

DOMINICAN REPUBLIC 2018 MISSIONS TRIP January 15-23, 2018



More Information and Applications are available on our website:

www.RealWomenRealLife.net

Estimated Cost: \$2,000.00

There is a \$100.00 deposit due at time of submitting application. Please refer to "Missions Trip Saving Challenge" for payment options.

Come be a part of a trip that will change your life!

Real
women.life.

Dear Applicant:

To register for the Dominican Republic 2018 Mission Trip, you need to go online first to start the registration process: <https://app.managedmissions.com/MissionApplication/Start/3532> and fill out the forms. This is all for One Child Matters office. When registering online with One Child Matters, remember the trip is called **RWRL Dominican 2018**.

In addition to the One Child process, be sure to fill out the online NNED mission trip forms as well. **Then snail mail both sets of the forms, (the One Child Matters & our District forms), to our office at NNED, 501 Riverside Street, Portland, ME 04103-1034.**

The following items should be included & accompany your forms:

- deposit of \$100 (non-refundable)
- completed medical form
- permission for medical treatment waiver
- picture (other than passport photo) that we will use in the directory for the team directory
- bio-person description about yourself
- explanation stating why you want to go on the trip
- passport date ordered _____
- 3 copies of passport
- 3 contacts in case of emergency (one must be pastor (include complete address and all phone numbers
- food baskets, \$40 from those on trip
- pastoral recommendation/reference (a letter must be sent to the district office directly from your pastor)

You will not be approved until we have received it all. Please check the box on the left upper side (in the purple square) that you are sending everything. This is necessary to be part of the team.

As a team member you are required to come to the orientation meeting at the Real Women Real Life Fall Retreat at the 2017 Fall Retreat. If you are a married couple, it is ok if only the wife comes to the mandatory orientation. Again, this meeting is not an option. We want to start being a team right from the very beginning of the process even before we arrive in the Dominican Republic. Thank you!

The following items must be enclosed with your application:

- Deposit \$100.00 (not refundable)
- Completed Medical Form
- Permission to Treat Waiver
- Picture - other than on passport
- Bio - personal description
- Why you want to go on the trip
- passport date ordered _____
- 3 copies of passport
- 3 contacts - one must be pastor (include complete address and all phone numbers)
- Food basket \$40.00 each how many do you want to pay for (baskets are only for those going on the trip): _____
- Have pastor send a recommendation to district

DOMINICAN REPUBLIC MISSIONS TRIP APPLICATION



January 15-23, 2018

Project DO-004 "Centro Eliezer": Eliezer Center

Project DO-027 "Jardin de vida CDC": Garden of Life Child Development Center

Application Deadline: September 30, 2017

Who may apply? Men/Women/children 14 & over accompanied by a parent. All information must be filled in for application to be accepted. Please Print Legibly

MANDATORY ATTENDANCE AT THE FALL RETREAT FOR ORIENTATION IS REQUIRED (NOTE: if couples are attending the husbands are not required to attend the fall retreat).

Name as it appears on your passport _____
(First) (Middle) (Last)

Name that you would like to be called _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Ph. _____ Work Ph. _____

Church Name _____ City/State _____

Birth Date ____/____/____ Marital Status _____

Email Address (must be legible) _____

Do you have a passport? Yes No Shirt Size (circle one): S M L XL 1X 2X 3X (group shirt)
Your passport must be valid up to 6 months past the travel date.

Frequent Flyer # for American Airlines _____ Jet Blue _____

Would you consider yourself in good health? Yes No If the answer is no, please explain: _____

If you have any handicaps, please explain what they are. _____

Do you have any health problems that would prevent you from eating the food served? (Please note we cannot provide special foods.) _____

Are you physically able to do manual labor for at least eight hours per day for five days? Yes No

Mission of Mercy Child's Name and Project # 004 or # 027: _____

Do you want to visit with your child at their home (if you've previously visited them and aren't interested in visiting this time)?
 Yes No

Spiritual Information: Please check which of the following you have personally experienced.

