



Children's Emergency Relief International

### MISSION VOLUNTEER APPLICATION

**Name of Mission/Group** \_\_\_\_\_  
**Departure Date** \_\_\_\_\_ **Return** \_\_\_\_\_  
**Traveling to (country)** \_\_\_\_\_  
**Deposit included: Check#** \_\_\_\_\_ **Amt** \_\_\_\_\_  
*For office use only*

#### GENERAL INFORMATION

**Full Name (As it appears on passport):** \_\_\_\_\_  
*Last* *First* *Middle*

**Nick Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street (Apt #)* *City* *State* *ZIP*

**Mobile Phone:** \_\_\_\_\_ **Home or Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Place of Issue** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Emergency Contact (NOT on the trip): Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Beneficiary: Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Gender: Male** \_\_\_ **Female** \_\_\_ **Date of Birth** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

#### TRAVEL INFORMATION

**Mission Project Requested:** *Country* \_\_\_\_\_ *Dates* \_\_\_\_\_

**Health & Immunization Information (This is required for insurance coverage and emergency situations):**

**General Health:** *Currently on one or more prescription medications* \_\_\_ *No allergies* \_\_\_  
*No known chronic health issues* \_\_\_

*List all known chronic health issues, please describe:* \_\_\_\_\_

\_\_\_\_\_

*List any prescription medications currently taking:* \_\_\_\_\_

\_\_\_\_\_

*List any known allergies (include related/applicable medications):* \_\_\_\_\_

\_\_\_\_\_

*List any physical limitations:* \_\_\_\_\_

**Immunizations and Dates Received:**

DPT		Hepatits A		Polio (update)		Typhoid	
MMR		Hepatits B		Flu		Small Pox	
other							

*note: these are basic immunizations but check with CDC and your doctor for further recommendations depending on the region of the mission trip*

## TRAVEL INFORMATION (continued)

**Family Physician** (Please provide contact information in case of emergency):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Training** (Please list any professional training or certifications): \_\_\_\_\_

**Preferred departure city & airport:** \_\_\_\_\_

**Language Skills** (List language(s), other than English, and skill level):

\_\_\_\_\_

**Special Requirements** (Please describe any special requirements you may have): \_\_\_\_\_

## MINISTRY INFORMATION

Children's Emergency Relief International is a Christ-centered non-profit organization with the goal to deliver provisional and sustainable relief to victims of extreme poverty, particularly children and their families, in developing regions around the world.

Do you agree to join CERI in the goal stated above: I agree \_\_\_\_\_ I have my own goals \_\_\_\_\_

Do you agree to comply with the decisions of your team leader and CERI staff: I agree \_\_\_\_\_

Do you agree to be culturally sensitive and represent to best of Christianity (This may mean abstaining from certain habits, wearing appropriate clothing, and generally being above reproach): I agree \_\_\_\_\_

## NEXT STEPS

1. Mail completed application and non-refundable deposit (\$300) to:  
CERI Mission Trips  
1506 Bexar Crossing  
San Antonio, TX 78232
2. If you do not have a current passport or it will expire within the 6 months following the trip, then make immediate application for a new one (allow at least 60 days for this process)
3. Immediately consult your doctor about necessary immunizations (some vaccinations take several weeks to be effective and may require more than one dosage).
4. Begin praying for your experience and the impact it will have for the Kingdom.

**SECURITY CHECK AUTHORIZATION AND WELFARE & SAFETY ACKNOWLEDGEMENT**

**Because of CERI’s work with children and its association with BCFS, we require a criminal background check on all staff and volunteers through the Texas Department of Public Safety. All personal information collected by CERI is treated in accordance with privacy laws and guidance. Also, included below is a welfare and consent acknowledgement for parents or their guardians traveling with minors.**

Whereby I, (full name) \_\_\_\_\_ am about to travel with representatives of Children’s Emergency Relief International (CERI) of AND/OR BCFS for the period of \_\_\_\_\_, and whereas I am doing so entirely of my own initiative, risk and responsibility, therefore, in consideration of CERI accepting me as a constituent trip member and undertaking to arrange some or all matters of transportation, lodging and other travel details, and of permitting me to view CERI projects and geographical areas in need of assistance, I do hereby, for myself, my heirs, executors and assigns, release and forever discharge CERI/BCFS and any of its affiliates, or subsidiaries and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or any injury to me or my personal property, which may occur from any cause, including negligence of any type, during said trip. Therefore, neither CERI/BCFS nor its affiliates or subordinates, officers, agents, and employees shall be or become liable or responsible for any loss, injury, or damage to person, property, or otherwise in connection with any accommodations, transportation, or other services, resulting directly or indirectly from any acts of God, dangers, incident at sea, fire, breakdown in machinery or equipment, acts of government or other authorities (de jure or de facto), wars (whether declared or not), hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, changes in itinerary or schedules, or for any loss or damage resulting from insufficient or improperly issued passports, visas or other documents, or from delay, and that neither CERI/BCFS nor any of its affiliates or subsidiaries, officers, agents and employees shall be or become liable or responsible for any additional expenses or liability sustained or incurred by the volunteer member as a result of any of the foregoing causes.

Additionally, I acknowledge, if applicable, that the welfare and safety of any and all of my minor children traveling on this trip will be my sole responsibility and add my consent on their behalf that all stipulations and contingencies as stated above are applicable to them as well. Furthermore, I attest and assume sole responsibility, that my spouse and/or any other conservator with legal rights relating to the child(ren) accompanying me on this trip has been informed about the nature and risks pertaining to the trip, and has given his/her explicit consent to allow my child(ren) to accompany me on this trip. By doing so, my spouse and/or other legal conservator, accepts and consents to personal and equal responsibility for all the stipulated limitations of agency liability as stated above.

By executing this agreement, I acknowledge that I have read, understand and accept the above terms.

Signature & Date \_\_\_\_\_

Witness & Date \_\_\_\_\_

Volunteer’s Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Volunteer’s Birthplace: \_\_\_\_\_

**PHOTO AND INFORMATION CONSENT**

**As a CERI volunteer, I agree to the publication of my name, pictures, and stories from my work with CERI in a media publication (including CERI brochures, web site and social media, newsletters, magazine, news release, newspaper articles, or television news piece) for promotional purposes benefitting CERI and BCFS.**

Initials \_\_\_\_\_