

Global Outreach

International, Inc.
PO Box 1, Tupelo, MS 38802
(662) 842-4615
www.globaloutreach.org

Dear Prospective Team Leader/Member,

Thank you so much for taking the responsibility of making sure all documentation is received here in our Home Office. Here are a few things you will need to know as a Team Leader or member of a team:

- **Please complete each form**, make a copy for your files, complete and return all forms as soon as possible. All forms should be returned to Global **no later than 30 days prior to departure**.
- Print only on the **front** of the forms, leaving the back of each form blank.
- Please note there is a non-refundable **processing fee of \$60** per team member to be sent in with your completed forms.
- If you or a team member went on a team with Global Outreach any time **after January 1, 2012** AND provided all of the paperwork requested, you will only need to fill out the forms listed below:
 - Application (first page only)
 - Liability Release Form
 - Insurance Form
 - Color Copy of Passport (only if your passport will expire 6 months after your return date)
- **All other team members** must fill out the complete packet and provide supporting documentation requested.
- Anyone on your team **under the age of 18** must fill out the Affidavit of Support and Consent. It must be signed by both parents and notarized. The original letter should be kept with your group while traveling. Please send a copy of the Affidavit to us with your paperwork. Failure to have the completed original form with you may cause problems when boarding your flight.
- Global has partnered with **CVTravel** out of Birmingham, AL to get the best possible rates for our teams. Please contact them as soon as possible to get the best rates for your team. Booking your tickets as far out as possible will trim down the cost of tickets. Information on CVTravel is included in this packet.
- **Travel Insurance** is mandatory. CVTravel will write insurance with your airline ticket. If tickets are not purchased with CVTravel, insurance must be purchased through the Home Office.
- It is mandatory that you **confirm your flight reservations** 72 hours before departure and also 72 hours before your return flight. Failure to do so could result in a missed flight or loss of space.
- Also, please visit the TSA website before your departure to ensure your luggage is packed according to **TSA regulations** (www.tsatraveltips.us).

Thank you for giving your time to this worthwhile ministry! Please contact me if you have any questions and I will be happy to assist you.

Serving Him,

Carolyn Roye, Teams Coordinator
Global Outreach International, Inc.
PO Box 1, Tupelo, MS 38802 (for postal mail only)
74 Kings Hwy, Pontotoc, MS 38863 (for shipping only)
(662) 842-4615 ext. 206
(662) 842-4620 (FAX)
croye@globaloutreach.org

11/06/12

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2013-2014 Volunteer Team Member Application

Destination: _____ Dates of Travel: _____ Team Leader: _____

PLEASE TYPE NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Vocation: _____

Date of Birth (mm/dd/yy): _____ Sex: _____ Race: _____

Marital Status: _____ Spouse's Name: _____

Passport Expiration Date: _____ U.S. Citizen? _____ Language Skills: _____

Skills you will be using on this trip: _____

Are you a Christian? _____ Denominational Affiliation: _____

Name of your Church: _____ Address: _____

Pastor's Name: _____ Phone: _____

Have you ever been on a mission trip with Global Outreach? _____ If so, when? _____

PLEASE NOTE: The law states that passports must be valid for 6 months beyond time of travel.

Emergency Contact Person

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Requirements: (Please attach to application)

*Color Photocopy of Passport *Pastoral Letter of Recommendation *Current Photo * Brief Testimony
*\$60 Non-refundable application fee made payable to Global Outreach International, Inc.

Signature: _____ Date: _____



Statement of Beliefs

We believe the Bible to be the inspired, infallible, and authoritative Word of God without error in the original writings (2 Timothy 3:16).

We believe in one God, Creator of all things, infinitely perfect and eternally existing in three Persons: Father, Son, and Holy Spirit (Isaiah 45:22, Romans 11:36).

We believe in the deity of our Lord Jesus Christ, in His virgin birth, and in His sinless life. We believe that He died on the cross, taking in Himself all of our sins through His shed blood, and that He rose from the dead, and ascended into heaven from whence He will return with power and glory (John 10:3, 1 Timothy 2-6, 1 Corinthians 15:3-4, Titus 2:13).

We believe that all men have sinned and come short of the glory of God; and that for the salvation of lost and sinful man, regeneration by the Holy Spirit through faith in our Lord Jesus Christ is absolutely essential (Romans 2:23, John 1:12, Titus 3:5).

We believe in the doctrine of justification by faith, realizing that it is impossible for man through works to save himself (Romans 5:1, Ephesians 2:8-9).

