

Guidelines to Completing MercyWorks Application

Thank you for applying for a MercyWorks trip. In order for us to process your application, we must receive each of the following items:

1. **Application Form.** Please answer every question. If one does not apply to you, write N/A in the blank.
2. **One Recent Photo** (wallet size).
3. **Confidential Health Form.** A physician must sign this form. This form includes **Consent for Treatment/Liability Release** (each applicant must sign this; if the applicant is under 18 years of age, a parent or legal guardian must also sign) and **Legal Consent For Minors** for applicants under 18 years of age (a parent or legal guardian must sign this).
4. **Three Reference Forms.** Please fill out the top portion of each reference form. Give one to your pastor/minister or spiritual leader, one to a teacher or employer, and one to a mature Christian friend. Provide each person with a stamped envelope addressed to:
MercyWorks • P.O. Box 3000 • Garden Valley, TX 75771
5. **Outreach Agreement Form.**
6. **Photo/Testimony Release Form.**
7. **Registration Fee.** A non-refundable registration fee of \$40 for singles or \$50 for married couples must be sent with the application. Please makes checks payable to Youth With A Mission.

Note For Non-U.S. Residents

All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.



Please return form to

MercyWorks • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 509-5460 • fax (903) 882-3245 • mercyworks.org



**Please staple
wallet-size
photo here.**

MERCYWORKS APPLICATION

Starting date _____

SECTION A: Personal Information

(Please print or type) Please be sure to include the non-refundable registration fee.

Name _____ Phone () _____
Last First Middle
 Present Address _____
Street City State/Province Zip Country
 Email _____ Sex _____ Date of Birth _____

SECTION B: Emergency Contact

Name _____ Phone () _____
Last First
 Address _____
Street City State/Province Zip Country
 Relationship _____

SECTION C: Passport/Visa Information

Country of Citizenship _____
 Name as it appears on passport _____
 City and country where passport was issued _____ Passport # _____
 Passport Expiry Date _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only
 City and country where visa was issued _____ Visa Expiry Date _____

SECTION D: Additional Information

Why would you like to be part of a MercyWorks team? _____

 What are your expectations for participation? _____

 What personal goals do you have for this trip? _____

SECTION D cont'd

How did you find out about this opportunity? _____

What church do you attend? _____

How long have you attended? _____

Briefly describe your relationship with God _____

Have you ever been overseas before? Yes No If yes, where and for what purpose? _____

Have you ever served on a relief project before? Yes No

If yes, please state the location and describe your experience _____

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to YWAM Tyler. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____

MercyWorks' Mission Statement

Our mission is to provide physical and spiritual support to people in times of war, famine, or natural disaster and to assist with community development projects promoting long-term change.

MercyWorks' Vision Statement

Our vision is to exhibit Christ-like character while seeking to restore or maintain dignity in those who suffer while drawing them into an intimate relationship with Christ.



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CONFIDENTIAL HEALTH FORM

Name _____ Program applying for _____

In an emergency, contact _____ Phone () _____

Medical Insurance Co. _____

Insurance # _____ Medical Insurance Co. Phone () _____

PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE ANY OF THE FOLLOWING?

| | Yes | No | | Yes | No | | Yes | No |
|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Skin conditions | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | Stomach/duodenal ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye trouble | <input type="checkbox"/> | <input type="checkbox"/> | Asthma, hay fever | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear trouble | <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Intestinal troubles | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism/arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | Back problems | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/nervous disorders | <input type="checkbox"/> | <input type="checkbox"/> | Dislocation of joints | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones | <input type="checkbox"/> | <input type="checkbox"/> | Anemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Paralysis | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders | <input type="checkbox"/> | <input type="checkbox"/> | Venereal disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Insomnia | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia nervosa | <input type="checkbox"/> | <input type="checkbox"/> | Tumor/cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Bulimia | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| Penicillin | <input type="checkbox"/> | <input type="checkbox"/> | Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Irregular periods | <input type="checkbox"/> | <input type="checkbox"/> |
| Sulfonamides | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> | Severe cramps | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum | <input type="checkbox"/> | <input type="checkbox"/> | Hernia repair | <input type="checkbox"/> | <input type="checkbox"/> | Excessive flow | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Tonsillectomy | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Food (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Previous pregnancies | <input type="checkbox"/> | <input type="checkbox"/> |

Other/Explain _____

Are you now under doctor's care for any condition? Yes No (specify) _____

Are you taking any medication at this time? Yes No (specify) _____

Do you have any physical handicaps or health conditions which require special attention? Yes No (specify) _____

Do you have a history of receiving counseling or psychiatric treatment? Yes No (specify) _____

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: Excellent Good Fair Poor

FAMILY HISTORY

Have any of your relatives ever had any of the following?

