



Dear Friend,

We are so excited that you will be joining us in Honduras soon on a team! Our hope is during your time serving the people of Honduras and your fellow team members, that the Lord will also minister His love and grace to you in a new and beautiful way.

As you and your team prepare, there are few things you'll need to know and do to get ready. Attached you'll find information about costs and payment schedule, what to bring, and an application that needs to be returned to us along with a copy of your passport, medical insurance card and a background check.

Your team leader will also receive a schedule for the week that he or she will pass along to you along with an additional budget for the team projects you'll be doing during your week in Honduras.

It is very important that you and your team begin praying and seeking the Lord in preparation for your trip. Prayer is vital and key to the success of your trip. We also recommend reading "When Helping Hurts, Helping without Hurting in Short-term Missions" along with your team.

We are looking forward to having you join us in Honduras and serving our Father and His kiddos together. If you have any questions or concerns, please don't hesitate to contact us.

In Christ,

Emilee Connell



## SoloHope, INC International Mission Trip

### COST INFORMATION

Below you will find our team cost and payment schedule:

Ground fee for teams of 10+ people: \$500

Teams of 6-9 people: \$550

<b>Team Payment Schedule</b>	
To reserve dates (At least 5 months in advance of team dates)	\$100 non-refundable deposit per person
3 months in advance of scheduled team dates	50% of remaining balance
1 month in advance of scheduled team dates	Remaining balance + Team Project Expenses (Final Payment)

***Balance is refundable until date of final payment is made. No refunds will be issued after final payment has been made.***

This ground fee is the cost of an 8-day trip (i.e. Saturday to Saturday) and includes lodging, food, transportation and translators for the duration of your trip. It does NOT include your airfare or travel insurance. Each team member is responsible for purchasing their own airfare and travel insurance.

Team projects are additional to the ground fee and will be determined based on your team's planned activities and projects. A separate budget will be sent to your team leader for those costs.



## SoloHope, INC International Mission Trip

### WHAT TO BRING

- Personal medications
- Toiletries
- Baby wipes
- Hand sanitizer
- Towel and washcloth
- Plastic bag for dirty laundry
- Appropriate dress
  - Casual clothing
  - Long Pants or capris
  - Light Sweater/Jacket
  - Women: Skirt or dress below knee for church
  - No shorts, tank-tops, or tight-fitting clothes
- Appropriate footwear
  - Closed toe shoes
- Hat/sunglasses for the sun
- Sunscreen
- Bug spray
- Feminine products
- Flip-flops for the shower
- One-piece bathing suit (for women) with T-shirt to wear over the top
- Rainproof windbreaker that folds up small
- Passport + Copy of Passport
- Roll of toilet paper (crushed to fit in suitcase) or Kleenex tissues
- Ear plugs (for your snoring roommate)
- All needed supplies for your team's scheduled activities



## SoloHope, INC International Mission Trip Application

Applicants under 18 years of age must have a parent/guardian complete the form

Trip Start Date \_\_\_\_\_ Trip End Date \_\_\_\_\_

### **GENERAL INFORMATION**

Name: As it appears on your passport

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Name \_\_\_\_\_ (Name you wish to be called)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

T Shirt Size \_\_\_\_\_ Team Leader Name \_\_\_\_\_

Name of church you attend \_\_\_\_\_

Church Website \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_



## SoloHope, INC International Mission Trip Application

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Number \_\_\_\_\_ Group \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**MEDICAL INFORMATION** (Please attach a separate sheet of paper if needed to answer any medical questions completely)

Do you have any allergies \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List any specific medical conditions requiring medical treatment and/or medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications taken on a regular basis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SoloHope, INC International Mission Trip Application

### MEDICAL INFORMATION

List all operations and serious injuries. Please include dates. \_\_\_\_\_

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Do you have any special dietary restrictions? \_\_\_\_\_ yes \_\_\_\_\_no

If yes, please explain \_\_\_\_\_

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Do you have any physical limitations that would affect your ability to participate effectively on this mission team? \_\_\_\_\_ yes \_\_\_\_\_no If yes, please provide details on a separate sheet and attach to this application.

Do you have difficulty with any of the following: If yes, please provide details on a separate sheet and attach to this application.

Walking distances \_\_\_\_\_ Intolerance to heat/sunlight \_\_\_\_\_ Climbing hills/stairs \_\_\_\_\_

Riding distances in vehicles \_\_\_\_\_ Lifting \_\_\_\_\_ History of altitude sickness \_\_\_\_\_



## SoloHope, INC International Mission Trip Application

### YOUR STORY

We want to know more about you and the gifts and talents that God has given you. Please answer the following questions and attach a separate sheet of paper if necessary.

What previous overseas experience do you have? Please list location, dates and focus of trip.

Are you fluent/conversational in another language other than English?

