



We are excited that you are answering the call to be a part of a Project 82 Mission Trip to Kenya! We know that blessings will be poured out on you, your team, and those you meet and serve in Kenya.

The purpose of the Project 82 mission experience is to provide an opportunity for the body of Christ to demonstrate the awesome and perfect love of God to the orphans and communities where we serve. The following standards and policies exist in efforts to create an environment that honors Christ, and encourages people in their relationship with Him, while also being culturally sensitive.

Please review and complete these forms, which need to be signed, notarized, and the original returned to our office. If you need assistance or have any questions, please contact us at 770-977-7114 or project82@project82kenya.com.

Requirements for Team Members Traveling to Kenya with Project 82 Kenya:

All team members must complete and submit page 2 through 6 of this application to Project 82.

All team members will be covered by a travel insurance plan. PROJECT 82 will purchase the policies for the team and include it in the trip cost for each team member.

All team members must be registered with the U.S. Department of State as traveling to Kenya on the dates of the trip. <https://step.state.gov/step/> P82 Must be notified once team members register.

Individual team members must be at least 14 years of age in order to submit the required application form for consideration. Any application received for an individual that is under the age of 18, requires the signature of a parent or legal guardian and must also be accompanied by an adult of at least 21 years of age. Age exceptions may be submitted for consideration on an individual basis.

Individuals must have a valid passport that has at least 6 months prior to expiration from the date of return travel.

Project 82 requires that a satisfactory background check to be completed by each team member.

All team members must be approved by actionable vote of the PROJECT 82 Board of Directors accordingly to the by-laws of the corporation.

All in-country logistics including transportation, lodging, meals and water will be facilitated and managed by PROJECT 82.

Once this form is completed and notarized, please return it to the PROJECT 82 office along with a copy of your passport and your deposit. This must be done at least 90 days prior to departure. PROJECT 82 KENYA P.O. Box 680003 Marietta, GA 30068

YOUR TRIP DATES: _____

YOUR TEAM LEADER: _____

MISSION TEAM MEMBER PROFILE AND RELEASE OF CLAIM

Country/Trip _____ Departure Date ___ / ___ / ___

Team Leader Name _____ Return Date ___ / ___ / ___

Team Member Name _____ Nickname _____

First Middle Last

Address _____

_____ Home Phone _____

City State Zip

E-mail _____ Cell Phone _____

Occupation _____ Sex _____

Passport # _____ Passport Expiration Date ___ / ___ / ___

Nationality _____ Date of Birth ___ / ___ / ___

Where Passport Issued _____

PROJECT 82 recommends the following guidelines for all team members. Volunteers in mission are not tourists; they go at the invitation of the host country as their guest. It is extremely important to be willing to adjust to the expectations of the host ministry. Therefore, in consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

Mission Experience Covenant and Release

- ❖ I agree to share my faith in an appropriate Christian manner.
- ❖ I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging and transport and to stay with the team from beginning to end.
- ❖ I agree that dress and jewelry should be modest at all times.
- ❖ I agree to abstain from offensive habits while on the mission. I will abstain from alcohol and tobacco use. (The use of alcohol and tobacco is unacceptable for Christians in many countries.)
- ❖ Further, I hereby release and discharge PROJECT 82, which assisted in these arrangements, their staff/employees, officers, and their successors or assigns for all personal injuries to loss or damaged property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.
- ❖ I acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, in addition to those risks which I normally face in my personal and/or business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; travel; inadequate medical facilities, etc.

The validity, construction and interpretation of this MEMBER PROFILE AND RELEASE OF CLAIM form shall be governed by and construed in accordance with the domestic laws of the state of Georgia.

Signature of Participant _____ Date ____ / ____ / ____

MEDICAL & EMERGENCY INFORMATION

Country: _____

Name: _____ Dates of Trip: _____

1) Have you had any major illness during the past year? Yes No

2) Do you take medications regularly? Yes No

3) Do you have any allergies? Yes No

4) When was your last tetanus shot? _____

There may be additional vaccinations recommended, please check with CDC three to six months prior to travel date.

5) Have you been treated or hospitalized for a mental or emotional condition in the last 5 years? Yes No

6) Do you have any physical limitations/disabilities? Yes No

*IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE - PLEASE EXPLAIN.

7) What is your blood type (if known) _____

8) Who should be contacted in case of emergency? _____

Relationship _____

Phone _____ Cell Phone _____

Email _____

Signature: _____ Date ____ / ____ / ____

MEDICAL INFORMATION & RELEASE

I, _____ authorize _____
(participant) (another adult on trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy Number _____

Allergies

Medications

Please indicate if you have physical disabilities and health problems/specific special needs regarding sleeping accommodations, meals, etc.

Sign this page in the presence of Notary Public:

Signature: _____ Date ____/____/____

Notarization of Medical Information & Release Form:

State of _____ **County of** _____

On this ____ day of _____, _____, before me personally appeared _____ to me known the same person described above and who executed the within instrument in my presence, and who acknowledged the same to be their free act and deed.

Notary Public State of _____

Date County of _____

My Commission Expires: _____

TALENT RELEASE FORM

I, _____, hereby permit PROJECT 82 and its ministry partners to use any audio, video, written, or pictorial footage of myself taken while I am a mission team member for future promotion of PROJECT 82.

I understand that PROJECT 82 will not use any of this footage for any purposes or organizations outside PROJECT 82 nor will they sell or release this material to any outside party.

Name of Participant: _____

Date(s) of Trip: _____

Participant's Signature: _____ Date: ____/____/____

MISSION TRIP PARENTAL CONSENT FORM

Country _____ **Trip Dates** _____ **Team Leader** _____

I, _____, consent to allowing my minor child to travel out of the United States on a Project 82 mission trip on the dates and destination indicated

Name of child: _____

Consenting Parent or Guardian: _____

Relationship: _____

Telephone Number: _____

Destination: _____

Dates of Trip: _____

Signature (Notarized): _____ Date _____

Notarization of Parent Consent Form

State of _____ County _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ **County** _____

State of _____ **Commission Expires** _____

*“Defend the cause of the weak and fatherless;
maintain the rights of the poor and oppressed.” Psalm 82:3*