



PANAMA MISSION FORMS

(Please complete this entire packet and have the
“Medical & Liability Release” & “Permission for a minor to travel”
pages notarized.)

INDIVIDUAL APPLICATION

(Please Print Clearly)

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () - _____ Work Phone: () - _____
Cell Phone: () - _____ Sex: M F Age: _____
Marital Status: _____ Email Address: _____

IN CASE OF EMERGENCY

Contact Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () - _____ Work Phone: () - _____
Cell Phone: () - _____

Are you a citizen of the United States? Y N Do you have a valid passport? Y N
Passport Number: _____ Expiration Date: _____
List any special skills you have: _____

Do you speak Spanish? Y N How fluent are you? _____
Do you have any foreign mission experience? Y N
If so, when and where? _____

With what organization(s)? _____
Are you a high school graduate? Y N Type of college degree? _____
How many years of college? _____ Graduate School: _____

Date of Last Physical Exam: _____ Blood Type: _____

Doctor's Name: _____

My Health Insurance Company is: _____

Policy Number: _____ Contact Person: _____

Phone Number: () - _____

General Health for the past two years: Excellent Good Fair Poor

Information about any prescriptions or medications being used: _____

I am ALLERGIC to: _____

Special dietary needs: _____

Do you have any history of the following? If yes, explain below.

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Cancer
<input type="checkbox"/> Surgery	<input type="checkbox"/> Malaria	<input type="checkbox"/> HIV
<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other

Explanation: _____

PERMISSION FOR A MINOR TO TRAVEL

(Please Print Clearly)

I hereby grant permission to _____, _____ years old,
(Name of Minor) (Age)

who is my _____ and who was born in _____,
(Son, Daughter, Ward, etc.) (City) (State)

_____ on _____ to make a tourist visit to Panama.
(Country) (Date)

_____ will be accompanied by _____
(Name of Minor) (Leader's Name)

Signature of Parent or Legal Guardian: _____ Date: _____

Notarization of Permission for a Minor to Travel Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to
me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the
free act and deed thereof.

Notary Public

County

State of _____

My Commission Expires: _____

MEDICAL & LIABILITY RELEASE

(Please Print Clearly)

Medical Section

If a medical emergency should arise regarding me/or my child, I, _____, hereby give permission to a qualified medical physician and/or hospital to provide the appropriate care and to administer any emergency medical treatment, which may be required for me/or, my child _____. I also hereby give such medical personnel and/or hospital my permission to any necessary examination, anesthesia, medical diagnosis, or treatment and/or hospital care to me/or my child.

I understand Abraham Project Panama and any representatives or missionaries cannot assume responsibility for medical expenses for me/or my child and I agree to bear such responsibility and pay any such expenses incurred with respect to such medical emergency.

Participant's Physician: _____ Phone #: (____) ____ - _____

Allergies and Medications: _____

Health Insurance Company: _____ Policy #: _____

Contact Person: _____ Phone #: (____) ____ - _____

Signature of Participant: _____ Date: _____

Signature of Parent of Minor: _____ Date: _____

Liability Section

The undersigned releases and agrees to hold harmless Abraham Project Panama and any representatives or missionaries from any claim/or liability, injury, death, damages, loss accidents, delay, or irregularity related to the undersigned individual's participation or involvement during the short-term mission trip.

This release covers all rights and causes of action of every kind, nature, and description which the undersigned ever had, now has, or but for this release, may have. This release shall be binding upon the undersigned, their spouse, their heirs, legal representatives, and assigns.

Signature of Participant: _____ Date: _____

Signature of Parent of Minor: _____ Date: _____

Notarization of Medical and Liability Release Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

_____ County

State of _____

My Commission Expires: _____

COVENANT

I realize the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As a participating team member at the Abraham Project Panama, I agree to abide by the following statements:

- √ Share the love of Jesus Christ in ways that make a Christian difference.
- √ Lift up Jesus Christ with my thoughts, words, and actions.
- √ Develop and maintain a servant's attitude toward the people I serve (Panamanians, local missionaries, short-term team members, interns).
- √ Pray for and support my leaders and their decisions.
- √ Seek out the positive in the Panamanian culture.
- √ Accept the ministry that is going on in the area where I am serving as well as the native approach to the mission, though it may differ from my personal approach.
- √ Refrain from posting photos of the Children (Daycare and Children's Homes) online – Facebook, Websites, Twitter, etc.
- √ Abstain from the use of alcohol, tobacco, illegal drugs, offensive clothing, and profanity from my departure until I return home.
- √ Refrain from negativity and complaints. Travel and ministry outside my church may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment while complaining and negativism will destroy the moment and offend others.
- √ Refrain from gossip. If it is not true, good, and positive, I will not say it.
- √ Remember the missionary is to learn and serve, not to teach and boss. I will resist the temptation to inform our hosts about how I normally do things.
- √ Remember that I am a servant of Jesus Christ called to be in ministry with the host church.
- √ Serve as best I can in whatever is asked of me so that both the purpose and the task of the mission will be accomplished.

I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the trip and mediation during the trip has failed to correct my behavior, Stephen Thomas or Kendra Thomas reserve the right to terminate my services in connection with this mission trip. I will be financially responsible for the extra costs to return home. I will not be reimbursed or refunded for any part of my trip.

I agree to abide by the statements listed on the Covenant Form.

Signature Date

I understand and agree that in the event that my child's conduct is considered so unsatisfactory that it jeopardizes the success of the trip and mediation during the trip has failed to correct my child's behavior, Stephen Thomas or Kendra Thomas. reserve the right to terminate my child's services in connection with this mission trip. I will be financially responsible for the extra costs to send my child home. I will not be reimbursed or refunded for any part of my child's trip.

Parent's Signature (for team members under 18 yrs old) Date