



## APPLICATION FOR SHORT TERM MISSIONS TRIPS 2023

✓	Locations:	Mission Trip Dates:	✓	Staff Weekend:	Admin Trip Dates:
	El Salvador –	Cancelled		Guatemala –	TBD
	Guatemala –	April 11-18, 2023		El Salvador –	TBD
	Costa Rica –	June 3-9, 2023		Costa Rica –	TBD
	El Salvador –	August 9-16, 2023		Puerto Rico –	TBD
	Guatemala –	October 10-17, 2023		Africa –	TBD
	Puerto Rico –	TBD		Guatemala –	TBD

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Legal Passport Name:		
FIRST	MIDDLE	LAST

Passport Number:	Birthday:	Date Issued:	Date Expires:

T-SHIRT SIZE	X-SMALL	SMALL	MEDIUM	LARGE	X-LARGE	2X-LARGE	3X-LARGE
✓							

Contact Information:			
Name:			
Address:		City:	
		State:	
		Zip Code:	
Email Address:		Phone:	

Mailing Address:			
Same as contact information:			
Name:			
Address:		City:	
		State:	
		Zip Code:	



<b>Emergency Contact:</b>					
Best way to contact:		Call	Text	Email	
Name:					
Address:			City:		
			State:		
			Zip Code:		

<b>Medical Information:</b>					
How do you assess your current health?		Good	Well	Poor	
Are you currently under the care of a doctor?			Yes	No	
If so, please explain:					
Please check the appropriate responses and provide details if your answer is yes to any of the following questions. Do you have issues with?					
Asthma:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Other Respiratory:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Cardiac:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Seizures/Epilepsy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Medical Device:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Allergies:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Medications:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

<b>Allergies:</b>		
Foods:		
Medications:		
Environment:		



Current Medications List:					
Date Last Updated:					
Prescription Medications:					
	Name of Medication	Strength	Frequency	Condition	Notes:
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

Experience:					
	Do you speak Spanish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	
	Can you translate Spanish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	
	Are you Medically Trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	
If yes, please provide a copy of your medical license.					
Experience:					



<b>Additional Required Documents:</b>		
	<b>Licenses &amp; Certifications</b>	<b>Issued:</b>
Ex.	Registered Professional Nurse (RN)	
1.		
2.		
3.		
4.		
Please provide a copy of each document.		

<b>Please provide 3 local airports near you:</b>		<b>Departure</b>	<b>Return</b>
Ex.	St. Louis Lambert International Airport	STL	STL
1.			
2.			
3.			

<b>Religious / Non-religious Affiliation</b>	
<p>Disclaimer - ER Abroad has partnerships with Religious Organization, NGOs, Local Churches and or individuals during our medical and non-medical short term mission trips. On occasion there might be religious activities. Individuals with ER Abroad will not be required to attend special activities or events. However, at times a group prayer maybe performed with our local host agencies. ER Abroad ask that all members be respectful or quietly step away if applicable.</p>	
Do you accept this agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Optional Question    Do you associate with a specific religion?	

<b>Additional Information:</b>	



## Mission Trip Release Form # 1

### EMERGENCY RELEASE AND RIGHT OF REPRESENTATION

In consideration of my participation on this mission trip, I acknowledge and agree that:

<input type="checkbox"/>	I am prepared physically, emotionally, mentally, and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not averse to me. I will be flexible and have a servant attitude.	
<input type="checkbox"/>	I grant to any of the ER Abroad Missions leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.	
<input type="checkbox"/>	I hereby grant any of the ER Abroad Missions leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the ER Abroad Missions leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.	
<input type="checkbox"/>	I am aware of the hazards and risks to myself, and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at <a href="http://www.travel.state.gov/travel">www.travel.state.gov/travel</a> . These risks include, but are not limited to, death or injury by accident, disease, viruses, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness, and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.	
<input type="checkbox"/>	I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include heavy lifting, high altitude, heat, & limited or infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.	
<input type="checkbox"/>	I waive any and all claims for damages against ER Abroad: Mission Possible, ER Abroad Missions leaders or their contracted agents, arising from death, injury, illness, disease viruses, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of ER Abroad: Mission Possible, ER Abroad Missions leaders or their contracted agents which may in any way cause death, injury, illness, disease, virus, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents, and agree to them of my own free will.	
<input type="checkbox"/>		

**Print Name:**

**Signature:**

**Date:**



## Mission Trip Release Form # 2

### **Sexual Misconduct Policy**

ER Abroad expects their volunteers, organizational members, board members, children, and other participants to honor God's intention with regards to the gift of sexuality. Therefore, responsible participants are aware that inappropriate sexual activity abuses the power and authority of our education and developmental roles, is contrary to our principles, and is outside the scope of our duties of our vocation and participation. All participants of ER Abroad and our associates must comply with appropriate state, local and national laws regarding actual, alleged, or suspected sexual misconduct and harassment, and with the procedures outlined within this program.

### **Photo Release**

"I grant ER Abroad, its representatives, organizational members, and associates the right to take photographs and/or videos while participating within the program. I agree that ER Abroad may use such photographs, film footage, or tapes recordings of me for any lawful purposes, including such purposes as publicity, illustration, advertising, and Web content".