Conversion _____ Water Baptism _____ Infilling of the Holy Spirit _____

What is your involvement in your church? _____

Trip, Work and Ministry Information: Have you ever traveled outside the country before? Yes No

Do you speak another language? If so, what is it? _____

Do you speak it: fluently _____ a little _____

Please list below any previous missions trip that you have participated in and include the locations and dates .

Prior Trip Location	Date of Trip

Statement of Cooperation

By signing this application, I am stating that I have answered all of these questions honestly. I am also agreeing to exemplify both a cooperative and Christian attitude at all times. Even though I may not agree with the how's and why's of everything we will do, I will cooperate and present a team attitude. I agree to be on time with all trip payments, for all appointments during the trip, work with the team every day, attend all meal functions and present a cooperative spirit at all times. I am excited to be a part of this mission's trip and promise to pray that God will use this team to do a great work for Him in the **Dominican Republic**. **NOTE: A \$100.00 non-refundable deposit must accompany this completed application.** If for some reason you are not approved to be part of the group, you will receive a letter with a full refund of your deposit. If approved, you will receive a confirmation letter. Full payment will be required one month before the departure date.

_____ (Signature)

_____ (Date)

Payment Options: Mail to: NNED, RWRL Missions Trip, 501 Riverside Street, Portland, ME 04103, or visit our website: nedaog.org to make payments online, or Text give to 207-558-0218 and type amount "DR Missions Trip."

You may pay by check or by credit/debit card using the form below. If you would like to charge an amount monthly (if approved), write it in the monthly amount space. Please do not mail cash.

CREDIT CARD INFORMATION: Visa MasterCard Discover Card

One Time Deposit: \$ _____ or Monthly Amount: \$ _____ ZIP Code: _____

Card No.: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Phone: ____ - ____ - ____

Please Print Name (as it appears on card): _____

Signature: _____ Date: _____



hope. truth. life. love. mercy.

ONE CHILD MATTERS

formerly MISSION of MERCY

TRAVELER INFORMATION FORM

Northern New England District Women's Ministry Mission Trip to: Dominican Republic
January 15-23, 2018

WAYS TO RESPOND:

MAIL TO:

REAL Women REAL Life Director
Northern New England District
501 Riverside Street
Portland, ME 04103-1034

Before you complete this form, please know...

Passports

Each traveler will be required to have a US passport valid for at least 6 months after the dates of the trip. To find out how to apply for a passport or renew a passport go to http://travel.state.gov/passport/passport_1738.html

Travelers with disabilities

Laws for accommodating those with disabilities are vastly different than in the USA. One Child Matters cannot guarantee the level of physical demands for the trip or the assistance available to an individual. For that reason, we are unable to accommodate participants in wheelchairs or those unable to walk for extended periods of time.

Insurance Information

One Child Matters will purchase travel insurance on your behalf that will cover expenses in the event of a medical emergency. It is the responsibility of the traveler to understand coverage provided by a work-sponsored health plan and its benefits in travel situations.

Preparing for the trip

It is strongly recommended that you contact your physician to inquire about any pre-travel vaccinations he/she might suggest. It is the policy of One Child Matters to leave such decisions to the traveler and his/her chosen medical professional. You may also check the Center for Disease Control for information on country requirements (www.cdc.gov).

This form is required for traveling with:
One Child Matters & Northern New England District AG

(Please Print)
 Don't forget your birthdate; we need this to purchase travel insurance and airline tickets.

