

### MISSION TRIP APPLICATION

MAY 2021

Isaiah 58:12





## **Amiina Ministries 2021 Mission Trip Information Summary**

#### **Quick Facts:**

Cost: \$2,800.00 + Immunizations +Visa +Passport

**Date:** May 25 - June 6, 2020

**Mission Objectives:** 

Where: Mityana, Uganda, Jinja, Uganda

Activities: OPTIONS DECIDED BY GROUP: Safari, Nile River Boat, African Markets

Mission Team Director: Ally Wassink: ally@amiinaministries.org

**Application Link:** 

#### Costs:

- \$1,300: Airfare (approximate) \*Note: The team will always be flying together\*
- \$1,000: Ground Expenses (Food, water, lodging, transportation, translators)
- \$500.00 for either a safari or a couple days in Jinja
- \$150- \$250: Travelers Insurance
- \$140: Passport (<a href="http://tiny.cc/2qtssz">http://tiny.cc/2qtssz</a>)
- \$50: Uganda Visa
- \$\*: Immunizations depending on requirements and history (<a href="http://tiny.cc/oqtssz">http://tiny.cc/oqtssz</a>)
- \$\*: Anti-Malaria Meds

### 2021 Preparation Deadlines:

#### Immediately:

- Acquire Passport (if you have one, be sure to check the expiration date)
  - Complete and return team member application with a \$150 deposit of Checks can be made payable to Amiina Ministries
- Begin Immunizations
- Fundraise / Save money for your expenses
- Fundraise for the mission objectives



# Amiina Ministries 2021 Mission Trip Application

#### Purpose:

- To come alongside the work of Amiina Ministries and serve the children, families and communities in Uganda, Africa
- To use this mission experience as a life-transformational tool so we can grow in our relationship with Christ and others.
- To encourage the Amiina Ministries Staff and be an advocate for the Amiina Children. It's our prayer that your heart will be captivated by the joy and love of special families we serve in Uganda and in return you can be a voice for them.

### **Application Fee:**

There is a non-refundable application fee of \$150 to cover the cost of your background check, airfare deposit and team t-shirt. Please make checks payable to Amiina Ministries and send checks to:

Amiina Ministries 4897 Grenadier Wyoming, Mi 49509



# Amiina Ministries 2021 Mission Trip Application

### **Personal Information:** Date of Application: Name:\_\_\_\_ (as it appears on your Passport) Area of Ministry: Kids Teaching (School) Pastoral Date of Birth:\_\_\_\_\_ Age:\_\_\_\_ Address: City\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Email:\_\_\_\_ Passport Number:\_\_\_\_\_ Expiration Date:\_\_\_\_\_ Issuing Country: \*If you do not have a passport or your passport will expire within 6 months after the trip, you must apply as soon as possible.) T-Shirt Size: S M L XL XXL XXL Name of your Sponsored Amiina Child:\_\_\_\_\_ \*if applicable



### **Skills, Interests, Spiritual Information:**

<ol> <li>What previous overseas travel, missions projects, or experience have you participated in? Please indicate when, where, and objectives of the trip and with whom you traveled.</li> </ol>
Describe one way you would like to see God use you on this trip and why.
3. Which of these would you enjoy being involved in? Circle all that apply:
SKITS MUSIC TEACHING PREACHING SPORTS CONSTRUCTION PAINTING MEDICAL CARE LEADERSHIP WORKING WITH CHILDREN: what age?
4. What other skills, talents, or previous ministry experience can you contribute to? Be Specific:

5. Have you taken First Aid T	raining?	YES NO 6.	Are you a	medica
professional? If so, describe:			_	

### On a separate paper, please complete the following questions: 1.

Describe your current relationship with God. Please include personal habits, disciplines, or practices that you currently follow in your devotions with God. (There is no right or wrong answer, just be honest)

- 2. Briefly describe what ministry you are involved in and what you enjoy doing most.
- 3. Briefly state why you want to go on this mission trip and one thing you are wanting to see God do in your life during this time.
- 4. Briefly share any obstacles (financial, fear, health, family) that you will need to overcome in order to participate in this trip.



### **Medical Information:**

1. Any major illness during this past year? YES NO If yes, please explain:
2. Do you take any medications regularly? YES NO If yes, please explain:
3. Are you allergic to any medications? YES NO If yes, please explain:
4. Do you have any allergies? YES NO If yes, please explain:
5. Is your Tetanus shot current? YES NO If yes, please explain:
6. Have you been treated or hospitalized for a mental or emotional condition in the last syears ? YES NO If yes, please explain:
7. Do you have any physical limitations / disabilities? YES NO If yes, please explain:
8. Do you know your Blood Type ? YES NO If yes, please explain:
9. Do you have adequate Health Insurance? YES NO
Company Policy NO.
Group ID Telephone Number



10	Emergency Contact Information:
	Name: Phone
	Street Address City, State Zip
	Relationship to you
Phot	o and Video Permission
, ,	ermission is granted for Amiina Ministries to videotape or photograph elf/my minor child during church events or normal activities. I
	rstand these photos may be used as promotional materials and posted internet.
Signa	ature of Participant Signature of Parent / Guardian



## Release & Waiver of Liability Consent & Medical Treatment

I will be participating in a short term mission trip to Uganda. I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage or death in connection with my participation in it. I understand and agree that neigher Amiina Ministries nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death that may occur to me as a result of my participation in this mission trip and hereby release Amiina Ministries, its trustees, officers, directors, employees, agents or representatives from any injury, harm, damage or death that may occur while I am participating in the mission trip. I authorize Amiina Ministries through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment to me as may be necessary should any injury, harm, or accident occur to me while I participate in the mission trip.

I understand and acknowledge that Amiina Ministries does not provide medical or health insurance in connection with this mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

Signature	
Printed Name	
Date	



### **Short Term Mission Trip Agreement**

I agree to the best of my ability to fulfill the following requirements in participation with the Amiina Ministries Short- Term Mission Trip.

- 1. I will make an effort to be present for meetings to the best of my ability in preparation for my cross-cultural experience.
- 2. I will abide by the Amiina Ministry Team Guidelines:
- 3. I will strive to build and foster team unity by loving and encouraging my team members with the love of Christ, understanding that this is the greatest testimony I can give.
- 4. I commit to read any required reading assigned by my team leader
- 5. I understand that I am to raise my own support for this trip and to assist in raising funds for the objectives of this trip.
- 6. I agree to participate in the team debriefing meetings following the trip.
- 7. I commit to having 100% of trip finances prior to departure.

Signature Date	



## Disclosure and Authorization Background Investigation

By signing below, I voluntarily and knowingly authorize Amiina Ministries or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me.

			<del> </del>
Signature Da	ate		
Last Name F	irst Name Middle Initial		
Address			
City	State	Zip	Code
SSN D/L or S	State ID State Issued		
Email Addres	SS		
Full Date Of	Birth		
Other Names	s Used?		



Thank you for completing this Application!

Please send your completed application, application fee (\$150), and a copy of your passport by mail to the Amiina Ministries Office:

ally@amiinaministries.org

OR

Amiina Ministries 4897 Grenadier Wyoming, Mi 49509