



**\*Application Requirements\***

Complete the Application Form in its entirety.

Attach a recent photo to the application form along with a photo-quality copy of your passport (If a passport has not been obtained by the completion of this application, it will need to be obtained prior to the deadline for your final payment)

**PAYMENT AND SUBMISSION INFORMATION:**

Make all checks payable to: DEXA for Global Humanity

Please return completed application to: [becky@dexahaitirelief.com](mailto:becky@dexahaitirelief.com) or PO BOX 8804 Toledo, OH 43623

**ACCEPTANCE:**

Once we have received and reviewed your application, we will contact you regarding your acceptance to the team. DEXA has the right to refuse acceptance of any team member and will discuss with you any reasons for that refusal.

**MISSION TRIP INFORMATION:**

Trip for which you are applying: \_\_\_\_\_

Date of Intended Trip: \_\_\_\_\_

**GENERAL INFORMATION:**

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

*(as it appears on your birth certificate of passport)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

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

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration  
date \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's name \_\_\_\_\_

Airlines & Frequent Flyer #'s \_\_\_\_\_

**PARENT GUARDIAN CONTACT INFORMATION (for those under 18):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

email \_\_\_\_\_

**INFORMATION:**

How did you hear about this trip? \_\_\_\_\_

Did someone specifically recommend this trip to you? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes who? \_\_\_\_\_

Have you participated in any other volunteer trips? ( ) Yes, ( ) No. If yes:

When? \_\_\_\_\_

Where: \_\_\_\_\_

Name of group: \_\_\_\_\_ Name of group leader: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Do you serve in any volunteer/leadership role in any other nonprofit organizations? If yes, please explain: \_\_\_\_\_

What are your skills and gifts ?

Please give two references who know you and would understand your skills and gifts for this trip. (name and phone)

Please explain briefly why you want to participate in this mission trip:

**WORK EXPERIENCE/TALENTS:**

Please list any specific talents that you have (construction, medical, teaching, etc.) \_\_\_\_\_

With what languages are you familiar, and to what extent?

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What do you see as some of your strengths? What are you of your perceived weaknesses?

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**HEALTH INFORMATION:** (All information herein will remain confidential and is being obtained for your safety) Do you have or have you ever had: ( ) Fainting Spells ( ) Heart Problems ( ) Diabetes ( ) Seizures ( ) Eating Disorder ( ) Respirator problems ( ) Frequent and/ or severe headaches ( ) Nervous Breakdown ( ) Mental Problems ( ) Asthma ( ) Allergies ( ) Hearing Difficulties ( ) High/Low blood pressure ( ) Breathing Problems ( ) Digestion Problems ( ) Back or neck Problems ( ) Others chronic issues \_\_\_\_\_

If yes, please explain:

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Do you have any condition, which might affect your ability to fully function as a team member on this trip (i.e., fear of flying, depression, anxiety, sleeping disorders, mental health challenges)?

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Are you presently under medication prescribed by a doctor? \_\_\_\_\_ Are what are you taking? \_\_\_\_\_ If yes

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How would you describe your health and fitness? ( ) Excellent ( ) Good ( ) Average

**PERSONAL INFORMATION:**

What are your personal expectations for this trip?

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How does your family feel about you going on this trip?

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Have you been involved with any of the following within the past year? Illegal Drugs? ( ) Yes ( ) No  
Criminal Activity ( ) Yes ( ) No Substance Abuse ( ) Yes ( ) No If yes please explain:

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Have you been convicted of committing a crime? ( ) Yes ( ) No If yes, please explain:

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What are the most significant events that have occurred in your life in the past two years? \_\_\_\_\_

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**EMERGENCY NUMBERS:**

Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Day \_\_\_\_\_ Night

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Day \_\_\_\_\_ Night

**Insurance Information:**

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

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

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

**MEDICAL RELEASE AND WAIVER FORM:** By signing this release and consent form, I consent to

-Allow DEXA team leadership to review and evaluate my physical health and preparedness if necessary. - Allow DEXA team leadership to contact my medical references on my behalf as needed. -Allow DEXA team leadership to evaluate my ability for trip attendance and participation based on criteria listed but not limited to: schedule flexibility, physical health, emotional endurance, cultural sensitivity and team compatibility.

