

Christ Life *Evangelical Ministries*

Volunteer Missions Information Packet



“Go into all the world and preach the Good News to everyone. These miraculous signs will accompany those who believe: They will cast out demons in my name, and they will speak in new languages. They will be able to place their hands on the sick and they will be healed.” Mark 16:15, 17 & 18.



3155 S. Legacy Park Blvd., Fort Mill, SC 29707

Phone: (704) 264-6507

www.christ-life-ministries.com

info@christ-life-ministries.com

About Booneville, Kentucky

Booneville, KY is in the Eastern Coal Field region, and it is the county seat. The town was named for the American frontiersman, Daniel Boone. Booneville, consisting at the time of little more than a temporary log courthouse, became the county seat when Owsley County was formed on May 20, 1844. During the Civil War, Booneville was a crossroads for various Union and Confederate troops, and was threatened by Confederate guerrillas, but avoided the destruction that befell some other county seats of Kentucky during the war.

DID YOU KNOW?

- The population of Booneville is about 111.
- Population in Owsley County in approximately 4722.
- According to the 2010 census Owsley County is the most poverty stricken county in the United States.
- Per capita income is \$8,252.
- 57.6% of the population lives below the poverty line, including 92.7% of those under eighteen and 11.8% of those over 64.
- Only 4% of residents age 25 and older have a bachelor's degree.
- There are 43 males 15 years and older & 47 females 15 years and older.
- There are 30 residents that are high school graduates (including GED).
- There are 22 residents with some college or an associate's degree.
- There are 3 residents with a Master's, professional or doctorate degree.
- The population 3 years and over enrolled in school is 39.



Travel Information



Weather

The climate is moderate, the average high temperature for June is 82 degrees. The average low is 58 degrees.

Accommodations

- We will be staying at the local church.

Luggage

One suite case, duffle bag, **or** large backpack ect... You may also bring a sleeping bag, air mattress or sleep bedding. Keeping in mind that space is limited. Females will be sleeping in sanctuary & males will be sleeping in classroom.

Immunizations

Immunizations are not required, but we do suggest you have a current Tetanus shot. For more information go to www.cdc.gov/travel.

Passport

A passport will not be required for this trip, but you will need a to bring a picture ID (e.g. driver's license, passport or school ID card).

Money

It is best to bring cash. Credit cards are accepted in few places. We suggest taking cash in \$1's, \$5's & \$10's. You will want to keep your money in different locations (e.g. wallet & suitcase). This will help ensure that all of your money isn't lost or stolen.

Application

Upon receipt of your application and \$50.00 application fee, a spot on the mission team will be reserved for you.

All paperwork must be turned in no later than one month prior to leaving.

Application fee is non-refundable.

Cost of the Trip

- \$50 per person (see us if any concerns about fee). Please make checks payable to Christ Life Evangelical Ministries. We accept cash, checks and PayPal. (Fees cover the cost of room & board, transportation, meals, tipping, etc...)
- Does not include lunch on travel days.

Volunteers are responsible for any extra expenses incurred during their visit.

Additional Items you might want to bring:

- Snacks
- Sunscreen *
- Lip balm/Chap-Stick
- Flashlight
- Ear plugs (quiet your sleep) *
- Camera
- Walking shoes (Tennis shoes needed for this trip)*
- Light jacket/sweater
- Wet wipes
- Bug Spray *

There is a strong possibility that items not brought with you will not be obtainable there.

Any questions should be directed to:

Christ Life Evangelical Ministries
ATTN: Mission Director
3155 S. Legacy Park Blvd.
Fort Mill, SC 29707
Phone: (704) 264-6507
Email - info@christ-life-ministries.com

Below is a list of the forms to be returned.

1. Appropriate fees (payable in US\$ funds to Christ Life Evangelical Ministries). We accept checks, money orders, cash & PayPal
2. Mission Trip Application
3. Acknowledgement Form
4. Rules & Guidelines Form
5. Volunteer Agreement Form
6. Travel Release Form
7. Medical Authorization Form
8. Health Insurance Information Form
9. Emergency Contact Form
10. Color Copy of Legal Photo ID or School ID (Minors)
11. Copy of Medical Insurance Card (Front & Back)

Please be sure to read the Code of Conduct section.