TRAVELER INFORMATION					
Traveler's last name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Preferred name
Street address			Home phone () ()		Cell phone () ()
City	State	Zip Code	Birth date		Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Full name on passport, if different		Passport Number	Expiration date	Issuing country	
Email		How did you hear about One Child Matters? <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Church/Event <input type="checkbox"/> Other			

EMERGENCY INFORMATION			
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone () ()	Work phone () ()
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone () ()	Work phone () ()
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone () ()	Work phone () ()
<input type="checkbox"/> Traveler can walk unassisted		<input type="checkbox"/> Traveler can lift light weights and perform light physical labor	

MEDIA WAIVER (Optional)
<input type="checkbox"/> I consent to One Child Matters and/or Northern New England District AG using photographs and video containing my likeness for future promotional material disbursed in the public domain.
<input type="checkbox"/> I wish One Child Matters and/or Northern New England District AG not use any picture or video containing my likeness.

SPONSOR VISITS		
During your visit we are happy to arrange a visit for you, your sponsored child, and their family. To arrange this visit, several criteria must be in place. <ul style="list-style-type: none"> Must be a current sponsor or visiting on behalf of a current sponsor. The sponsored child must attend the project to be visited or be within reasonable driving distance. Sponsors must be willing to reimburse OCM if expenses such as transportation or meals are required to make the visit possible. Sponsor's signature agreeing to abide by "Guidelines for Travelers/Sponsors While Visiting OCM funded projects" found in this application 		
Are you planning to visit a child at a One Child Matters project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO. (continue to next section)
Child Name	Child number (optional)	Project number

MEDICAL INFORMATION AND WAIVER
Current Health Conditions

Pre-existing medical conditions:

Do you have...

- | | |
|--|---|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Upset stomach |
| <input type="checkbox"/> Physical Handicap | |

Name & dosage of any medications that must be taken during the trip:

Date of Last Tetanus Shot:*

Do you wear contact lenses? Yes No

Any known allergies:

Allergies to medications:

Details of treatment for allergic reactions:

Activity restrictions:

Should you require medical attention, please note any information that the physician should be aware of prior to your treatment:

Yes No I understand and acknowledge that I am in good physical and mental health and am able to walk unassisted and lift a minimum of 20 pounds without assistance.

*It is strongly recommended that you contact your physician to inquire about any pre-travel vaccinations he/she might suggest. It is the policy of One Child Matters to leave such decisions to the traveler and his/her chosen medical professional. You may also check the Center for Disease Control for information on country requirements (www.cdc.gov).

HIPAA ACKNOWLEDGEMENT

For purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules, all health care providers shall treat my acting health care agent as my Personal Representative. As required by 45 CFR 164.524, I hereby expressly authorize any physician, hospital and any other person or organization to release and disclose to my agent any information any of them may have concerning any treatment, diagnosis, recommendation, or other facts which they may have concerning my physical condition and any health care, counsel, treatment or assistance provided to me. My Personal Representative may authorize disclosure of my protected health information to others. Health care providers covered by HIPAA include, but are not limited to, the physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, insurance company and health care clearing houses.

Initial Here: _____

AUTHORIZATION FOR MEDICAL TREATMENT

This health history is correct to the best of my knowledge and I am able to engage in all activities involved with this trip except as noted. I hereby give permission and authorize the licensed physician(s) selected by my Agent to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed by me.

I further authorize the physician(s) or licensed dentist(s) to associate any necessary medical providers at his/her discretion. I understand that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage my Agent and said physician(s) or dentist(s) to exercise their best judgment regarding the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, physician, ambulance, dental or medical expenses with exception of the Accident Coverage as set forth below. I further agree that in giving this permission, authorization and consent, One Child Matters and Bethesda Ministries, Inc. and/or Northern New England District Council of the Assembly of God, do not assume any responsibility or liability for the payment of such hospital, physician, ambulance, dental or other medical expenses which may be incurred.

By initialing this document, I hereby consent to medical treatment for all events hosted by Mission of Mercy in the next 365 days.

Initial Here: _____

ACCIDENT COVERAGE

Not currently insured.

I understand that my personal health insurance will provide primary coverage for any accident, incident or event that occurs while I am a trip participant and further understand that One Child Matters will provide an international travel health insurance policy which provides secondary coverage to my health insurance.