This release constitutes my consent and authority for DEXA leadership to obtain and examine copies of my public records and receives information regarding my background. I authorize the release of all records including but not limited to the following: health records, psychological evaluations, educational information and criminal records. I release DEXA team leadership and any of its staff from all liability arising from the release of such statements, records or information. Photocopies and scans of this release are as valid as the original signed by me.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE, WAIVER AND ASSUMPTION OF RISK:**

I, \_\_\_\_\_, the Participate of or, the Guardian of the Participant, hereby voluntarily sign this Release, Waiver and Assumption of Risk in favor of DEXA. DEXA is hereby referred to as the Releasee.

This Release, Waiver and Assumption of Risk, hereby known as the Release includes all directors and employees of Releasee, as well as Releasee's successors, assignees and legal representatives. The Release is made in consideration of the opportunity to participate and engage in the activities and volunteer work trip sponsored by the Releasee. This Release binds not only the Participant and the Participant's Guardian(s) with regards to claims arising from participation in this volunteer work trip, but also the spouse, heirs, legal representatives, and assigns of the Participant and Participant's Guardian(s).

The undersigned (1) acknowledges being informed and advised of the risks inherent in the expedition and travel to and from the work site and throughout the host country, including risks and perils of nature, primitive living conditions, isolation, wild animals, absence of medical facilities, possible death, disease, injury (bodily and emotional), personal injury, loss of property and other damages and injuries of every kind and nature; (2) acknowledges that there may also be unknown and unanticipated risks; (3) hereby waives and releases Releasee from any and all claims or damage, personal injury such as but not limited to death, acts of terrorism, Acts of God such as fire, flood, tornado, hurricane, earthquake, Acts of War, communicable diseases, injury from acts of violence, work related injuries or emotional or psychological injury or damage.

The Participant's Guardian(s) hereby give his/her/their full permission for the Participant to participate in the Volunteer Work Trip; Also, in the event that any medical attention is necessary, the Participant or the Participants Guardian(s) hereby authorize physicians or other medical personnel involved in the Volunteer Work Trip to administer such medical or surgical treatment or carry out such procedures to be deemed necessary or advisable in the diagnosis and treatment of life threatening conditions. The Participant or Participants Guardian(s) assume all responsibility for obtaining any necessary medical insurance that is active and in full force including but not limited to international medical insurance and life flight insurance.

The Releasee is granted by the Release the right to photograph or videotape the Participant during the Volunteer Work Trip as well as display exhibit and utilizes the photographs and/or film for promotional purposes unless expressly refused in writing. The Participant or Participant's Guardian(s) release Releasee from any future claims for libel, slander or any Participant and the Participant's Guardian(s) or their successors and assigns. If any portion of this Release shall be held to be invalid under the laws of the State of Michigan or any State that the Participant or Releasee is acting under, the parts that are not held invalid shall continue in full force and effect. In Witness whereof, the Participant or Participant's Guardian(s) have signed this Release on: \_\_\_\_ day \_\_\_\_\_, 20\_\_

Signed Participant of Legal Age

\_\_\_\_\_ Printed: \_\_\_\_\_

Signed Name of Participants Legal Guardian

\_\_\_\_\_ Printed: \_\_\_\_\_

**PERSONAL COVENANT:**

The guidelines listed below are an essential part of being a team member of the DEXA Team overseas. By complying with these expectations, I will help enhance the sense of community that exists and accomplish the mission's purpose more effectively.

I understand the host country I will be in may not have all the conveniences I am used to at home. For this reason, I will strive to be flexible and adjust my personal desires for the sake of ministry.