### **Volunteer Liability**

"I agree not to hold liable or responsible ER Abroad, its organizational members and/or its associates from any damages to or loss individual property, sickness or injury which may occur while participating within the organization. It is my understanding that ER Abroad will take the needed precautions to minimize the chances of any incident occurring during the volunteer experience, and will endeavor to seek appropriate assistance, when needed, but will not be held responsible or liable. I acknowledge that said mission trip begins when I leave home en route to the airport prior to departure and ends when I return to my home at the conclusion of the trip".  
*If you are completing this application by electronically, typing of your name will be considered equivalent of electronic signature.*

### **Code of Conduct**

As a volunteer member of the ER ABROAD mission, it is expected that you will always conduct yourselves with the highest standards of integrity and morality. We believe that mission trips provide an opportunity for team members to grow in their faith and see all people with a high degree of love and respect. A mission trip provides fertile ground for a renewed perspective of service to others and a strengthening of your core values. Each host country has its own unique opportunities for the betterment of others and to flourish in your faith.

It is a privilege for all who serve on our mission trips, and there is an expectation that team members will conduct themselves with integrity and portray honesty, love, respect, and cooperation to those we encounter during our travels and upon our arrival to our host destination. We are guests, and we must act accordingly, including by being sensitive to our global partners and the people we are here to serve. Our mission is to improve and enrich the lives of others in need across the globe; you are part of that mission.



The following is intended to reflect our core values and provide guidance during a mission trip. As an ER ABROAD Missions team member, you are expected to:

1. Provide a positive attitude, project a willing heart to serve, and maintain positive, respectful relationships with team members. Demonstrate your faith through loving action and reinforce all such behavior in others.
2. Maintain ethical behavior and personal purity in thoughts, words, and actions. Avoiding distractions from wholehearted service by not using time of service overseas to develop or pursue a romantic relationship with any member of the team or person I meet within the country where I am serving. I understand that participating, or inviting others to participate, in any sexual act will result in immediate dismissal from the team and return home at my expense.
3. Travel to impoverished areas can present unexpected circumstances, despite great efforts to be fully prepared. Be patient and supportive while we work through any presenting issues.
4. Make sure you have a buddy or someone who knows where you are always. You should never leave the group or wander off alone at any time while on the mission trip.
5. Please remember that we are guests working at the invitation of our hosts. Refrain from criticizing, complaining, or making any comments related to personal preferences, food, accommodations, etc. Always demonstrate respect for the region's culture, religious preferences, and political views. Act with sensitivity, tolerance, respect, and impartiality toward others.
6. Demonstrate a flexible attitude and a willingness to work as a team, placing your own personal wants aside to be a valuable team member and a servant to those in need in our host country. Offer to help others and be willing to ask for help whenever needed. Also, the ER ABROAD staff is there to help support you and others whenever possible; simply ask for help.
7. As a team, we stay together, including leaving in the mornings at the same time and working and supporting one another throughout the day and the night, if needed. Some unique situations may arise and will be communicated accordingly. Be mindful to ask others who may need help, a break, a meal, a hug, or a prayer.
8. We travel with both medical and non-medical volunteers, all of whom fulfill an important and vital role to the overall team and the mission experience.
9. Provide care and use reason in caring for all medical supplies and equipment.
10. If you have any questions or concerns, please discuss them directly with an ER ABROAD staff member as soon as possible. He or she will then determine the best way in which to address the issue. Please refrain from discussing with others while the issue is being resolved. We are there to support the team and facilitate a positive experience.



11. Abstain from the use of tobacco, tobacco products, drugs, excessive alcohol intake, and from using inappropriate, derogatory, or foul language.
12. Take time to appreciate the blessings of being on such an extraordinary trip with exemplary professionals with a heart for mission work. This is such a rare opportunity that is truly transformative in countless, deeply meaningful ways. Seeds are planted, hope grows, and love endures. You will not return the same as when you first started the journey.
13. Once you return from the trip, share your experience with others.

I have read and understand the ER ABROAD Mission Trip Code of Conduct Agreement and I agree to conduct myself in a like manner. I understand that by not following this code of conduct I may be denied the opportunity to serve on a mission trip or, in extreme cases, I understand that I could be sent home from a mission trip at the discretion of the ER ABROAD Trip Leaders at my expense.

*"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations that my application may be rejected, and active volunteer status may be terminated at any time. In consideration of my application, I agree to adhere to the policies and regulations of ER Abroad".*

If you are completing this application by electronically, typing of your name will be considered equivalent of electronic signature.

Required Down Payment:	\$500.00	
(SIUE Students & Staff Instructors please follow your institution's instructions for payments)		
Required Documents:	Copy of Passport Photo & Signature page	
Required Documents:	Copy of Medical License(s)	
Required Documents:	Copy of Vaccinations and/or MD letter	

Required Signature:

Print Name:

Signature:

Date

Once completed, please save the document as.

**LAST NAME FIRST NAME ER ABROAD APPL 2023**

and then email this application and all other required documents to [Applications@erabroad.org](mailto:Applications@erabroad.org).