| Yes | No | | Relationship | Yes | No | | Relationship |
|--------------------------|--------------------------|----------------|--------------|--------------------------|--------------------------|-----------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Stomach problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Asthma, hay fever | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions, epilepsy | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Cancer | _____ |

Have you ever had any of the following COMMUNICABLE DISEASES?

| Yes | No | | Yes | No | |
|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox | <input type="checkbox"/> | <input type="checkbox"/> | Pertussis |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubella) | <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubeola) | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____ |

TO THE PHYSICIAN

Name of Applicant _____

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below, and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

| | Yes | No | Please describe |
|--------------------|--------------------------|--------------------------|-----------------|
| Ears, nose, throat | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Eyes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neurological | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cardiovascular | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Respiratory | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Would he/she be able to walk 3-4 miles per day? Yes No

Comments _____

PHYSICIAN RECOMMENDATION Acceptable Not acceptable Should remain in areas with adequate medical care

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LIABILITY RELEASE

I/we hereby release YOUTH WITH A MISSION, INC., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION, INC. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____ (Name of minor) to travel outside of the United States of America with YOUTH WITH A MISSION.

Signature of parent/guardian

Date

Revised 04/2008

CONFIDENTIAL REFERENCE

Revised 04/2008

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to: **MercyWorks • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant _____ Phone () _____
 Address _____ City _____ State _____ Zip _____ Country _____
 Program applying for _____ Starting date _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend
 Past YWAM leader Other _____

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

| | SUPERIOR | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | INFERIOR |
|-------------------------------|----------|---------------|---------|---------------|----------|
| Ability to receive correction | | | | | |
| Self-confidence | | | | | |
| Ability to make decisions | | | | | |
| Social poise | | | | | |
| Concern for others | | | | | |
| Ability to follow | | | | | |
| Leadership | | | | | |
| Willingness to serve | | | | | |
| Emotional stability | | | | | |
| Communication skills | | | | | |
| Health | | | | | |
| Personal hygiene | | | | | |

Comments _____

| | | | |
|--------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well-balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and growing Over-emotional Superficial
Comments _____

2. With reference to his/her Christian service, is he/she Dedicated Average Casual
Comments _____

3. Does he/she display high moral standards? Yes No Explain _____

4. What do you feel are the applicant's motives in applying to this program?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 Other (Specify) _____

5. Please comment on the applicant's family background. _____

6. What do you consider to be the applicant's strong points? (include special abilities) _____

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) _____

8. What could YWAM do to aid in the applicant's personal development? _____

9. (**Pastors only**) Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

10. Would you recommend the applicant for acceptance to this YWAM program?
 Yes With some reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____



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| Concern for others | | | | | |
| Ability to follow | | | | | |
| Leadership | | | | | |
| Willingness to serve | | | | | |
| Emotional stability | | | | | |
| Communication skills | | | | | |
| Health | | | | | |
| Personal hygiene | | | | | |

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 Desire to help others Escape an unpleasant home situation Travel
 Other (Specify) _____

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6. What do you consider to be the applicant's strong points? (include special abilities) _____

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8. What could YWAM do to aid in the applicant's personal development? _____

9. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

10. Would you recommend the applicant for acceptance to this YWAM program?
 Yes With some reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____



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O U T R E A C H

AGREEMENT

Revised 04/2008

Because my purpose in participating with MercyWorks/YWAM is to take the gospel to the nations by exhibiting Christ's compassion, I agree to submit to its leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that outreach destinations and dates are subject to change and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis, and/or ministry-related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses.

In case of accidental death, Youth With A Mission, Tyler, Texas cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

YWAM is registered with the Internal Revenue Service as a 501(c)3 non-profit organization. Donations made towards the participant's outreach fees **by a third party** are tax-deductible (and non-refundable). To receive a tax receipt, checks must be made payable to YWAM and NOT to a specific participant. The participant's name **MUST NOT** appear anywhere on the check; include his/her name on a separate piece of paper.

I understand that IRS regulations prohibit YWAM from refunding contributions received for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferable. Funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission, Tyler, Texas.

I understand that if I fail to abide by this agreement I will be asked to leave the field at my own expense.

My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

Signature of Participant

Date

Signature of Parent or Guardian
(for participants under 18)

Date

DISCLAIMER CONCERNING RELIEF OUTREACHES

Although it is our desire that you have a rewarding experience while on outreach, our foremost objective in a relief situation is to serve the people in a crisis. Relief situations are subject to quickly change. We ask that all participants be flexible in areas of lodging, eating, transportation, work etc. Also, due to the nature of many relief situations, although we seek to maintain safety, we cannot guarantee it.

Because of the sensitivity of the situation it is necessary for all team members to submit to the codes of the culture. We ask that you take responsibility for yourself, but also ask that you pursue group unity and submission to the MercyWorks leadership.