What are your talents or skills? For example: construction, translating, teaching, music

In 2-3 paragraphs, please describe your personal relationship with Jesus. (*We encourage you to honestly write about how your life was before Christ, what happened when you came into a personal relationship with Christ, and how He has changed your life since.*)



## SoloHope, INC. Liability Release Form

*Warning: This is a complete release of potential claims*

**TO BE COMPLETED BY APPLICANT IF 18 OR OLDER OR BY A PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS UNDER THE AGE OF 18. THIS FORM MUST BE SIGNED AND NOTARIZED AND THE ORIGINAL MAILED TO SOLOHOPE, INC. NO COPIES WILL BE ACCEPTED.**

In consideration of my being accepted by SoloHope, INC for participation on a Mission Team to \_\_\_\_\_ on \_\_\_\_\_ thru \_\_\_\_\_, I make the representations and undertakings set out below:

I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I know that international travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.

In the event of an emergency, I hereby authorize the team leader of this trip, appointed by SoloHope or their appointed leader, as an agent for me to consent to: any x-ray examination; to hospitalize, anesthetize, or perform surgery as needed; consent to medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted by telephone or email as soon as possible after any illness or injury.

I acknowledge that SoloHope has recommended that I carry or obtain primary medical insurance





## SoloHope, INC Liability Release Form (Continued)

to cover possible medical needs including evacuation occurring during this trip and that SoloHope has required that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip. I understand that if travel insurance is NOT obtained, I may be forfeiting my place on this trip and any fees that may have been paid.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and all other damage or expenses I may suffer because of participation in the trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of my evacuation and medical care I might receive.

### **PLEASE CAREFULLY READ THE FOLLOWING AND INITIAL EACH PARAGRAPH.**

In consideration of my being permitted to participate as a SoloHope member on the above missions trip, I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited to the risks and hazards identified above. \_\_\_\_\_

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify SoloHope, its directors, officers, agents, employees, coordinators, facilitators, volunteer, and other team members from any and all liability, claims, demands, actions or rights or actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically including but not limited to the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer. \_\_\_\_\_

I agree not to make a claim, file suit or demand anything for any injury, death or loss that arises from my participation in this activity. \_\_\_\_\_

I agree to pay the costs and/or legal expenses incurred by the trip leader(s) organizers and/or participants as a result of any claim or suit filed by me, or filed by anyone else as a result of my conduct. \_\_\_\_\_

I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or



## SoloHope, INC. Liability Release Form (Continued)

other medical situation during, or resulting from, my participation. \_\_\_\_\_

I authorize SoloHope to arrange for transportation, food, and lodging for me on this trip. \_\_\_\_\_

I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns. \_\_\_\_\_

**I HAVE READ THIS RELEASE CAREFULLY, INCLUDING THIS PAGE AND THE PRIOR PAGE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.** (to be completed by applicant if 18 or older or by parent or guardian of applicant if applicant is under the age of 18.)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**RELATIONSHIP TO APPLICANT IF APPLICANT IS UNDER 18** \_\_\_\_\_

**FULL ADDRESS** \_\_\_\_\_

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

**NAME OF MINOR CHILD** \_\_\_\_\_

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_



## SoloHope, INC. Participant's Agreement

I, the undersigned participant, acknowledge and agree to the following:

- I will abide by the direction and instructions of my team leader as appointed by SoloHope
- I will be willing to take a servants role
- I will abide by the local customs
- I will participate in all team meetings, activities, and services with my team
- I will refrain from possessing a negative attitude or using abusive, prejudice or offensive language
- I will refrain from the use of tobacco, alcohol, illegal drugs, and using profanity
- I will accept full financial responsibility for any injury or illness that I may sustain during this trip
- I understand and authorize that my address and email address can be added to SoloHope's mailing lists
- I acknowledge that I am receiving no financial compensation of any type for participation on this trip
- I understand that all expenses associated with my participation in this trip are my responsibility
- I understand that at no time without permission from SoloHope leadership am to give money or gifts or make promises of any kind to anyone including but not limited to translators, staff, or anyone outside of my team
- I understand that all costs for this trip are to be submitted in accordance with the required schedule of payment due dates for this trip
- I give my permission to SoloHope to use any oral or written comments made by, and any photographs or videos taken of, the participant for promotional purposes
- I understand that at NO time am I to go anywhere alone or without the consent of my team leader and SoloHope leadership. Doing so could result in my immediate return home, in which all expenses will be completely my own

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE MAIL THE FOLLOWING ITEMS WITH YOUR APPLICATION: A SCANNED COPY OF THE PASSPORT INFORMATION PAGE INCLUDING PICTURE AND SIGNATURE, A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD AND A COPY OF A CURRENT BACKGROUND CHECK.**