We believe in life after death, that "There shall be resurrection of the dead, both of the just and the unjust" (Acts 24:15). We believe in the resurrection of the saved to everlasting life in heaven and the resurrection of the unsaved to eternal punishment (1 Thessalonians 4:16-17, 2 Thessalonians 1:7-9).

We believe that it is the responsibility of all believers in Christ to share the Good News of Jesus as Savior and Lord to all people of the world. We believe we should do this in deeds of love and in the proclamation of the Gospel. We are, therefore, concerned about all physical, social, and spiritual needs of all people, and we will use every opportunity to communicate and express the love of God to a world in need (Acts 1:8; 1 Peter 2:12).

Signature: _____

Date: _____



Liability Release Covenant

WHEREAS, the undersigned will be going to different countries and working on mission projects which are sponsored in whole or in part by Global Outreach International, Inc., a non-profit corporation and,

WHEREAS, the undersigned desires to release and hold harmless Global Outreach International, Inc., its Directors and officers from any and all claims, demands or actions because of injury or illness to the undersigned.

NOW, THEREFORE, in consideration of the undersigned working on projects sponsored by Global Outreach International, Inc., the undersigned hereby releases and discharges Global Outreach International, Inc., its Directors and officers from claims, present and future, known or unknown, in any matter arising. The undersigned specifically assumes all risk involved in travel and work on the projects.

The undersigned will never institute any action or suit at law or in equity against Global Outreach International, Inc., its Directors and officers, nor institute, prosecute, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses or compensation for or on account of any damage, loss, or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past or present or future, arising out of the undersigned working with Global Outreach International, Inc., projects.

Dated, this the _____ day of _____ 20____.

Signature

Witness

Printed Name

Printed Name

(PLEASE MAKE SURE TO HAVE SOMEONE WITNESS YOUR SIGNATURE)

Global Outreach International, Inc.

Team Member Agreement

As a team member with Global Outreach International, Inc., I do hereby agree to the following guidelines for serving on a Mission Team:

1. I am a professing Christian, active in a local church, and responding to the call of God to this mission.
2. The ministry of this Mission Team is under the supervision of the designated Global Outreach International, Inc., Missionary. The Team Leader is accountable to the Missionary for the approval of all ministry and any other activities on the field. I agree to follow the instructions of the Missionary and Team Leader.
3. The Team shall be responsible for all costs of ministry related to the Team, with the exception of capital costs for construction or other major projects that are a part of the Global Missionary's ongoing budgeted plan of ministry.
4. All of the funds given through Global in support of this trip or project shall be used for such purposes, with any unused money being transferred to the Global Outreach International, Inc., Missionary as a donation or returned to the Sending Church as a donation back to the Church. No funds shall be returned from Global Outreach International, Inc., directly to individual team members.
5. Any expenses anticipated or incurred which are payable to Global Outreach International, Inc., must be paid through the Tupelo Home Office within 30 days of the Team's departure date (i.e., \$60 processing fee, insurance, airfare, lodging, food, transportation, project fees, miscellaneous expenses).
6. I understand the need for modesty in both personal conduct and dress.
7. I realize that alcoholic beverages, illegal drugs, or tobacco product usage is not permitted at any time during the mission trip.
8. I understand doctrinal positions outside of the Global Outreach International, Inc. Statement of Beliefs should not be taught or promoted during the mission trip unless approved by the Global Outreach International, Inc., Missionary supervisor. Evangelism, basic discipleship, and helping ministries shall be the primary purpose of any public or private ministry.

Signature: _____

Date: _____

Global Outreach International, Inc.

Insurance Form

(Global requires all short-term volunteers to have international travel insurance coverage.)

Name (as it appears on passport) _____
(Last) (First) (Middle)

Address _____

City, State, Zip _____

Date of Birth _____

Email Address _____

Emergency Contact _____

Emergency Contact Phone No. _____

Emergency Contact Cell No. _____

Exact Dates of Travel _____

**** Please include departure date through arrival date back home ****

_____ **TRAVEL INSURANCE** was purchased with my airline ticket (**proof of insurance attached**).

_____ I **ACCEPT** the **International Medical Group (IMG)** Insurance to be written by the Home Office.

_____ I **DECLINE** this insurance. (**Copy of travel insurance attached**).

Please make your check for insurance and application payable and send to:

Global Outreach International, Inc.
c/o Teams Coordinator
PO Box 1
Tupelo, MS 38802

Sign: _____ Date: _____

Global Outreach International, Inc.

