



American Baptist Churches of New York State
Mission Partnership with Tuscarora Indian Mission
July 24 to 30, 2022

We will arrive Sunday evening and depart by noon on Saturday.
If necessary, we may be able to accommodate a briefer stay.

Part 1: Cost

Cost for the full trip is \$395.00. This covers lodging and most meals. The following meals are not included: (1) Breakfast in the school cafeteria costing \$3.00 to \$7.00 per day and (2) One evening meal at an affordable restaurant. The fee also covers some project/material costs. **Make all checks payable to ABCNYS, and on the memo line indicate "Tuscarora Trip 2022".**

Part 2: Housing

We will stay in the dormitory at Niagara County Community College (double occupancy).

Part 2: Transportation

Each person will be responsible for their own transportation, including the cost. We can 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: _____

Special Skills (if any): _____ Association: _____

Church Name: _____ Phone: _____

Church Address: _____

I will be arriving on: _____
(Please check one.)

I will be departing on: _____

I am willing to lead devotions with the group: _____ Yes _____ No
(Leading devotions is voluntary.)

Why have you decided to participate in this mission trip?

Please briefly describe your spiritual journey.

How do you plan to share this experience with family and friends?

Part 4: Logistics

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: _____

**Please Return to: ABC/NYS, 3218 James Street, Syracuse NY 13206 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 American Baptist Churches of New York State (ABCNYS), 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 ABCNYS, 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 ABCNYS as a volunteer, and other valuable consideration received from ABCNYS, the receipt of which I hereby acknowledge, hereby waive, release, and forever discharge ABCNYS 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 ABCNYS, by reason of or related in any way to my participation in the mission sponsored by ABCNYS.

I agree to indemnify ABCNYS 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 ABCNYS 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 read the Volunteer Request and Release form and agree to all its terms. I have had an opportunity to consult with an attorney before signing it.

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 & Participant Authorization (Required if under the age of 18)

Travel Authorization: (Required if under the age of 18)

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 24 through 30, 2022, with American Baptist Churches of New York State.

Participation Authorization (Required if under the age of 18)

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 participate in

the Turscarora Mission Partnership July 24 through 30, 2022.

They will be accompanied by, in the care of, and under the supervision of _____

_____, an adult whom we know and to whom we are entrusting our minor child.

Supervising adult named above Signature: _____

Date: _____

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 will sign the Travel and Pariticpant Authorization form.

Travel & Participant Authorization

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: _____

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