listed are U.S. departure and return dates. Total costs include the "trip fee" which covers room, board, ground transportation and other project expenses, plus the international airfare. The trip fee does not include passport, visa or immunizations. Trip fees cannot be pro-rated for partial participation.

Participants who cancel after international flight tickets are secured in their name, will be responsible for the cost of the airline tickets plus the \$150.00 application fee, there may be a fee to use or exchange them at the discretion of the vendor (Airlines). Please note that discounted tickets are usually non-transferable and require extra fees for exchanges. If you wish to purchase travel insurance for your flight you may do so at your own expense.

IRS tax-deductible receipts will be issued for all donations of \$25 or more toward HIM project expenses.

### **Airfare**

International group airfares are booked from gateway cities, and these discounts require participation in the group travel arrangements made by HIM.

HIM will not be held responsible for booking flights for those not traveling with the group.

HIM can not be responsible for any flights cancelled due to weather or other issues that HIM has no control of.

Once registered for a project and ticketed for all flights, there will be no further changes in cost to project participants. Participants who live west of the Mississippi will incur an additional charge for airfare and hotel if necessary on your outbound flight and return flight.

If you have any questions about traveling with HIM, contact Rev. Kurt Holthus at (586)530-3537.

## **Who is welcomed on a HIM team?**

# **Everyone!**

### **Evangelism / Ministry Teams**

Everyone can show the compassion of Christ to the nationals. Those who are intercessors; skilled in worship; children's / youth / adult ministry; and sound technicians would be found on this team. The combined efforts of all the above enable us to maximize our efforts for the Lord.

### **Construction Teams**

The construction of the City of Hope will be a long term ongoing project that will need the skills of every member of the "trades". Please check with the HIM Office for the skilled trades needed for the time you would like your team to come to The City of Hope.

### **Mobile Clinic Teams**

Unless specified, each project needs physicians (of any specialty), dentists, nurses, physician assistants, nurse practitioners, pharmacists, optometrists, students (medical, dental, nursing, physical therapists, pharmacy, pre-med, etc.), medical technologists, interpreters, and support staff/non-medical volunteers.

### **Primary Medicine/Dentistry Teams**

The primary care consisting of family/general medicine, family/general dentistry, internal medicine and it's non-invasive subspecialties, ENT, pediatrics, dermatology and OB/GYN, nurses and EMT's are needed.

### **Surgical Teams**

These teams need general surgeons, urologists, GYNs, anesthesiologists, CRNAs, surgical nurses and CSTs are needed.

### **Specialized Surgical Teams**

These require the appropriate surgeons and technical assistants. At this point, HIM projects do not include high-risk procedures, or those requiring extensive follow-up, unless the proper facilities and local attending physicians are available.

### **Students**

Students are welcome to apply for trips. Trips are excellent learning opportunities for students.

### **Families**

Spouses and children are welcome (unless noted, see supplemental application for minors).

## **Where do I send the application and donations?**

Applications, waivers, documents, photos, etc, can be mailed to:

Hope International Ministries #121  
4085 Hancock Bridge Parkway #111  
N. Ft. Myers, FL 33903

Phone: 586-530-3537  
Email: [kurtholthus@aol.com](mailto:kurtholthus@aol.com)  
[www.hopeinternationalministries.org](http://www.hopeinternationalministries.org)



## 2012 PARTICIPANT AGREEMENT

Short-term Missions Outreach trips are not designed as "typical tourist vacations". Most project sites require travel to remote areas of the world where logistical requirements for volunteers may involve unconventional modes of transportation and/or accommodations. In addition, Missions Outreach trips may contain the full range of risks and inconveniences resulting from both international travel and volunteer service: physical labor, timing delays, frustrations, surprises, etc. All are part of the improvisation and learning that occur in service trips to Third World and developing countries. Because of the circumstances involved with these trips, we want to make certain you understand that the circumstances mentioned above are a part of this type of experience. As a necessary precaution, Hope International Ministries (HIM) requires that each program participant understand and execute the following release and agreement.