**In signing below, I accept the following conditions and agree to:**

Adopt an attitude that I am on this trip to try to understand the host culture, not to convince anyone of my viewpoint or style. I know that there are many different ways to accomplish the same objective, and know that my way is not necessarily the best.

Guard my language, avoid profanity, insensitive humor, and an argumentative spirit as well as abstain from making derogatory comments about my hosts, their customs, food, manners or ideas.

Accept the authority of the Team Leader, and national host in all decisions. I recognize that they have the team's best interest at heart and I will respect and honor their decision. I understand that travel, especially to remote locations, can be difficult, and I promise to adopt a flexible attitude and be supportive as plans may change.

I understand that my time internationally is a small snapshot of a much larger picture of the mission of DEXA. I vow to not be overly demanding, to do my best to not offend or cause embarrassment for the local host. As a servant, I will do my best to help them attain their long-term goals.

Recognize that the host culture will look at me for an example of how DEXA operates, and I will treat that responsibility with integrity.

Keep respectful and culturally acceptable boundaries with the people I meet locally. This includes being careful in all conversations or social contacts with the nationals and others of the opposite gender. I agree that romantic advances are prohibited.

I will abstain from any illegal drugs or prohibited activity while on this trip. Drinking although it may be culturally acceptable is unnecessary and should not be partaken in while in country.

Be guided by the standards of the host country and DEXA in relation to clothing and modesty for mission's trips.

Accept that personal agendas often must be set aside for the wellbeing of others. Thus, I will clear all personal trips for shopping/tourist activity with the Team Leader and national host. I acknowledge that personal safety is of highest priority especially when traveling internationally. Therefore, I agree to never go anywhere without clearing it first with the Team Leader. I also agree to abide by the "buddy system", agreeing to never go anywhere alone.

When bargaining at local shops and marketplaces offer local merchants a fair price on their goods, never pressuring them to sell at prices, which do not provide a fair return on their product.

Seek guidance from the Team Leader and national host when I am moved by compassion or kindness to give gifts—whether cash, tools, personal items or things brought from home. I will clear it before hand with the Team Leader and/or national host who will make sure that my good motives fit with the national customs and will not in any way hinder the best interest of DEXA, or cause or incite riot.

Understand that repeated, willful neglect of this covenant will result in removal from the team and you will be asked to return home immediately at your own expense. By signing this covenant, I agree to be bound by the declarations contained herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL MEMO OF UNDERSTANDING:**

Financial donations made to DEXA mission team accounts are not mine—they belong to DEXA and have been given to DEXA in order to accomplish the mission and work of the organization.

If, for some reason, I do not ultimately participate on the mission trip to which I have been accepted, I am responsible for any fees incurred as a result of my cancellation.

If I do not raise the necessary funds to cover my trip expenses, I may not be able to go. Any and all deposits will be applied to the current trip or materials needed. No refunds will be given.

If, for some reason, I do not participate on the mission trip to which I have been accepted, I understand that the monies donated to my trip cannot be refunded to me or to the donors due to the non-profit status of DEXA. All materials, including airline and other travel tickets, that have been purchased with donated funds cannot be transferred outside of the trip once the tickets are purchased.

In order to comply with the IRS, all checks for support of my trip must be made out to DEXA for Global Humanity. Donors should write my name and the trip name in the memo line of their check.

If inappropriate behavior and/or the breaking of an team covenant/policies causes me to be sent home from my trip prematurely, none of the money raised will be refunded to me or any donors.

If you are a minor and any inappropriate behavior and/or breaking of any team covenant policies occur, you will be sent home at your parent's and/or guardian's expense.

I will return any unused money from my in-country stipend (if given) to my Team Leader before leaving the airport prior to my departure home.

I have read the above and agree to the above policies, rules, and terms.

PARTICIPANT'S NAME 18 OR OLDER (please print) PARTICIPANT'S SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_

LEGAL GUARDIAN IF UNDER 18 (please print) LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_