

PENINSULA COMMUNITY CHURCH
P.E.A.C.E. Trip
Bombo Medical Mission 2010

TEAM DOCTOR APPLICATION

Trip Description:

In August 2010, we will conduct our third medical outreach clinic at the Bombo Pentecostal Church in Bombo, Uganda. The clinic will be open Monday – Friday, August 23-27. A team meeting will be held in Kampala on Saturday, August 21, to prepare for the clinic. It is possible that patients will be seen on Sunday afternoon. An optional safari experience is available following the medical clinic, which is highly recommended for debriefing the previous weeks' experiences. Travel takes two days at least on each end of the trip. In everything we do, we want to be willing and open servants of Jesus Christ.

What's the Purpose?

The purpose of this P.E.A.C.E. trip is to meet the medical and dental needs of the people of Bombo, Uganda, while sharing with them the love of Jesus Christ. We want to support Bombo Pentecostal Church in sharing the Good News of Jesus with any who attend the clinic.

Thank you for your interest in being a Team Doctor on the Bombo Medical Team. God is going to do some really exciting things in and through us as we allow Him to use us to minister to the people of Uganda. This trip is designed to be an intense short-term mission project in which you can go and learn about what God is doing and can do through you and others. Then you can come home and use those things that you have experienced in our own community.

The following application is designed for you to evaluate your interest in serving God this summer in Uganda. It is also designed for us to get to know you a little better, to hear your heart and hear what God has been doing in your life. Please take the time to prayerfully complete and return this application to us as soon as possible.

This P.E.A.C.E. trip must be taken on with a "missionary" heart, the heart of a servant. That means that the expectation is for all participants to raise their own support. For a Peninsula member/regular attender, if support is to be raised, that support must be coordinated through the Peninsula Mission Support Team and all requests for support from within the Peninsula "community of activities" must to be done with the clear understanding that it is over and above other giving to Peninsula.

GENERAL INFORMATION

Full Name (as appears on Passport) _____

Date of Birth _____

Address _____

Phone _____

Email _____

Passport Number _____

Passport Issue Date _____ Passport Expiration Date _____

Passport Place of Issue _____

Emergency Contact (not traveling on the mission)

Name _____

Relationship _____

Phone _____

_____ I will be arranging my own transportation.
Yes No

_____ I plan on attending the two-night safari (\$600) after the medical clinic.
Yes No

_____ Please arrange my airline flights.

I would like to depart on _____ and return by _____

Medical/Dental Certifications/Background:

NOTE: Doctors are **required** to obtain a Uganda medical license (a complicated process) which needs to be handle through Dr. Dapo Popoola as soon as possible.

P.E.A.C.E. Team Agreement

When we enter a culture other than our own, many of the rules and assumptions we rely on change. In order to maintain our safety and maximize our effectiveness, I agree to:

1. Refrain from anything that could reflect negatively on the team. This includes such things as abstaining from the consumption of alcoholic beverages, the use of tobacco, gambling of any form, and the use of illegal drugs or abuse of prescription drugs or medications while on this trip.
2. Respect my team leader and his/her decisions.
3. Be encouraging and supportive. I'll commit to dealing with conflict, and approaching difficult situations with truth and grace. I'll refrain from gossip and complaining and I'll maintain a servant attitude toward all nationals and my teammates.
4. Follow security procedures discussed, including staying with the group, communicating my whereabouts with my team leader, and being responsible for my own personal property.
5. Acknowledge that Christianity has many faces and respect my host's view of Christianity even when it differs from my own. **I will spend the majority of my time listening and learning** while recognizing that the knowledge, insights and instructions of the missionaries and local church far outweigh my newly formed impressions and opinions.
6. Be on my best behavior as a guest. If my hosts or his culture is offended by things such as bare arms, hats / caps or piercings, tattoos I will remove or cover the offense.
7. Refrain from political comments or discussions concerning our host countries' government.
8. Interact with all members on the team. If my sweetheart or spouse is on the team, we will make every effort to interact with all members of the team, not just one another. As a single, if I'm attracted to a teammate I will wait to pursue an exclusive relationship until after we return home.
9. Refrain from any activity that could be construed as romantic interest toward a national. I realize certain activities that seem innocuous in my own culture may seem inappropriate in others.

Signed _____ Date _____

Printed Name _____

Peninsula Community Church LIABILITY RELEASE AGREEMENT

The undersigned has volunteered (been called by God) to participate in a short-term international mission trip as a member of or guest of Peninsula Community Church.

Peninsula Community Church and the undersigned agree that an international mission trip poses risks including, but not limited to, the following: sickness, crime, political instability, governmental opposition to missions activities, aggression from indigenous people and those risks associated with international travel.

In consideration of Peninsula Community Church assisting the participant on the International Mission Trip, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue Peninsula Community Church] and its affiliates, subsidiaries, divisions, members, directors, officers, employees, agents and team leaders (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, (whether caused by the negligence of Releasees or otherwise) while the undersigned is participating in the International Mission Trip.

The undersigned is fully aware of the risks and other hazards inherent in the International Mission Trip, and voluntarily assumes the risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the International Mission Trip.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the International Mission Trip, whether for injury or illness, and whether required as a result of the undersigned's participation in the International Mission Trip or not. The undersigned acknowledges Releasees are under no obligation to, and do not, provide medical insurance for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

(Date)

(Signature of Participant)

(Please Print Name of Applicant)

WITNESS

(Date)

(Signature of Witness)

(Please Print Name of Witness)

Peninsula Community Church MEDICAL AUTHORIZATION

I, (print name) _____ the undersigned,
of (address) _____

hereby agree as follows:

In the event of any accident, sudden illness, or medical emergency involving myself in connection with the below names event, I hereby authorize the following (names of team members):

To consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates:

_____, 20____, through and including _____, 20____.

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to my medical history:

Allergies: _____

Medical conditions: _____

Physical impairments: _____

Medication being taken: _____

Other pertinent facts: _____

Blood Type: _____ (if known)

Executed this _____ day of _____, 20____.

Signature _____