



## Global Outreach International, Inc.

PO Box 1, Tupelo, MS 38802 (mailing)  
74 Kings Hwy, Pontotoc, MS 38863 (physical)  
(662) 842-4615  
[www.globaloutreach.org](http://www.globaloutreach.org)

Dear Team Leader/Member,

09-05-14

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**.
- **Due to the high volume of team applications, partial applications will no longer be accepted.**
- 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/provide the forms listed below:
  - Application (first page only)
  - Liability Release Form
  - Insurance Form
  - Color Copy of Passport
- **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](http://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 (mailing)  
74 Kings Hwy, Pontotoc, MS 38863 (physical)  
(662) 842-4615 ext. 206  
(662) 842-4620 (FAX)  
[croye@globaloutreach.org](mailto:croye@globaloutreach.org)

09/05/14



## Global Outreach International, Inc.

PO Box 1, Tupelo, MS 38802 (mailing)  
74 Kings Hwy, Pontotoc, MS 38863 (physical)  
(662) 842-4615

### 2015-2016 Volunteer Team Member Application

Name of Host  
Global Missionary: \_\_\_\_\_ Destination: \_\_\_\_\_

Travel Dates: \_\_\_\_\_ Team Leader: \_\_\_\_\_

**PLEASE TYPE OR PRINT APPLICATION CLEARLY. YOUR NAME SHOULD BE LISTED 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 No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Skills you will be using on this trip: \_\_\_\_\_ Language Skills: \_\_\_\_\_

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: 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 YOUR \$60 NON-REFUNDABLE APPLICATION FEE AND THESE DOCUMENTS)

**\*\* Color Copy of Passport**

**\*\* Current Photo (can be cell phone picture)**

**\*\* Pastoral Reference**

**\*\* Brief Testimony**

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



(A separate, typed sheet can be inserted here if preferred.)



## **Global Outreach International, Inc.**

### **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 \_\_\_\_\_



**Global Outreach International, Inc.**

**Liability Release**

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 \_\_\_\_\_

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

Emergency Contact (Name) \_\_\_\_\_

Emergency Contact (Phone) \_\_\_\_\_

Exact Dates of Travel \_\_\_\_\_

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

#### REQUIRED TRAVEL INSURANCE:

\_\_\_\_\_ Was purchased with my airline ticket through CVTravel.

\_\_\_\_\_ Was purchased with my airline ticket through another company (Proof of Insurance attached).

\_\_\_\_\_ Please have the Home Office purchase my travel insurance.

\_\_\_\_\_ I am providing Proof of Insurance purchased separately from the 3 options above.

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

Global Outreach International, Inc.  
Attn: Carolyn Roye  
PO Box 1  
Tupelo, MS 38802

Reference: In memo line of the check, Team Account Number provided to you

Sign: \_\_\_\_\_ Date: \_\_\_\_\_





**Global Outreach International, Inc.**

**Affidavit of Support and Consent**

I/We, \_\_\_\_\_, parent(s) of \_\_\_\_\_, resident of the United States of America, hereby give full consent and authority to \_\_\_\_\_ (Team Leader) to accompany my/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 parent(s), after being duly sworn accordingly, hereby depose and say that I am/we are willing and able to maintain and support my/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 at least one (1) parent** 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 (Example)

I/We,       (insert names of parents of minor going on mission trip), parent(s) 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 my/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 parent(s), after being duly sworn accordingly, hereby depose and say that I am/we are willing and able to maintain and support my/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 at least one (1) parent 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.

### 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
<b>Plan Information</b>	
▪ Deductible	\$0
▪ Coinsurance for treatment received outside the U.S. & Canada	No Coinsurance
▪ Coinsurance for treatment received within the U.S. & Canada	
<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
<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
<b>Medical Benefits – \$1 Million Maximum Benefit (\$100,000 Maximum Benefit for ages 70 – 79)</b>	
<i>Usual, reasonable and customary charges, subject to deductible and coinsurance</i>	
▪ Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
▪ Out-patient Medical	Up to the Maximum Limit
▪ Prescription Drugs	Up to the Maximum Limit
▪ Emergency Room Accident	Up to the Maximum Limit
▪ Emergency Illness – with In-patient Admission	Up to the Maximum Limit
▪ Emergency Illness – without In-patient Admission	Up to the Maximum Limit with additional \$250 deductible
<b>International Emergency Care – When coordinated through the Plan Administrator</b>	
▪ Emergency Evacuation	Up to \$500,000 lifetime maximum (independent of Maximum Limit)
▪ Emergency Reunion – Travel Expenses for a relative or friend during a medical evacuation	Up to \$50,000
▪ Return of Mortal Remains	Up to \$50,000
▪ 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.

