



## Mission Team Forms

Thank you for following God's calling to want to serve alongside of ROWKIDS in reaching our worlds' children through education. ROWKIDS is here to assist you in any way possible and to make this trip a life changing experience for you. Enclosed are the forms that will be needed for your mission trip. All paperwork must be completed along with \$100 deposit to secure your space on the mission trip. The following checklists will help you to ensure you have completed all of the proper forms.

Once completed please send all **paperwork** to:

**John Eve  
148 Stoney Crossing  
Bluffton, SC 29910**

**Paperwork Questions can be directed to: [John@rowkids.org](mailto:John@rowkids.org)**

Send all **Checks**, Made out to ROWKIDS to:

**ROWKIDS  
148 Stoney Crossing  
Bluffton, SC 29910**

**Payment and other questions Directed to John Eve: 843-301-5949  
[John@rowkids.org](mailto:John@rowkids.org)**



## CHECKLIST:

- \_\_\_\_\_ One Hundred (\$100) Deposit Check written to ROWKIDS (All)
- \_\_\_\_\_ Copy of Passport (All must be good for 6 months after trip return date)
- \_\_\_\_\_ Volunteer Information Form (Adult, 12 yrs old and older)
- \_\_\_\_\_ Volunteer Information Form for Children under 12 (Minor Under 12)
- \_\_\_\_\_ Medical Information and Release Form, Notarized (All)
- \_\_\_\_\_ Physicians Note (Optional, unless requested by Team Leader)
- \_\_\_\_\_ Parental Consent Form, Notarized (Required for anyone under 18)
- \_\_\_\_\_ Airfare Refund Procedures Acknowledgement (All)
- \_\_\_\_\_ Waiver of Liability and Hold Harmless Agreement (All)

If you have been on a ROWKIDS mission trip within the past three (3) years you will only need to complete the following paperwork:

- \_\_\_\_\_ One Hundred (\$100) Deposit Check written to ROWKIDS
- \_\_\_\_\_ Copy of Passport (Only if a new one)
- \_\_\_\_\_ Medical Information and Release Form, Notarized
- \_\_\_\_\_ Airfare Refund Procedures Acknowledgement
- \_\_\_\_\_ Waiver of Liability and Hold Harmless Agreement





## Mission Team Volunteer Information Form

Please complete the following form so that ROWKIDS will be able to better assist you during your volunteering experience. Attach additional sheets of paper if extra room is needed in answering questions. Fill out the General Information as it would appear on your Passport. (NOTE: ROWKIDS will never sell or share any of your information with any third party). Once you have completed the form, please mail to the address listed on the front page of your packet.

**Date of Mission Trip:** \_\_\_\_\_

### GENERAL INFORMATION

Name (As it appears on your passport):

\_\_\_\_\_  
(Last) (First) (Middle) (Preferred Nickname)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation or School (If Student): \_\_\_\_\_

Parent's name(s) if under 18: \_\_\_\_\_

Parent's Signature for this trip (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Passport #: \_\_\_\_\_ Where Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

If you would like purchase more t-shirts than the one provide enter how many additional: \_\_\_\_\_

ROWKIDS has my permission to photograph and/or video me, and use these images to promote the mission of ROWKIDS: \_\_\_\_ yes \_\_\_\_ no

I would like to receive newsletter and other communication from ROWKIDS: \_\_\_\_ yes \_\_\_\_ no

**Emergency Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## CHARACTER REFERENCE

Please provide the contact information of a local Pastor that is willing to serve as your character reference. You are also encouraged to attach a letter of recommendation from the Pastor, in addition to filling out the below information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

On a separate sheet of paper, please state:

- Why you want to go on this trip?
- What you hope to gain from this trip
- How you hope God will use it to change your worldview

Do you have any musical ability? \_\_\_\_\_ If so, what instrument? \_\_\_\_\_  
Do you sing? \_\_\_\_\_

Describe any training in evangelism, public speaking, or leading Bible studies that you have led:

\_\_\_\_\_  
\_\_\_\_\_

Have you taken First Aid Training? \_\_\_\_\_

Have you had any type of Medical Training, if so please explain?