My Insurance Company: _____ Policy #: _____

Insurance Company Address and Phone#: _____

GUIDELINES FOR TRAVELERS/SPONSORS WHILE VISITING OCM PROJECTS

One Child Matters (OCM) welcomes and encourages sponsor visits to children while visiting in-country projects. Personal visits can be beneficial in establishing a personal bond with sponsor and child as well as creating greater awareness of personal attributes and differences in a cross-cultural setting. Because we value this special event and those involved, OCM reserves the right to set reasonable rules and guidelines for such visits.

OCM staff will make all arrangements for visits with children. A staff member should always be present during sponsor/visitor interactions with children.

OCM and its staff will make every effort to organize a visit between sponsor and child within reason. When this visit includes additional un-planned costs and logistical support from field personnel, the sponsor will be responsible for covering these associated costs.

Sponsors/visitors are not permitted to accept any accommodations offered by host country nationals unless authorized by the Team leader or OCM staff.

The sponsor/visitor should make every effort to understand and observe local cultural norms and customs when interacting with a child.

A sponsor/visitor is prohibited from personal contact information to a child or requesting personal contact information from the child. OCM is not responsible and will not mediate for any communication or contact after the sponsor's site visit.

Any gifts for the child or his/her family should be cleared with a staff member and be in accordance with OCM policy. Direct transfers of cash to the child, family, or project are not allowed.

All travelers will be given an opportunity to begin sponsorship before, during and after the trip. Those interested in sponsorship should contact their One Child Matters representative for further information. One Child Matters will provide the trip leader with the photos and information of children available for sponsorship from the project(s) to be visited. It is VERY IMPORTANT to understand that these are the ONLY children from which you can choose, should you decide to sponsor a child while on the trip.

By agreeing to this document, I agree to abide by the above guidelines for the next 365 days.

Initial Here: _____

ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT RISK AND RELEASE

I acknowledge and understand that there are inherent risks associated with One Child Matters/Northern New England District AG trips. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my participation with a One Child Matters/Northern New England District AG trip is a privilege and as consideration for this privilege, I release One Child Matters/Northern New England District AG including its employees, agents and trustees, from responsibility for my accidental physical injury, medical illness or death while participating with the trip(s) or during One Child Matters/Northern New England District AG sponsored travel to or from the trip. Furthermore, I hold One Child Matters and the Northern New England District AG harmless for any negligent act committed by its employees, agents or trustees while I am participating with a trip(s) and release It from any and all liability, claims, demands, actions or rights of action, which are related to or are in any way connected with my participation with the trip(s). This release is also intended to include all claims or actions or right to actions made by my family, estate, heirs, Agent/Personal Representative or assigns.

This form may be photocopied and utilized by my Agent for all such trips in which I participate.

Printed Name of Participant: _____

Signature of Participant: _____

Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this ___/___/___ by _____.

Notary Public

My Commission Expires

COVENANT NOT TO SUE

Please read statements below and sign

The undersigned understands and acknowledges hereby being invited to participate with One Child Matters/Bethesda Ministries, in certain travel activities connected with its business activities and child sponsorship. The undersigned has been informed of the risks that may result from such participation, including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident or disease. The undersigned nevertheless has voluntarily chosen to participate in and travel with One Child Matters/Bethesda Ministries.

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including, but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be personally required for travel with One Child Matters/Bethesda. The undersigned further acknowledges having had the opportunity to consult with legal counsel and with respect to rights and obligations under this Release and Covenant Not to Sue and the legal effect thereof.

Having been fully appraised of the risks, and in consideration of allowing the undersigned to travel with One Child Matters/Bethesda, the undersigned hereby releases and covenants not to sue One Child Matters/Bethesda employees, officers, directors, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with One Child Matters/Bethesda.