CODE of CONDUCT

This is a missions trip. You are expected to submit yourself to the Spirit of God and not focus on lesser issues during this trip.

Attitude

You are a missionary for the Gospel of Jesus Christ, representing Christ Life Evangelical Ministries and your church.

Our words need to build people up to follow their God given mission.

- No arguing. At all times we must speak to everyone in the manner Christ would speak to us.
- No horse play or physical rough play.
- No profanity or alternate profanity.
- No teasing or making fun of anyone.
- No loud voices or loud noise.

Keep personal business at home. Please do not talk about your home, what kind of things you own, number of vehicles you or your family owns or house you may own.

You may not receive gifts for services or be included in prize give outs (unless you are a child coming with parent worker— but these children will need to be last in line incase there isn't enough items).

All Team members must work. (“For even when we were with you, this we commanded you, that if any would not work, neither should he eat. 2 Thessalonians 3:10”)

Activities

You are a team member not a lone ranger!

When leaving the company of the group even to go outside for a walk or to play a game, two others must accompany you, with one being an adult. (*Safety Reasons*)

Your conduct and conversation is to be courteous. The scripture (Hebrews 13:15-16) says, “*Thanks giving is the fruit of our lips.*” This is to be in operation for the entire trip towards each other, staff, your group leader, other team members, hotel (lodging), our transportation staff and the people of the area.

There is no place for whining, discord or uncooperativeness. This will be immediately rebuked and corrected privately. Any negative action beyond that, the initial offence will be brought forward in public but not the individual pointed out (Matthew 18).

No leader or team member is allowed to bring schedule changes or complaints to anyone other than going through your trip leader and then brought to Mission Coordinator.

Sleeping & Curfew

Once sleeping assignments have been given, no changes can be made without Missions Coordinators permission. We are hotel /lodging guests who are missionaries.

- Be on time
- Plan to be at the departure location 10 minutes prior to scheduled leaving time.
 - Please use this 10 minute wait time to help load van (s) for the day.

- 10pm Lights out is for all team members.
 - Only exception is if we do not return to place of lodging until after 9:30pm. Then lights out will be 30 minutes after return. (“...to obey is better than sacrifice... 1 Samuel 15:22”)
- Violation will be confronted in the same manner as paragraph three of the Activity guidelines (Matthew 18).
- No women will be permitted in men’s rooms. No men will be allowed in women’s rooms. Only the group leader can call for a meeting in a room for men and women to be together.

P.D.A. (public display of affection) is not permitted among team members and team members with hotel (lodging) guests and local people. (No romantic involvement!) Sexual activity within the group will result in immediate dismissal and return to the home of the individual (s) at the expense of that person.

There is no consumption of drugs, alcohol and/or tobacco. The first violation will cause the offender to be sent home to place of embarkation, at the offenders expense. (prescription medication should be taken at your doctors recommendation)

Meals

All food that is served is expected to be eaten. Please do not plan to diet during mission’s trip week! If trip participant does not eat what is served they can be dismissed from the table and return to their room (this is mainly for foreign missions); when the group is eating somewhere other than where they are lodging the person must simply sit quietly and not say anything about the food. Any other food eaten at the hotel/lodging will be at the participant’s personal expense. Our goal is to avoid medical problems because of lack of food and water.

Clothing Guidelines

Remember only one suitcase, duffle bag, or backpack is permitted. Additional sleeping bag or bedding may also be brought.

Please wear modest clothing and adhere to the 3-B policy. Knee length shorts or Capri’s may be worn, but *shorts above the knee and tank tops are prohibited.* Also if you plan to wear tights, skinny jeans or skinny pants you will need to wear a shirt that will come down to the knee.

Most trips team members will have a ministry t-shirt that they will wear each day.

We must respect cultural considerations for your clothing in a tolerant way.

Women Ministry

- Dresses – half sleeves are acceptable. (Sleeveless, strapless, thin straps, Short cut dresses, tight see-thru attire, halter dresses, or low cut necklines are prohibited)
 - Slits are permitted in dresses no higher than the calf.
- Skirts, Split Skirts & Capri's- knee length or longer. Slits are permitted in skirts no higher than calf.
- Tops – must cover stomach area – no skin showing. The top must be tucked in or lay over the skirt. No offensive/questionable logo or designs.
- Shoes – comfortable walking shoes/sandals.