\_\_\_\_\_

Evaluate yourself on each of the following areas by circling the number that best correlates:

	Very Good			Needs Improvement	
Relation to the Lord	5	4	3	2	1
Flexibility/Adaptability	5	4	3	2	1
Leadership Potential	5	4	3	2	1
Ability to get along with others	5	4	3	2	1
Respect for Authority	5	4	3	2	1
Sensitivity to Others	5	4	3	2	1
Positive Attitude	5	4	3	2	1
Ability to Work Hard	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Servants Heart & Attitude	5	4	3	2	1

With what organization, if any, will your volunteering for ROWKIDS be affiliated? (*i.e. church, school, civic group, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered with ROWKIDS before? If yes, please indicate Country and Dates?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever traveled out of the country? If yes, where? \_\_\_\_\_

Have you ever been on a domestic or international mission trip? If yes, where did you go and what did you do?

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Is there anything that might limit your level of activity or ability to volunteer?

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**Commitment:**

⇒ Are you willing to accept the culture of the host country in which you and your team will serve, and refrain from criticism (in word, deed, or implication) of national custom and practice? \_\_\_yes \_\_\_no

⇒ Are you willing to work under the direction of the team leader, host missionaries and national pastors, and to accept and perform any and all assignments cheerfully? \_\_\_yes \_\_\_no

⇒ Are you willing to joyfully affirm and embrace the standards of the national Christians, even if they are more strict, or are different from your own? \_\_\_yes \_\_\_no

⇒ Do you commit to fulfilling all the training responsibilities, including team meetings, assignments and requirements? \_\_\_yes \_\_\_no

Use the space below to provide any additional information you would like us to know or to add any additional comments:

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

If participant is under 18, parents must sign below:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**ROWKIDS INTERNATIONAL MISSION TRIP**

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for receiving permission to participate in ROWKIDS, Inc. construction/medical mission project, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE ROWKIDS, the Board of Trustees, it's staff, leaders or volunteer's of ROWKIDS (all being hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such course activity, or while in, on or upon the premises where the activities are being conducted.

2. To the best of my knowledge, I am of fit health and condition, I am fully aware of the risks and hazards connected with transportation to and from location(s) for camping, construction, etc. including the risk that these activities can cause serious injury or even death, and I hereby elect to voluntarily participate in said activities, and to enter the above-named premises and engage in such activities which may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that the Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of South Carolina.

5. I further hereby give ROWKIDS my full permission to photograph and or video me, and use the photographs and video images of me in publications, fundraising etc. Yes\_\_\_\_\_ No\_\_\_\_\_

6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; that am at least eighteen (18) years of age and fully competent and if I am not my legal guardian has also expressed their consent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

Participant \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature of Participant)

**FOR PARTICIPANTS UNDER 18:**

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

State of South Carolina      County of Beaufort

Before me, on this day personally appeared \_\_\_\_\_, the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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







REACHING OUR

WORLD'S KIDS

### MEDICAL INFORMATION & RELEASE FORM

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Email \_\_\_\_\_

Country \_\_\_\_\_ Departure Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location \_\_\_\_\_ Return Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Project Name \_\_\_\_\_ Team Leader \_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_

(Participant)

(Another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physicians Name \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Medical Insurance Co. Name \_\_\_\_\_ Medical Insurance Co. Phone \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

Allergies and Medications \_\_\_\_\_

Physical disabilities and health problems – indicate whether you have special needs regarding sleeping accommodations, meals, etc.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(For youth under 18)

#### **Notarization of Medical Release Form**

State of South Carolina County of Beaufort

Before me, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

# USE THIS FORM ONLY IF YOU ARE BEING TREATED FOR A CONDITION WHICH MAY CAUSE PROBLEMS ON THE MISSION TRIP.

## TO MY PHYSICIAN:

I plan to participate as a volunteer in a ROWKIDS Mission project in \_\_\_\_\_.  
(Location of project)

I will be doing manual labor outdoors in a climate that is:  hot and humid  cold and damp  other.