INSURANCE BENEFITS FOR The Kingdom Company/CVTravel

Gallagher Charitable International Insurance Services Travel Insurance

SUMMARY OF COVERAGES

Accidental Death and Dismemberment Principal Sum <i>(reduced to \$10,000 for those under age 12 and over 70)</i>	\$100,000
Medical Expense, \$100 deductible <i>\$2500 of this limit is available to pay US providers: no pre-existing condition exclusion</i>	\$10,000
Emergency Medical Evacuation <i>Coordinated by SAS: will bring insured back to USA: no pre-existing condition exclusion.</i>	\$100,000
Family Coordination & Repatriation of Mortal Remains <i>Combined limit for both benefits Includes \$2,500 sublimit for extra expenses incurred during an approved medical evacuation</i>	\$25,000
Assistance Service <i>Available 24/7/365 for assistance with worldwide medical emergencies: provided by SAS</i>	\$100,000
Crisis Management Service <i>Available 24/7/365 for assistance with worldwide non-medical emergencies: provided by SAS</i>	\$100,000
General Liability <i>Worldwide jurisdiction: covers volunteer and sending organization; includes coverage for injury to a volunteer</i>	\$1,000,000
Personal Property <i>Replacement cost coverage: includes checked baggage: "door to door" coverage</i>	\$2,500
Disability Income	
<i>First 100 months - Accident</i>	\$1,000 / per mo.
<i>Months 101-200 - Accident</i>	\$500 / per mo.
<i>50 months - Sickness (after 3 month waiting period)</i>	\$250 / per mo.
Aggregate Limit <i>Provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident; higher limits available Contact us for groups over 200</i>	\$20,000,000

(Gallagher Insurance)

Global Outreach International, Inc.

International Medical Group (IMG) - Benefit Summary

The following is a summary of benefits. All amounts shown are in U.S. dollars. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, and exclusions.

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Plan Information	
<ul style="list-style-type: none"> ▪ Deductible 	\$0
<ul style="list-style-type: none"> ▪ Coinsurance for treatment received outside the U.S. & Canada 	No Coinsurance
<ul style="list-style-type: none"> ▪ Coinsurance for treatment received within the U.S. & Canada 	
<ul style="list-style-type: none"> <input type="checkbox"/> In the PPO Network 	The plan pays 90% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit
<ul style="list-style-type: none"> <input type="checkbox"/> Out of the PPO Network 	The plan pays 80% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit
Medical Benefits – \$1 Million Maximum Benefit (\$100,000 Maximum Benefit for ages 70 – 79)	
<i>Usual, reasonable and customary charges, subject to deductible and coinsurance</i>	
<ul style="list-style-type: none"> ▪ Hospital Room and Board 	Up to the Maximum Limit for average semi-private room rate
<ul style="list-style-type: none"> ▪ Out-patient Medical 	Up to the Maximum Limit
<ul style="list-style-type: none"> ▪ Prescription Drugs 	Up to the Maximum Limit
<ul style="list-style-type: none"> ▪ Emergency Room Accident 	Up to the Maximum Limit
<ul style="list-style-type: none"> ▪ Emergency Illness – with In-patient Admission 	Up to the Maximum Limit
<ul style="list-style-type: none"> ▪ Emergency Illness – without In-patient Admission 	Up to the Maximum Limit with additional \$250 deductible
International Emergency Care – When coordinated through the Plan Administrator	
<ul style="list-style-type: none"> ▪ Emergency Evacuation 	Up to \$500,000 lifetime maximum (independent of Maximum Limit)
<ul style="list-style-type: none"> ▪ Emergency Reunion – Travel Expenses for a relative or friend during a medical evacuation 	Up to \$50,000
<ul style="list-style-type: none"> ▪ Return of Mortal Remains 	Up to \$50,000
<ul style="list-style-type: none"> ▪ Accidental Death and Dismemberment 	\$25,000

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate Wording must be Pre-certified for medical necessity, which means the Insured Person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Pre-certified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment.

For Precertification, Emergency Evacuation and Repatriation Call IMG:

Phone (in U.S.): 1.800.628.4664 or
1.317.655.4500
(Outside U.S.): 001.317.655.4500
(collect if necessary).
This information will be located on
your ID card.

Global Outreach International, Inc.

Affidavit of Support and Consent

I/We, _____, parents of _____, resident of the United States of America, hereby give full consent and authority to _____ (team leader) to accompany our son/daughter _____ to _____.