Orphanage / Nursing Centers / And other visited facilities

- Shorts - Knee length or Capri's. No shorts above the knee or tight fitting shorts.
- Tops - **No** strapless, spaghetti straps, halter tops, low cut necklines or offensive/questionable logo or designs. Tops must cover shoulders and stomach area - no skin showing.

Swimwear - one piece **ONLY** No tankini's (Rarely do we get a chance to go swimming. But have on occasion).

Shoes - comfortable walking shoes/sandals.

Men

Ministry

- Shorts - (knee length or longer) or pants. No sagging attire.
- Shirts- collared sport shirt and/or T-shirt with sleeves (no sleeveless shirts).
- Avoid offensive/questionable logo or designs.

Orphanage / Nursing Centers / And other visited facilities

- Shorts - (knee length or longer) or pants. No sagging attire.
- Shirt - T-Shirts with sleeves (no sleeveless shirts)
- Avoid offensive/questionable logo or designs.

Shoes - comfortable walking shoes/sandals.

Swimwear - Board shorts style swimming trunks. No skimpy or tight Speedos! (Rarely do we get a chance to go swimming. But have on occasion).

Please Note for Women and Men

Refrain from wearing heavy jewelry or chains. Please leave them at home.

Refrain from beading of hair. We are not on vacation. We are on a ministry mission. We do not want to be offensive in appearance, dress and clothing during our ministry days and evening meetings.

Other

Musical instruments should not be brought on this trip **without permission** from the Christ Life Evangelical Ministries office, (704) 264-6507. If you play an instrument we want to know about it because we may want you to play during the meetings, if you are comfortable doing this.

Our goals are to be with people and not have any musical performance unless approved for your teams work in Vacation Bible School, Sports Camp or Evening Meetings.

PLEASE NOTE: Leave your Electronic devices at home.

For down time, which varies from trip to trip, you may bring card games, board games, ect... *Games with violence, killing, witchcraft, magic or profanity are prohibited. No gambling at anytime whether with money or not.*

Go online and read ***Top 10 Reasons NOT To Do A Mission Trip*** by Rev. Joel Van Dyke
<http://www.ilovejamaica.org/10ReasonsNOTtoDo.htm>

When in doubt "If you have to ask yourself twice if it would be ok, the answer is most likely no."

All these items are shared and enforced for your safety.

You now have time to prepare for the greatest week of your life!

Mission Trip Application (Adult)

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

Date-of-Birth: _____ Height _____ ft. _____ in. Weight _____

Circle one: Male or Female **T-Shirt Size:** (circle one) S M L XL XXL

Martial Status: (circle one) Single Engaged Married Separated Divorced
Spouses Name: _____

Health Information: See Medical Authorization Form and Health Insurance Information.

Why do you want to go on a mission trip? _____

Have you ever been on or led a short-term mission team before? _____ When/where?

In what type of ministry are you most interested in participating? _____

Do you have a personal relationship with Jesus Christ? If Yes, for how long? And Describe:

Do you believe that miracles and the supernatural can still happen today? Why or Why not?

Are you willing for the Holy Spirit to work in and through you? _____

What personal goal do you hope to attain from this mission trip? _____

Mission Trip Application (Youth)

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

Date-of-Birth: _____ Height ____ ft. ____ in. Weight _____

Circle one: Male or Female **T-Shirt Size:** (circle one) S M L XL XXL

Martial Status: (circle one) Single Engaged Married Separated Divorced
Spouses Name: _____

Health Information: See Medical Authorization Form and Health Insurance Information.

Why do you want to go on a mission trip? _____

Have you ever been on a short-term mission team before? _____ When/where?

What kind of work would you like to be able to participate in? _____

Do you have a personal relationship with Jesus Christ? If Yes, for how long and describe?

Do you believe that miracles and the supernatural can still happen today? Why or Why not?

