



American Baptist Churches of New York State

## 2019 Mission Trip to Niagara Falls working with Community Mission of the Niagara Frontier



Two trips in Year Number Two!  
July 25 to 28 & October 10 to 13 (new date)

We will arrive the afternoon of Thursday and depart at noon on Sunday. We can accommodate a briefer stay if necessary.

### **Part 1: The Cost:**

Cost for the full trip is \$250.00 This covers lodging, 3 breakfasts, 3 lunches and 3 dinners. It also covers some project/material costs as well. If a person is present for less than the full time, their cost will be reduced proportionally. **Please Make All Checks Payable to ABC/NYS and on the memo line indicate "NF Trip 2019-Participant."**

### **Part 2: Transportation:**

Each person will be responsible for their own transportation and the cost thereof. We will seek to arrange carpooling.

### **Part 3: Personal Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Construction Skills: \_\_\_\_\_ Association: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

**I am Applying the July 25-28 trip \_\_\_\_\_ or the October 10-13 trip \_\_\_\_\_.**

(Please check one.)

**I Would be Willing to Lead Devotions with the Group:** \_\_\_\_\_ Yes \_\_\_\_\_ No

(Leading Devotions is Voluntary.)

**Why Have You Decided to Participate in This Mission Trip?**

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**Please Briefly Describe Your Spiritual Journey?**

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**How do you Plan to Share this Experience with Family and Friends?**

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**Part 4: Logistics:**

Option 1: I will arrive on Thursday afternoon and and stay until Sunday noon: \_\_\_\_\_  
*or*

Option 2: I will arrive on \_\_\_\_\_ at this time \_\_\_\_\_.

I will depart on \_\_\_\_\_ at this time \_\_\_\_\_.

I can drive and transport \_\_\_\_\_ other people with me. (Remember, they will have luggage.)

I cannot drive and will need to carpool. \_\_\_\_\_ (Please check)

**Part 5: Emergency Contact Information:**

Family Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

List any Health Issues or Special Needs Regarding Meals, Transportation, Housing, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Any Allergies: \_\_\_\_\_

\_\_\_\_\_

List Any Food Allergies or Concerns: \_\_\_\_\_

\_\_\_\_\_

List All Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does Your Medication Need Refrigeration?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Carrier's Telephone: \_\_\_\_\_

(Make Sure Your Policy Covers You Overseas)

Emergency Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

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**Please Return to: ABC/NYS, 3218 James St, Syracuse NY or  
office@abc-nys.org**

**Part 6: Volunteer Request and Release:**

I hereby request permission to assist, as a volunteer worker, in the charitable and religious work of the American Baptist Churches of New York State (ABC/NYS), a non-profit organization. I understand that in rendering such volunteer assistance in the work I shall under no circumstances be deemed an employee for any purpose.

In consideration of the grant by ABC/NYS, of the permission I hereby request, I agree that I shall perform such volunteer work at my own risk.

I, for and in consideration of being permitted to participate in the mission of ABC/NYS as a volunteer, and other valuable consideration received from ABC/NYS, the receipt of which I hereby acknowledge, hereby waive, release, and forever discharge ABC/NYS, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, agreements, promises, claims and demands whatsoever, which I have, or which my personal representative, successor, heir or assign, can or may have, against said ABC/NYS, by reason of or related in any way to my participation in the mission sponsored by ABC/NYS.

I agree to indemnify ABC/NYS from all liabilities arising in favor of third parties resulting from my conduct while serving as a volunteer on a mission, preparing for a mission, or traveling to or from the location of a mission.

I also waive any right to assert any claim against ABC/NYS or its agents with respect to work performed or any injury, illness or loss which I or any minor child or other person who is dependent on me may sustain in the course of, or which arises out of, such volunteer work or such accompaniment. I waive any such claim both for myself and for any such minor child or other dependent person.

I agree to be liable for any expenses that exceed the original cost, including but not limited to early return expenses, uninsured medical expenses and emergency evacuation.

I have reviewed and signed the ABC/NYS's International Volunteer Health Risks and Responsibilities and the Volunteer Request and Release forms. I have read these documents thoroughly and agree to all their terms. I have had an opportunity to consult with an attorney before signing them.

I have read, understood, and agree to abide by all the statements on this application and have provided truthful accurate information in response to the questions, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian

**Please Return to: ABC/NYS, 3218 James Street, Syracuse NY 13206 or  
office@abc-nys.org**

**Part 7: Travel Authorization** (Required if Under the Age of 21)

We/I (Parent/Legal Guardian's Name) \_\_\_\_\_

of (Address) \_\_\_\_\_

are parents/legal guardians of (Name of Minor) \_\_\_\_\_, a minor

child, who resides with us at the address set forth above. We/I hereby authorize the minor to

travel in New York State July 25 – 28 or October 17 – 20, 2019 , with the American Baptist

Churches of New York State.

Parent/Gardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Gardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: In the case of two parent families (including the situation where the parents are divorced and share legal custody) or joint legal guardians, BOTH parents or legal guardians must sign this form and have it notarized. In the case of single parent families and a single legal guardian, the sole parent/legal guardian may sign.

**Notary:**

State of \_\_\_\_\_ Parish/County of \_\_\_\_\_

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.

In Testimony Whereof, I have hereunto subscribed my name and affixed my official seal on the day and year above written.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Please Return to: ABC/NYS, 3218 James Street, Syracuse NY 13206 or office@abc-nys.org**