There is no reservation or agreement not clearly expressed herein. The undersigned has read this Release and Covenant Not to Sue and understands all of its terms. The undersigned executes it voluntarily, with full knowledge and intention to be legally bound. This Release and Covenant Not to Sue is made in and shall be governed by and construed according to the laws of the State of Colorado, United States of America.

By signing this document, I agree to abide by the above covenant for the next 365 days.

IN WITNESS WHEREOF, this Release for Covenant not to Sue is executed this		day of	the year
Name (please print)	Signature	Date	
Witness Name (please print)	Signature	Date	

SIGNATURE FOR APPLICATION

My signature indicates my affirmation that all information contained in this application is correct to the best of my knowledge. Furthermore, my signature indicates my unconditional commitment to abide by all statements contained in this application.

Full Name (please print)	Signature	Date
--------------------------	-----------	------

You're all done! Mail this form to
Real Women Real Life Director, Northern New England District
501 Riverside Street, Portland, ME 04103-1034.

**REAL WOMEN REAL LIFE - 2018 DOMINICAN REPUBLIC
MISSIONS TRIP SAVINGS CHALLENGE**



WEEK	Amount to Save	Your Amount	Your Balance	WEEK	Amount to Save	Your Amount	Your Balance
DEPOSIT		\$100	\$100	27	\$27		\$478
1	\$1		\$101	28	\$28		\$506
2	\$2		\$103	29	\$29		\$535
3	\$3		\$106	30	\$30		\$565
4	\$4		\$110	31	\$31		\$596
5	\$5		\$115	32	\$32		\$628
6	\$6		\$121	33	\$33		\$661
7	\$7		\$128	34	\$34		\$695
8	\$8		\$136	35	\$35		\$730
9	\$9		\$145	36	\$36		\$766
10	\$10		\$155	37	\$37		\$803
11	\$11		\$166	38	\$38		\$841
12	\$12		\$178	39	\$39		\$880
13	\$13		\$191	40	\$40		\$920
14	\$14		\$205	41	\$41		\$961
15	\$15		\$220	42	\$42		\$1,003
16	\$16		\$236	43	\$43		\$1,046
17	\$17		\$253	44	\$44		\$1,090
18	\$18		\$271	45	\$45		\$1,135
19	\$19		\$290	46	\$46		\$1,181
20	\$20		\$310	47	\$47		\$1,228
21	\$21		\$331	48	\$48		\$1,276
22	\$22		\$353	49	\$49		\$1,325
23	\$23		\$376	50	\$50		\$1,375
24	\$24		\$400	51	\$51		\$1,426
25	\$25		\$425	52	\$52		\$1,478
26	\$26		\$451				

***Note: Deposit of \$100 is non-refundable.
Please send in payments only once per month.**

REAL WOMEN REAL LIFE - 2018 DOMINICAN REPUBLIC**MISSIONS TRIP SAVINGS CHALLENGE****Continued****Start over with \$1 after 1 year**

WEEK	Amount to Save	Your Amount	Your Balance	WEEK	Amount to Save	Your Amount	Your Balance
1	\$1		\$1,479	19	\$19		\$1,668
2	\$2		\$1,481	20	\$20		\$1,688
3	\$3		\$1,484	21	\$21		\$1,709
4	\$4		\$1,488	22	\$22		\$1,731
5	\$5		\$1,493	23	\$23		\$1,754
6	\$6		\$1,499	24	\$24		\$1,778
7	\$7		\$1,506	25	\$25		\$1,803
8	\$8		\$1,514	26	\$26		\$1,829
9	\$9		\$1,523	27	\$27		\$1,856
10	\$10		\$1,533	28	\$28		\$1,884
11	\$11		\$1,544	29	\$29		\$1,913
12	\$12		\$1,556	30	\$30		\$1,943
13	\$13		\$1,569	31	\$31		\$1,974
14	\$14		\$1,583	32	\$26		\$2,000
15	\$15		\$1,598				
16	\$16		\$1,614				
17	\$17		\$1,631				
18	\$18		\$1,649				