Are you willing for the Holy Spirit to work in and through you? _____

What do you want to get from going on this mission trip? _____

Mission Trip Application (Youth) Page 2

Please tell us if you have ever: (check one)	Yes	No
Been suspended or expelled from school?		
Served time in a detention center or jail?		
Been convicted of a crime?		
Been involved with tobacco products?		
Been involved with alcohol?		
Been involved with illegal drugs?		
Been involved with gang-related activities?		
Been involved with a cult or the occult?		
Have diabetes or hypoglycemia?		
Had fainting spells?		
Had an eating disorder?		
Had breathing problems?		
Had psychiatric care?		
Taken depressions or behavioral medication?		
Been sexually active?		
Been pregnant or fathered a child?		
Been involved in homosexual activities?		
Intentionally inflicted harm on yourself?		
Attempted suicide?		
Been treated for physical impairment?		
Been treated for mental impairment?		

If you answered “Yes” to any of the above, please give a complete explanation on a blank sheet of paper. (Please note that answering yes to any of these questions doesn’t necessarily make you ineligible to be one of the team members. This information will not be shared with other mission volunteers.)

Tell us why you want to go on this ministry trip?

Acknowledgment Form

A mission trip can be a very rewarding experience. However, if a volunteer goes to a third-world country unprepared, it can make for an unpleasant experience. It is vital that all volunteers read and acknowledge that they understand the risks, requirements and expectations of travel to rural Kentucky; which, although it is not a third-world country, has some of the same disadvantages.

We are delighted with your decision to travel with Christ Life Evangelical Ministries. Any travel is accompanied by certain risks, as our organization is comprised entirely of volunteers like you. Each volunteer is expected to assume any and all risks that may result from his or her activities and to procure insurance coverage as he or she deems appropriate.

After reading the mission packet, please sign this document and return to the Mission Director/Coordinator along with Mission Trip Application, Volunteer Agreement Form, Travel Release Form, Medical Authorization Form, Health Insurance Information Form, Emergency Contact Form, a legal photo ID and a copy of your medical insurance card (front & back).

Thank you.

Christ Life Evangelical Ministries
Board of Directors

The undersigned hereby acknowledges receiving the Mission packet and attests that he/she has read and understands all of the requirements and expectations listed herein.

Name (Print): _____
(First) (Middle) (Last)

Signature: _____ Date: _____

Please return this acknowledgment and release prior to the volunteer mission trip.

Christ Life Evangelical Ministries
3155 S. Legacy Park Blvd.
Fort Mill, SC 29707
Attn: Mission Department

Volunteer Agreement Form

The following agreement is entered into by you, the undersigned, and Christ Life Evangelical Ministries, for the purpose of understanding our relationship to one another and for carrying out God’s mission through our joint efforts conducted in a Christian spirit of brotherly love.

1. I agree to maintain the highest moral conduct.
2. I agree to adhere to the Code of Conduct provided in this packet while I am working with Christ Life Evangelical Ministries.
3. I agree to provide my own medical insurance and to consult with my own physician concerning my health needs as a Christ Life Evangelical Ministries volunteer.
4. I agree to take full responsibility for my own actions, being responsible to God, to myself and to Christ Life Evangelical Ministries. I will make my needs known in the most Christian manner possible, staying within the chain of authority, and always working in a manner most constructive for the purpose of Christ Life Evangelical Ministries (Galatians 5:14 NIV©2011—For the entire law is fulfilled in keeping this one command: “Love your neighbor as yourself.”, James 2:8 NIV©2011— “Love your neighbor as yourself.”).
5. I agree that, as a volunteer, I am making this agreement in full knowledge of what I am doing and that I will hold Christ Life Evangelical Ministries financially harmless for any damage or injury caused by my own actions or by events that could be considered accidental or preventable in nature.
6. Christ Life Evangelical Ministries and I, the volunteer missionary, will work closely together with the Holy Spirit to carry out this mission. We know that God’s work requires selfless dedication and hard work and that the only way to achieve victory, is through a close walk with His Son, Jesus Christ. We are dedicated to achieving His goal of “proclaiming the gospel to those who dwell on earth, to every nation and tribe and tongue and people” (Rev 14:6).

Name (Print): _____
(First) (Middle) (Last)

Signature: _____

Parent /Legal Guardian (Minor): _____

Parent/Legal Guardian Signature: _____ Date: _____

TRAVEL RELEASE FORM

Full Name: _____

Trip Location: _____ Date: _____

(MM/DD/YY)

Acknowledgment of Risk and Liability Waiver Agreement

I have executed this release to Christ Life Evangelical Ministries. I undertake this travel and participation on this work/ministry team as a voluntary act, knowing that Christ Life Evangelical Ministries cannot protect me from risks that may be encountered during this ministry opportunity. I realize there are natural, mechanical, and environmental conditions and hazards that independently or in combination with my activities may cause a serious accident resulting in death, injury, personal property loss, health conditions, or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risks.

