

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

## **RETURNING TEAM MEMBER APPLICATION**

### Trip Description:

Welcome back! Ready to go back to Uganda? If you have been on any of our P.E.A.C.E. trip you do not need to complete a full application. Instead, you will find here an abbreviated form which will help the team leader make plans for your inclusion on the team.

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.

### Requirements:

1. Complete the application and return no later than April 15.
2. Must have made a decision to accept Christ as personal Savior.
3. Must regularly attend a Church.
4. Must attend all training sessions prior to trip.

Thank you for your interest in being a member of 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.

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 \_\_\_\_\_

\_\_\_\_\_  Yes  No I will be arranging my own transportation.

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

\_\_\_\_\_ 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.

# 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 \_\_\_\_\_