The aforesaid guardian, as proof of his/her identity shall present before authorities his/her Passport No. _____ issued in _____ on _____ and valid until _____.

I/We, the parents, after being duly sworn accordingly, hereby depose and say that I am/we are willing and able to maintain and support our child financially and guarantee that he/she will not become a public charge or burden during his/her stay in _____.

Signature of Parent/Guardian

Signature of Parent/Guardian

WITNESS OUR HAND AND SEAL

This ____ day of _____ 20__.

Notary Public

This form must be completed, **signed by both parents** and notarized for all children under 18 years old traveling without **both** of their parents.

**Keep the original form with you on your trip.
Return a copy with your application to the Tupelo office.**

Global  Outreach
International, Inc.

Affidavit of Support and Consent

I/We, (insert names of parents of minor going on mission trip), parents of (insert name of child going on mission trip), resident of the United States of America, hereby give full consent and authority to (insert name of team leader or other adult traveling with team) to accompany our son/daughter (insert name of minor child going on mission trip) to (insert final destination of team).

The aforesaid guardian, as proof of his/her identity shall present before authorities his/her Passport No. (insert passport number of team leader or other adult you listed above) issued in (insert place where passport was issued for team leader or other adult listed above) ON (insert date passport was issued for team leader or other adult listed above) and valid until (insert date of expiration of passport for team leader or other leader listed above).

I/We, the parents, after being duly sworn accordingly, hereby depose and say that I am/we are willing and able to maintain and support our child financially and guarantee that he/she will not become a public charge or burden during his/her stay in (insert destination of mission team).

Signature of Parent/Guardian

Signature of Parent/Guardian

WITNESS OUR HAND AND SEAL

This ____ day of _____ 20____.

Notary Public

This form must be completed, signed by both parents
and notarized for all children under 18 years old
traveling without both of their parents.

**Keep the original form with you on your trip.
Return a copy with your application to the Tupelo office.**

Global Outreach

International, Inc.

Travel Agent

CVTravel

Norma Borella

(800) 633-5353

norma@cvtravel.com

www.cvtravel.com

Packing Recommendations from TSA

For your safety, the Transportation Security Administration is screening all checked baggage. You can find further information on the TSA website: www.TsaTravelTips.us

- 1) Don't put your film in your checked baggage, as the screening equipment will damage it.
- 2) Consider putting personal belongings in plastic bags to reduce the chance that a TSA screener will have to handle them.
- 3) Pack shoes, boots, sneakers, and other footwear on top of other contents in your baggage.
- 4) Avoid over-packing your baggage so that the screener will be able to reseal it easily after inspection. If possible, spread your contents over several bags. Check with your airline about weight and size limitations.
- 5) Avoid packing food and drink items in checked baggage.
- 6) Don't stack piles of books or documents on top of each other. Spread them out within your baggage.
- 7) Carry-on baggage is limited to one carry-on bag plus one personal item. Personal items include purses, laptops, small backpacks, briefcases, or camera cases.
- 8) Don't forget to place identification tags with your name, address, and phone number on all of your baggage, including your laptop computer. It is a good idea to place an identification tag inside each bag as well.
- 9) Wait to wrap your gifts. Please be aware that wrapped gifts are subject to search. This applies to carry-on items, as well.

PLEASE CONFIRM FLIGHT RESERVATIONS 72 HOURS PRIOR TO FLIGHT.



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International, Inc.

Checklist for Application

- Completed Volunteer Team Member Application (sign and date)
- Current color Photo (for use in case of emergency) – this
- Brief personal testimony
- Color copy of Passport **(must be valid 6 months past date of trip)**
- Pastoral letter of recommendation (one letter can cover everyone from the same church)
- Statement of Beliefs
- Liability Release Covenant (signed and dated) with signature of witness
- Team Member Agreement
- Insurance Form
- Check in the amount of \$60 payable to Global Outreach International, Inc., for non-refundable application processing fee.
- Check the TSA website for packing regulations (www.tsatraveltips.us).
- For children under 18 traveling without parents:
Return a copy of completed Affidavit of Support and Consent to Tupelo office. Keep original completed form with you for boarding.

**Photocopy all documents for your records
and return to the leader of your team.**

Completed applications and all fees (application fee, insurance, room and board, transportation, project, etc.) must be received in our Tupelo office at least 30 days prior to the team's departure.

**Global Outreach International, Inc.
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croye@globaloutreach.org**