# CVTravel, Inc. “The Kingdom Company” International Medical Group® Summary of Benefits

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
<b>PLAN INFORMATION</b>	
▪ Coverage Maximum	\$1,000,000 per person
▪ Deductible	\$0
▪ Coinsurance for treatment received outside the U.S. & Canada	No Coinsurance
▪ Coinsurance for treatment received within the U.S. & Canada	
<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
<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
<b>Medical Benefits – Usual, reasonable and customary charges, subject to deductible and coinsurance</b>	
▪ Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
▪ Intensive Care	Up to the Maximum Limit
▪ Medical Expenses	Up to the Maximum Limit
▪ Out-patient Medical	Up to the Maximum Limit
▪ Local Ambulance	Up to the Maximum Limit
▪ Prescription Drugs	Up to the Maximum Limit
▪ Emergency Room Accident	Up to the Maximum Limit
▪ Emergency Illness – with In-patient Admission	Up to the Maximum Limit
▪ Emergency Illness – without In-patient Admission	Up to the Maximum Limit with additional \$250 deductible
▪ Sudden and unexpected recurrence of a Pre-existing Medical Condition (US citizens only)	Up to age 65 with primary health plan – Up to plan maximum Up to age 65 with no primary health plan - \$20,000 maximum Age 65+ - \$2,500 lifetime maximum
▪ Sudden and unexpected recurrence of a Pre-existing Medical Condition for an Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses
▪ Lost Luggage	Up to \$50 per item of personal property Maximum of \$250 per period of coverage
<b>International Emergency Care – When coordinated through the Plan Administrator</b>	
▪ Emergency Evacuation	Up to \$500,000 lifetime maximum (independent of Maximum Limit)
▪ Emergency Reunion	Up to \$50,000
▪ Return of Mortal Remains	Up to \$50,000
▪ Return of Minor Children	Up to \$50,000
▪ Political Evacuation	Up to \$10,000

This is only a summary of proposed benefits and coverages. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this summary. The Certificate Wording prevails over any information provided in this summary.

# Resources



## Passport

A United States Passport is your key to international travel. When presented abroad, it is a request to foreign governments to permit you to travel or temporarily reside in their territories and access all lawful, local aid and protections. It allows you access to U.S. Consular services and assistance while abroad. Most importantly, it allows you to re-enter the United States upon your return home.

<http://travel.state.gov>

---



## Visa

It's important for all United States citizens to check with the state department or visa service to make sure you have all the documentation needed to enter into a foreign country.

<http://world-visa.com>

---



## Travel Warnings

Travel Warnings are issued when long-term, protracted conditions that make a country dangerous or unstable lead the State Department to recommend that all Americans avoid or consider the risk of travel to that country. A travel Warning is also issued when the U.S. Government's ability to assist American citizens is constrained due to the closure of an embassy or consulate or because of a drawdown of its staff. Please click for a list of countries listed that meet those criteria.

<http://travel.state.gov>

---



## STEP

Smart Traveler Enrollment program (STEP) is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in a foreign country.

<http://step.state.gov>

---



## Currency Exchange

Travelers should always check the exchange rate of the countries they plan to visit before leaving the United States. It is recommended that you become familiar with currency denominations and appearance before you arrive into a strange country.

<http://exchangerate.com>

---



## Immunization

Travelers should always check with the Center of Disease Control to get the latest requirements for traveling to foreign countries. Immunizations and vaccinations are required in some countries for entry and also to re-enter into the United States after visiting countries that have had outbreaks of infectious diseases.

<http://www.cdc.gov>

---



### **Weather**

Check the weather for your destination where you can arrive prepared for weather conditions.

<http://www.weather.com>



### **International Travel Information**

Familiarize yourself with your destination country. Stay informed of conditions abroad that may affect your safety and security

[International Travel Information](#)



**Global Outreach International, Inc.**

**Travel Agent**

**(800) 633-5353**

[norma@cvtravel.com](mailto:norma@cvtravel.com) – Norma Borella (President)

[jennifer@cvtravel.com](mailto:jennifer@cvtravel.com) – Jennifer Rush (Reservations)

[www.cvtravel.com](http://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](http://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.**



## Global Outreach International, Inc.

### Checklist for Application (Full)

**PLEASE NOTE – DUE TO THE HIGH VOLUME OF TEAM APPLICATIONS:**

**1. WE WILL NO LONGER BE ABLE TO ACCEPT PARTIAL APPLICATIONS**

**2. ALL DOCUMENTS MUST BE PLACED IN ORDER LISTED BELOW**

- \_\_\_ 1) Completed Volunteer Team Member Application (signed and dated)
- \_\_\_ 2) Color copy of Passport on 8 ½ x 11 sheet of paper.  
**(must be valid 6 months past date of trip)**
- \_\_\_ 3) Current color Photo – this can be a cell phone picture or if actual photo, please tape picture to separate sheet of 8 ½ x 11 sheet of paper.
- \_\_\_ 4) Pastoral Letter of Recommendation – Team Leader can send one letter for all team members from the same church.
- \_\_\_ 5) Brief Personal Testimony – please write or type on 8 ½ x 11 sheet of paper.
- \_\_\_ 6) Statement of Beliefs (signed and dated)
- \_\_\_ 7) Liability Release Covenant (signed and dated) with signature of witness
- \_\_\_ 8) Affidavit of Support and Consent (if applicable) (signed, dated and NOTARIZED)
- \_\_\_ 9) Team Member Agreement (signed and dated)
- \_\_\_ 10) Insurance Form (insurance option marked, signed and dated)
- \_\_\_ 11) Proof of Insurance copy, if insurance was purchased separately from CVTravel or Home Office.
- \_\_\_ 12) \$60 non-refundable Application Fee (if sending in application electronically, Please put check in the mail the same day. Until check arrives in the Home Office, application is considered partial).  
**(Please do not copy forms on front and back)**

**Completed applications and all fees must be received in our Tupelo office at least 30 days prior to the team's departure.**