



Application India Discipleship Summer Mission

Name _____ Date _____
Address _____
City, State _____
Phone _____ E-mail _____
Birthdate _____ Married/Single _____
Country of Citizenship _____ Do you have a passport? _____
Passport # _____
Place of Issue _____
Date of Issue _____ Expiration Date _____
Occupation _____
Place of Employment/School _____

Briefly describe how and when you trusted Christ as your Savior:

Briefly describe your heart for missions:

Church you attend _____
Church address _____
Pastor's name _____
How long have you been a member of this church _____
Have you been on a mission trip before _____

If yes, please list below:

Where	When	Length of Trip	Type of Ministry
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your personal strengths, skills, talents, or ministry gifts that you think God has equipped you to be a part of this mission:

If accepted on this mission are you willing to be a Philippians 2 example to the team and those we are going to serve?

"If you have any encouragement from being united with Christ, if any comfort from his love, if any fellowship with the Spirit, if any tenderness and compassion, then make my joy complete by being like-minded, having the same love, being one in spirit and purpose. Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interests of others. Your attitude should be the same as that of Christ Jesus:

Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness. And being found in appearance as a man, he humbled himself and became obedient to death – even death on a cross! Therefore God exalted him to the highest place and gave him the name that is above every name, that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father.

Therefore, my dear friends, as you have always obeyed – not only in my presence, but now much more in my absence – continue to work out your salvation with fear and trembling, for it is God who works in you to will and to act according to his good purpose.

Do everything without complaining or arguing, so that you may become blameless and pure, children of God, without fault in a crooked and depraved generation, in which you shine like stars in the universe as you hold out the word of life – in order that I may boast on the day of Christ that I did not run or labor for nothing. But, even if I am being poured out like a drink offering on the sacrifice and service coming from your faith, I am glad and rejoice with all of you. So you too should be glad and rejoice with me."

Yes, I have read these scripture verses and do agree to the terms:

Signature

Date

List two references:

Name _____

Name _____

Address _____

Address _____

City, State _____

City, State _____

Phone Number _____

Phone Number _____

Relationship to you _____

Relationship to you _____

Return completed application to: Little Flock Children's Homes, P.O. Box 18947, Oakland, CA 94619

Volunteer Indemnity and Release Agreement

Little Flock Children’s Homes (LFCH)

Project/Trip/Team Name:	CHENNAI, INDIA ORPHANAGE TEAM	Date of Activity:	
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The undersigned (*print full legal name*) _____, (hereinafter referred to as “the volunteer”), desires to volunteer in the aforementioned short-term program and ministry trip conducted by LFCH.

In consideration of the acceptance as a volunteer in this short-term program, the volunteer hereby agrees with LFCH on the following terms and conditions:

1. **Volunteer defined.** Although LFCH may defray certain expenses of the volunteer, it is agreed that the volunteer is acting strictly as a volunteer and shall receive no compensation for any services which the volunteer may perform under the short-term program. Although the volunteer must follow the directions and guidance of the program, the volunteer shall in no way be considered an employee or agent of LFCH.
2. **Inherent risks.** The volunteer enters into this agreement with the full awareness of the inherent risks incidental to domestic or international travel and the activities involved. The volunteer understands and acknowledges that the conditions in some of the places to be traveled/visited do not meet the same standards to which the volunteer is accustomed. The political environment may be unstable. It is possible to encounter people engaged in criminal activity, civil unrest, riots or war. The judicial systems and law enforcement may lack due process and safeguards normally enjoyed by U.S. citizens. There may be health risks and hazards associated with food, water, health care, and transportation, as well as other risks. The volunteer agrees to participate in this program being aware of such risks and expressly agrees to assume all such risks.
3. **Medical consent.** The volunteer agrees that the leader or any assistant leader of the program who may be present may consent to and authorize any medical diagnosis, treatment, prescription or hospitalization for the volunteer which such leader may deem to be in the best interests of the volunteer. The volunteer authorizes any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician, dentist, hospital, clinic or emergency service that may be deemed necessary should the volunteer experience any illness or accident while participating in the short-term program.
4. **Liability release.** The volunteer fully and finally releases and discharges LFCH its directors, trustees, officers, agents, representatives (including volunteers) and employees from all claims, suits, damages, costs (including attorney fees), and/or demands (including but not limited to all injuries or death to the person or injuries to the property of the volunteer) which the volunteer might otherwise now or later have or sustain, however arising, upon any theory of liability, related in any way or arising out of the short-term program; *provided, however*, that the foregoing release shall not apply to claims or damages arising out of the intentional and willful misconduct of Little Flock Children’s Homes employees that are acting within the scope of their employment. The foregoing release shall apply to all known, unknown and/or unanticipated actions, claims, damages and/or demands, including without limitation all known, unknown and/or unanticipated injuries, death and/or damages resulting in part or in whole from or during the volunteer’s participation in the short-term program from any cause whatsoever.
5. **Indemnification.** The volunteer agrees to save and hold harmless and to fully indemnify the LFCH Parties against all claims, suits, damages, costs (including attorney fees) and/or demands related to or arising out of (a) any of the matters as to which the LFCH Parties are herein above released; and (b) the acts or omissions of the volunteer. This indemnity shall apply to all known, unknown and/or unanticipated claims, suits, damages, costs and/or demands, including without limitation all known, unknown and/or unanticipated injuries, death and/or damages resulting in part or in whole from or during the volunteer’s participation in the short-term program from any cause whatsoever.

The volunteer agrees that he or she has fully read the above agreement, understands it and agrees to its terms and conditions. Please sign in the presence of two witnesses who are not family members and who are 18 years or older.

Volunteer Signature		Witness Signature	
Date		Witness Name (please print)	
Volunteer Name (please print)		Witness Phone Number	
Address			
City, State, Zip		Witness Signature	
Phone Number		Witness Name (please print)	
Email		Witness Phone Number	
Signature of Parent/Guardian (required if volunteer is 18 or younger)			
Name of Parent/Legal Guardian			

Medical Information and Release

I signify that I have medical insurance to cover any medical problems I may encounter and understand that Little Flock Children's Homes will have no responsibility for any accident or injury, including accident and injury as a result of my own negligence or the negligence of others, which may occur as a result of this volunteer engagement.

The name of my Insurance carrier is: _____

Insurance Contact Phone number: _____

Policy or Kaiser number: _____

Emergency Contact Information

Name		Relationship	
Address		Day Phone	
City, State, Zip		Evening Phone	
Email		Cell Phone	

Health Information

Date of birth: _____

Do you have any physical/medical conditions/challenges that may affect your own or your team's plans and goals for this trip? ___No ___Yes
If yes, please describe.

Are you presently taking any medications? ___No ___Yes If Yes, explain:

Do you have any known allergies? (food, medications) ___No ___Yes If Yes, explain:

My most recent tetanus shot was on: _____ (must be within 5 years).

Please explain any medical information that may be useful in an emergency situation.

Volunteer's signature: _____ Date: _____

Volunteer's printed name: _____

Return to Little Flock Children's Homes
P.O. Box 18995
Oakland Ca 94619