### Application and Release

I \_\_\_\_\_, apply to Hope International Ministries to participate in the mission project to be conducted in the **Dominican Republic**, scheduled for **June 18<sup>th</sup> to June 26<sup>th</sup>, 2012.**

In consideration of the mission opportunities provided to me by Hope International Ministries, I agree to the following:

**Facts About Me.** I am \_\_\_\_\_ years old. I am in good health and sound mind, and able to understand this agreement. I have or will discuss my participation in the MISSION with my physician, have or will receive any vaccination he or she deems necessary, and will participate in the MISSION only if I have received his or her approval and believe that I am able to endure the strain that may be associated with such participation. I understand that my participation in the project is contingent upon agreement by HIM, but that it is not taking the responsibility to assess and approve my fitness for participation. I am not under any economic, physical, other force or duress to compel my participation in the MISSION or my signing of this agreement.

### WAIVER OF LIABILITY AND ASSUMPTION OF RISK

1. I, the undersigned wish to stay and/or visit and conduct mission activities, including but not limited to construction, evangelism, medical treatment and operations (all of which are hereafter referred to as "mission activities"). I recognize and understand that participating in activities involves running certain risks. Those risks include, but are not limited to, the risk of injury and/or death; injuries resulting from possible malfunction of equipment used in mission activities; and injuries resulting from any activity in the Dominican Republic.

2. Despite these and other risks, which I fully understand, I wish to participate in mission activities and hereby assume the risk. I also hereby hold harmless Hope International Ministries, Inc, a Michigan Corporation (hereinafter referred to as "HIM") and indemnify them against any and all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of and connected with, or resulting from my participating in mission activities, including without limitation, those resulting from the manufacture, selection, delivery, possession, use, maintenance or operation of such equipment. I hereby release HIM from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to HIM that I am in good health and do not suffer from a heart condition or other ailments which would be exacerbated by the exertion involved in participating in mission activities. I further certify that I am 18 years of age or older. If younger than 18, I certify that my parents or guardian have signed this waiver.

3. I agree to ask HIM for clarification of any rule or safety procedure, for further instruction in regards to anything I do not understand about the equipment, supplies or any other items that may affect the safety of any mission activities.

4. It is further understood and agreed by the parties hereto that if any of the provisions of this Agreement shall contravene, or be invalid under, the laws of the State of Michigan, such contravention or invalidity shall not invalidate the whole Agreement; rather this Agreement shall be construed as if not containing the particular provision or provisions held to be invalid.

5. This Agreement cannot be altered or amended except by written agreement of HIM. No participant is authorized to amend or modify this agreement and the undersigned acknowledges that he has not relied on any oral representations from any person whatsoever.

6. I have read this waiver of liability and assumption of risk carefully, and I understand that by signing below I am agreeing, on behalf of myself, my estate, my heirs, representatives and assigns and I covenant not to sue HIM or to hold him or his insurers liable for any injury including death, resulting from mission activities. I intend to be fully bound by this Agreement.

7. I understand and agree that this Release of Liability Agreement covers each and every mission activity and event in which I participate hereafter.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

ADULT OVER 18 YEARS OF AGE

x \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

x \_\_\_\_\_  
Address of Signer

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of HIM and all other Releases but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

x \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_ EMERGENCY PHONE #(s)

DATE SIGNED: \_\_\_\_\_

# 2012 EMERGENCY RELEASE FORM

*For all minors participating in missions trips*

Location of trip: \_\_\_\_\_ Dates of trip: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

( FULL LEGAL NAME as recorded on your Passport )

Passport # \_\_\_\_\_

Nick Name (optional) \_\_\_\_\_

DOB: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Age: \_\_\_\_\_

Name of parent(s) (guardian): \_\_\_\_\_ Date: \_\_\_\_\_

As parent and/or guardian I/we \_\_\_\_\_ in consideration of my/our

child/dependent's participation on this mission trip to \_\_\_\_\_, represent and agree that:

I/We grant to any of the Hope International Ministries leaders (hereafter referred as "HIM Leaders") or their representatives the right to represent me in decisions relating to child/dependent's welfare during the missions trip.

I/We hereby grant any of the HIM leaders or their representatives my permission to authorize medical treatment and medication on my child/dependent's behalf. I/We will not hold any of the HIM leaders or their representatives responsible for the results of such treatment, medications or decisions made on my child/dependant's behalf.

I/We are aware of the hazards and risks to child/dependant and property associated with this missions trip. I/we have read the U.S. State Department's Travel Advisory (if any) for this country found at [http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html). These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I/we as the parents/legal guardians accept these conditions with full awareness and I/we assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.

