



### Mission Guidelines For Short Term Missions Trip

I realize that the following elements are crucial to the effectiveness, quality, and safety of our short-term mission's trip. As a member of the group, I agree to:

1. Remember that I am a guest working at the invitation of the local pastor or missionary.
2. Remember that I have come to serve. I may run across procedures that I think are inefficient or attitudes that I find closed-minded. I will resist the temptation to inform our hosts about how I would do things. I will be open to learning people's methods and ideas.
3. Respect the host's view of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a new setting.
4. Develop and maintain a servant's attitude toward all nationals and my teammates.
5. Respect my team leader(s) and his or her decisions.
6. Will not leave my assigned area of ministry or separate myself from my assigned group without first obtaining permission from the team or group leader(s) assigned to me.
7. Refrain from gossip. I may be surprised at how much each person will blossom when freed from the concern that others may be passing judgment.
8. Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable, and flexibility is key.
9. Respect the work that is going on in the country with particular church(s) or person(s) with whom we are working. I realize that our team is here for a short while, but that the local church is here long term. I will respect their knowledge, insights and instructions.
10. Refrain from negative political comments or hostile discussions concerning our host country's politics.
11. Remember not to be exclusive in my relationships. If my significant other, fiancée or spouse is on the trip, we will make every effort to interact with all members of the team, and not just one another.
12. Refrain from any activity that could be construed as a romantic interest toward a national. I realize certain activities that seem innocent in my own culture may seem inappropriate in others.
13. Abstain from the consumption of alcoholic beverages, the use of tobacco, drugs, and smoking while on the trip.
14. Refrain from distributing money to nationals. There are many needs that you will see while serving. Bring these needs to your group leader; they are equipped to help determine the best course of action.

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Signature of Applicant

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Date Signed

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Printed Name of Applicant



For Adult Vision Nicaragua Team Members  
Application for Short-Term Mission's Trip

We are thrilled to be your partner in missions! Before you return the application to your Team Coordinator, fill it out thoroughly. Pay attention to these five important items listed below:

- Necessary Passport Information
- Your Signature on the Missions Guideline
- Medical Form
- Declaration of Witness
- Liability and Waiver Release Form

Turn in completed form to team leader or send to: Vision Nicaragua, PO Box 2172 Fairview NC 28730  
You may also email it to: [lauren.parham@gmail.com](mailto:lauren.parham@gmail.com)

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
As appears on Passport

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TRIP INFORMATION**

Church or Agency Hosting Trip: \_\_\_\_\_

Team Leader(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**TRAVEL INFORMATION**

Passport Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Attach copy of passport to application)

Date of Issuance: \_\_\_\_\_

**EMERGENCY INFORMATION**

*Primary Contact Name(s):* \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Contact Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Contact Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**DECLARATION OF WITNESS**

I certify that \_\_\_\_\_, the applicant acknowledged in my presence that he/she has read, fully understood the meaning of and agreed with all terms and provisions of, the foregoing agreement and release. I certify that he/she has signed this in my presence.

Printed name of Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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**GETTING TO KNOW YOU**

Briefly describe how you hope to grow during this trip:

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Are there any questions or concerns that you have as you prepare for your trip?

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How can the Vision Nicaragua Staff be praying for you in regards to your trip?

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Is there any other information that we need to be aware of that was not listed?

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Liability and Wavier Release Form

Congratulations on answering God’s call to missions. We are so excited that you have chosen to serve with Vision Nicaragua. In response to following the Lord’s leading in joining a short-term missions trip with Vision Nicaragua we will make every effort to ensure that the environment in which you will be working is safe and secure. However, in the event of an unforeseen circumstance please read and sign the following.

I acknowledge that participation in the above trip involves potential risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

I hereby release Vision Nicaragua, its partners and/or agents, their staff, directors, officers, and assigns from all claims and liabilities of any kind, which may arise from or may be connected in any way with my participation on this trip.

I agree to allow the team leadership to release personal information about me to the US State Department or other agencies if they believe that it would be in my best interest.

I understand that conditions in some of the places to which I may travel are not of the same standard as the conditions to which I am accustomed. I realize that there may be certain health risks as well as other risks to personnel and property as I enter into participation in this trip.

If, in the opinion of Vision Nicaragua representatives, my conduct during the duration of the mission trip jeopardizes the safety or success of the activities or the mission team, my services in connection with the activities may be terminated by Vision Nicaragua, and I may be required to return home before completion of the activities at my own expense.

I hereby certify with my signature that I have read the Liability and Waiver Release, and agree to all statements herein contained.

Applicant’s Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

Parent/Guardian Signature  
(If under the age of 18) \_\_\_\_\_ Date \_\_/\_\_/\_\_