I hereby state that I understand these inherent risks and dangers involved with participation in this trip and its associated activities, and acknowledge the existence of risks that are not obvious or predictable, and hereby intend this release to extend to injury or loss that results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

In consideration of being permitted to participate in this trip with Christ Life Evangelical Ministries, I and any legal representatives, heirs, and assigns hereby release, waive, and discharge Christ Life Evangelical Ministries and its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of any injury to my person or property, even injury resulting in death, while participating in any activity related to or associated with participation in the aforementioned trip and event.

I agree to indemnify Christ Life Evangelical Ministries and its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred because of my presence or participation in the aforementioned trip, whether caused by negligence of Christ Life Evangelical Ministries or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state of the participant.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that I must provide proof of medical insurance coverage as a precondition to participate in this volunteer program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Name (Printed): _____
(First) (Middle) (Last)

Signature: _____ Date: _____
(mm/dd/yy)

Parent/Guardian Name (Printed): _____
(First) (Middle) (Last)

Signature of Parent/Guardian: _____ Date: _____
(mm/dd/yy)

Phone: () _____ () _____ () _____
(Home) (Work) (Mobile)

Notarization of Signature(s) of Parent(s)/Guardian(s)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ (date)

By _____ (person with form).

Notary Public's Signature _____

My Commission Expires _____

Seal

MEDICAL AUTHORIZATION (ADULT)

Authorization for Emergency Medical Treatment for an Adult

I, _____, an adult over the age of 18, am voluntarily choosing to participate on the following Christ Life Evangelical Ministries sponsored work/ministry team _____.

In case of accident, illness, or other emergency, I request that Christ Life Evangelical Ministries personnel secure my approval before taking any medical action. If I am incapacitated or otherwise unable to give Christ Life Evangelical Ministries personnel my personal approval, I give permission for them to call paramedics or any licensed physician or dentist. I authorize and consent to any X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care that, in the best judgment of a licensed physician or dentist, are deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided and for emergency medical transport.

Signature of Adult Program Participant

Name (Printed): _____
(First) (Middle) (Last)

Signature: _____ Date: _____
(mm/dd/yy)

Phone: () _____ () _____ () _____
(Home) (Work) (Mobile)

MEDICAL AUTHORIZATION (MINOR)

Authorization for Emergency Medical Treatment for a Minor

I/We, parent(s)/guardian(s) of _____, who is age _____, from the following town & state: _____ hereby give permission for him/her to participate in the following Christ Life Evangelical Ministries sponsored work/ministry team _____.

In case of accident, illness, or other emergency, I/we request that Christ Life Evangelical Ministries personnel contact me/us. If the Christ Life Evangelical Ministries personnel cannot reach a parent/guardian after conscientious effort, I/we give permission for them to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for Christ Life Evangelical Ministries personnel to immediately call paramedics and then contact me/us as soon as possible thereafter.

In the event that I/we cannot be reached to give necessary medical consent, I/we the undersigned grant permission for Christ Life Evangelical Ministries to arrange for all necessary emergency care for my/our child. I/We will be financially responsible for such care and for emergency medical transport.

I/We authorize and consent to any X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care that, in the best judgment of a licensed physician or dentist, are deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided.

Name Printed: _____
(First) (Middle) (Last)

Signature of Parent/Guardian: _____ Date: _____
(mm/dd/yy)

Phone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Mobile)

Health Insurance Information:

If you do not have health insurance, travel medical will be purchased for you at an additional charge.

Health Insurance Carrier: _____

Policy #: _____ Group #: _____

Insurers Name: _____ Relationship: _____

Name of Family Physician or Pediatrician: _____

Phone Number of Physician: (____) _____

Allergies (including reactions to medication): _____

List of Current Medications: _____

Are there any physical or medical conditions that we should know about that are not already stated on this form? _____

(Please attach a photo copy of the front & back of your insurance card.)