I/We attest and certify that my child/dependent is physically fit and has no medical conditions that would prevent them from participating on this trip and in activities which may include long hikes, high altitude, physical labor, heat, limited and infrequent meals. I/we are aware of the disease risks associated with foreign travel and I/we accept these risks.

I/We agree to hold harmless, indemnify and defend Hope International Ministry, it's employees, team leaders and volunteers against injury, claim or action that may arise on behalf of my child/dependent other than for the willful or reckless misconduct of Hope International Ministries, it's employees, team leaders or volunteers.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**IMPORTANT:** Please mail this notarized document to: Hope International Ministries #121, 4085 Hancock Bridge Pkwy #111, North Fort Myers, Florida 33903



## **2012 TRIP CANCELLATION PROCEDURE**

Please read before application for trip.

### **Participant Cancellation**

If you have previously registered for a trip and need to cancel, please call the HIM office immediately. If tickets have already been purchased, the individual is responsible to pay for the cost of the tickets, in addition to the \$150 non-refundable deposit. HIM is not responsible for flight cancellations or delays due to weather or other issues that HIM has no control of.

### **International, National, or Regional Incident**

In the event that the HIM staff is made aware of an international incident or regional occurrence that might endanger the team or affect the team's mission HIM will begin an investigation with the U.S. Department of State to evaluate the extent of the threat and danger to the team entering the country. We will also contact our international contacts and partners to ascertain their perspective on the situation.

Ultimately, HIM is responsible for the team's safety and well being. That trust is passed on to the team leader and our national partners when the team is in country. A decision will be made by the HIM director regarding trip cancellation. The decision will be made with due diligence utilizing all the information and wise counsel we have at our disposal. Obviously, if the U.S. Government Department of State says we should not go that is a prime determinant as they will be needed to help us in the event of a problem.

Important Department of State information for you:

- Department of State website at [state.gov:doswork@uic.edu](mailto:state.gov:doswork@uic.edu)
- Bureau of Consular Affairs website at [travel.state.gov:ca@his.com](mailto:travel.state.gov:ca@his.com)
- Bureau of Diplomatic Security website at [ds.state.gov:dswebhelp@dsosac.org](mailto:ds.state.gov:dswebhelp@dsosac.org)

Emergency contacts for travel related emergencies (whether you are traveling or you urgently need to contact someone else who is traveling) call Overseas Citizens Services a 24-hour hotline at 202-647-5225.



## 2012 PAYMENT FORM

**SOSUA, DOMINICAN REPUBLIC – JUNE 18<sup>th</sup> thru June 26<sup>th</sup>, 2012**

This Form **Must** be submitted with each payment (one form per person/per payment).  
**NO CASH Payments will be accepted, Checks and Money Orders ONLY!**

**Total of \$1,850.00 Paid in full on or before MAY 1<sup>st</sup>, 2012**

|                     |  |
|---------------------|--|
| <b>Today's Date</b> |  |
|---------------------|--|

### Payment Schedule:

|                         |                                       |                                |
|-------------------------|---------------------------------------|--------------------------------|
| <b>\$150.00 + \$500</b> | Application Process Fee / 1st Payment | On or before February 15, 2012 |
| <b>\$500.00</b>         | 2nd Payment                           | Due March 15, 2012             |
| <b>\$500.00</b>         | 3rd Payment                           | Due April 15, 2012             |
| <b>\$200.00</b>         | Final Payment                         | Due May 1, 2012                |

**Total of \$1,850.00 Paid in full on or before MAY 1<sup>st</sup>, 2012**

|                            |  |                 |  |
|----------------------------|--|-----------------|--|
| <b>Name of Participant</b> |  |                 |  |
| <b>Email Address</b>       |  |                 |  |
| <b>Amount of Payment</b>   |  |                 |  |
| <b>Date on Check</b>       |  | <b>Check #:</b> |  |

**Mail payments to:**  
**Hope International Ministries #121**  
**4085 Hancock Bridge Pkwy #111**  
**N. Ft. Myers, FL 33903**

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|--|
| <p><b><u>DATE PAYMENT RECEIVED</u></b></p> <hr style="width: 80%; margin: 10px auto;"/> <p>(For official use only)</p> |
|--|