

Harvest Missions

missions application



Name_____ Age_____

Address_____

City_____ State_____ Zip Code_____

Phone Number_____ E-mail_____

Parents Name (if minor)_____

Are you a U.S. citizen? ☐ Yes ☐ No

If no, what country are you a citizen of?_____

Passport Number_____ Passport Expiration Date_____

Do you have a certain skill set or talents you would like to use on this trip?

If so, what?_____

Do you drink alcohol? ☐ Yes ☐ No Are you offended by those who do? ☐ Yes ☐ No

Do you use tobacco products? ☐ Yes ☐ No Are you offended by those who do? ☐ Yes ☐ No

Have you ever been on a trip with Harvest Missions? ☐ Yes ☐ No

If so, When/where?_____

Have you ever been on any mission trips, not with Harvest Missions? ☐ Yes ☐ No

If so when/with who/where?_____

Do you have any health or allergy Problems? ☐ Yes ☐ No

If yes, what are they?_____

Physician's Name, Address & Number_____

Insurance Carrier_____ Policy Number_____

Emergency Contact_____

Address_____

City_____ State_____ Zip Code_____

Phone Number_____ E-mail_____

Relationship to you_____

**please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)**



Which trip will you be attending?

Why are you wanting to come on this trip?

What personal goals do you have for this trip, if any?

Have you had any major illness or surgery in the past two years? ☐ Yes ☐ No

If yes, please explain.

Do you have any special dietary concerns? (food allergies, diabetic, ect) ☐ Yes ☐ No

If yes, please explain.

Do you have any medical conditions that will require special attention? ☐ Yes ☐ No

If yes, please explain.

Are you up to date with vaccinations/immunizations? ☐ Yes ☐ No

How would you rate your physical condition? ☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor

Do you have any physical problems that could hinder you activity? ☐ Yes ☐ No

Do you take any medication on a regularly? (other than vitamens) ☐ Yes ☐ No

If yes, please explain.

**please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)**

Harvest Missions

Short-Term Team Code of Conduct



Willing & flexible attitude

- you must be willing to submit to the leadership on the trip (includes but is not limited to: missions coordinator, team leader, harvest missions leadership)
- you must be flexible and able to accept changes in plans and schedules

Work & Participation

- you must be willing to accept and perform all duties assigned to you
- you must inform the team leader about any physical limitations that may hinder yourself or others from performing the tasks assigned
- although belief in Christ is not required to come with us, you must be willing to participate in bible studies, devotions, prayer meetings and church meetings as requested by the leadership

Respect & cooperation

- you must respect and cooperate with those around you, you don't have to like everyone on the trip. but you have to respect and work with them
- you must be willing to help serve other while on the trip

Cultural Sensitivity

- you must show cultural sensitivity regarding dress, speech, and action
- you must be willing follow what the team leader says in regards to the culture that you will be in while on the trip

Safety

- you must never venture out on your own unless you have been given special permission by the team leader (which hardly ever happens) and inform the team leader any time a group is going somewhere
- you must refrain from taking any illegal substances while on the trip
- you must inform about any mind-altering medication prescribed to you by a doctor

**please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)**

Harvest Missions Consent Form



Participant Last Name_____

First Name_____ Middle Name_____

Street Address_____

City_____ State_____ Zip Code_____

Date of Birth_____ Phone Number_____

Liability Release

INITIAL HERE

I, _____, (participant's name), release Harvest Missions & Harvest Evangelism, Inc., its agents, assign, employees and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, or damage which may be sustained during the course of any activity with Harvest Missions and Harvest Evangelism, Inc.

Medical Release

INITIAL HERE

I, _____, (participant's name), release Harvest Missions & Harvest Evangelism, Inc., its agents, assigns, employees and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, or damage which may be sustained during the course of any activity with Harvest Missions and Harvest Evangelism Inc.

List any medications or treatments that should not be given to PARTICIPANT and reason why:

--

List medication PARTICIPANT must take, dosage, and time intervals.

Please include a doctor's note verifying the condition and the treatment.

Medication	Dosage	Time Intervals	Special Instructions

Does the PARTICIPANT have any physical, mental or emotional condition?

--

please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)

Harvest Missions

Consent Form continued



Medical Release

INITIAL HERE

I, _____, (participant's name), understand that it is my responsibility to provide for my accident and health coverage while participating in all activities with Harvest Missions & Harvest Evangelism, Inc. I understand that my health insurance will be the primary insurance for any accident or medical claim, and that Harvest Missions & Harvest Evangelism, Inc. is under no obligation to pay for such care. I further understand that I am financially responsible for any treatment, prescriptions, or hospital care obtained for myself. I consent to the release of this information as needed to Harvest Missions and Harvest Evangelism, Inc.

Is the participant currently under a health plan?

If yes, what is the insurance company? _____

Policy Number: _____

Name of primary person insured: _____

Model Release

INITIAL HERE

In consideration for the potential exposure in association with Harvest Missions & Harvest Evangelism, Inc. its successors and/or assigns, may use my image and likeness for editorial trade or advertising for Harvest Missions & Harvest Evangelism, Inc. or a related ministry. I agree that Harvest Missions & Harvest Evangelism, Inc. Reserves the right to choose, position, caption and edit the images as determined by Harvest Missions & Harvest Evangelism, Inc. in its sole discretion. I release Harvest Missions & Harvest Evangelism, Inc., its successors and/or assigns from all claim and liability relating to the photographs and video. I waive the right to inspect and/or approve the finished product or the advertising copy.

Payment Policy

INITIAL HERE

I will make all payments on a timely basis according to the required payment schedule. I understand that the trip balance must be paid in full by the final payment deadline or I will not be included on the trip. If I cancel my trip or if my balance is not paid in full by the final deadline:

- The 10% deposit is non-refundable and non-transferable
- Any payments that have been used toward the purchase of my trip expenses (i.e., plane ticket, material for the trip, ect.) are not refundable.
- Any funds that have been donated by a third party toward my trip will not be refunded to me. The donor will be contacted to determine the use of the funds.

**please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)**

Harvest Missions

Missions Assumption Agreement Form



I, _____, in consideration of my acceptance as a short-term missionary, in cooperation with Harvest Missions & Harvest Evangelism, Inc. represent and agree that:

1. I am attending as a volunteer, and acknowledge that I am not being sent as an employee of Harvest Missions & Harvest Evangelism, Inc.

2. I have read and agree to the Code of Conduct and have fill out all information truthfully.

3. I am aware that the hazards and risks to my person and my property associated with serving in another country in a missions capacity, such hazards and risks include, but not being limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept my assignment with full awareness of these risks, and voluntarily assume all risk of death, injury, illness and damage to myself or my family associated with such risks.

4. I attest and certify that I am physically fit and have no medical condition that would prevent me from performing my duties.

5. I waive and release any and all claims for damage for which I, or my heir or successors, may have against Harvest Missions & Harvest Evangelism, Inc. or any agent or employee of any such organization, arising from death, injury, or illness to myself or my family, or property damage or loss occurring during the term of my assignment or as a result of my assignment.

6. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, do assume all risk of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

7. I understand and accept the following policy regarding ransom payments: Harvest Missions & Harvest Evangelism, Inc. will not pay ransom or yield to the demands of anyone who takes one of our missionaries or staff hostage. We pledge ourselves to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should this circumstance ever occur. This policy has been based on consideration of policies held by other evangelistic missionary societies and on the advice of the U.S. State Department.

8. I expressly waive any defence to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

9. I consent for the team representative of Harvest Missions & Harvest Evangelism, Inc. to secure the administrative of medical treatment or medication, and do further agree to the performance of such treatment as deemed necessary.

10. I expressly agree that this assumption of risk and indemnity is intent to be as broad and inclusive as permitted by law. I further state that I have carefully read and foregoing assumption of risk and understand the contents thereof and I do voluntarily sigh this release as my own free act.

SIGNATURE	PRINT NAME
WITNESS	DATE
WITNESS	DATE

Note: Please have this document signed by two witnesses. A witness may not be anyone employed by Harvest Missions & Harvest Evangelism, Inc.

**please fill out and return to Harvest Missions
with a 10% deposit (non-refundable)**