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Health care facilities may be inadequate or nonexistent. The Department of Health and or The Center for Disease Control (CDC) may recommend the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The drug of choice of diarrhea prevention is Ciprofloxin 500 mg once a day beginning the day of travel, increasing dose to 500 mg. every 12 hours if illness occurs.
3. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
4. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24-hour hotline, 404-332-4559.
6. In most countries where teams serve, use of a sunscreen with an SPF factor of 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above.

Signed: \_\_\_\_\_, M.D.                      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical examination performed? \_\_\_\_ Yes \_\_\_\_ No

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_



# PARENTAL CONSENT FORM

(ROWKIDS must have signatures of both parents that are not accompanying the minor on the trip. If one parent is deceased, attach a death certificate.)

We, \_\_\_\_\_, the parents/guardians of  
Parents or Guardian  
\_\_\_\_\_, give our child, a minor of \_\_\_\_\_  
Name of child address

permission to accompany a ROWKIDS, Inc. Mission team to \_\_\_\_\_  
Location  
traveling during, \_\_\_\_\_ and to participate as a member of the group. We acknowledge  
Dates of Trip

that we are allowing our child to participate entirely upon our own initiative, risk and responsibility. We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury. Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s) \_\_\_\_\_  
ROW KIDS, Inc., their Board of Director, employees and anyone associated with ROW KIDS, Inc., its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip. It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) \_\_\_\_\_

\_\_\_\_\_, to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

### **Notarization of Medical Release Form**

State of South Carolina      County of Beaufort

Before me, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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



## Airfare Refund Procedures Acknowledgment

Dear Mission Trip Traveler,

In an effort to use the Lord's resources more wisely, we ask that persons traveling with us on overseas missions trips accept the responsibility of paying for all of their own airline fare and non-refundable deposits should members choose not to go for personal reasons or in extreme cases (i.e. change of mind or being asked not to go by the ROWKIDS Mission Board).

We don't believe we are asking you to assume any more risk than you would if you were purchasing your own tickets for personal travel. There have been occasions when people changed their minds about a trip after ROWKIDS had purchased a ticket, but prior to receiving payments for the tickets. This causes ROWKIDS to absorb the loss and hampers our ability to help the children.

Before the ticket purchase is made, you are being given the option by ROWKIDS to purchase travelers insurance for you at an additional cost to you. This insurance will cover some cancellation conditions such as: life threatening medical conditions, State Department travel restrictions etc., but not all. These policies are subject to lengthy documentation requirements and scrutiny and you would only be able to pursue reimbursement in limited circumstances.

Tickets canceled for personal reasons will be the property of the traveler to use within conditions established by the airlines. In the past this has meant that the traveler had to use the unused ticket within one year of purchase.

We appreciate your understanding in this matter and ask that you acknowledge below your willingness to be responsible for your airline fare and non-refundable deposits, and if you do or do not want to purchase the travelers insurance at your expense.

I am so glad you are following God's call to be a part of this trip. We want to encourage, help, supply, or serve you any way we can in this adventure. If you have any questions, or want to just talk about anything regarding this trip, please call me at (843) 301-5949.

**\_\_\_\_\_ I want ROWKIDS to purchase trip insurance for me, and I will pay the cost (Cost is \$70.00 and up depending on what percentage of coverage you choose).**

**\_\_\_\_\_ I do not wish for ROWKIDS to purchase travelers insurance. I understand that if the trip is canceled for any reason or if I do not go for any reason I will not be refunded any moneys.**

For the King and the Kingdom!  
John M. Eve

### MEMORANDUM

To: ROWKIDS

I, \_\_\_\_\_, understand that I am responsible for paying the complete cost of my airline fare, non-refundable deposits once tickets are purchased and the cost of the travelers insurance, even if I decide not to go for personal reasons. I also understand that I may only receive full reimbursement of my airline fare for conditions outlined in the travel insurance policy, and only if I have purchased the optional travelers insurance.

\_\_\_\_\_  
(Signature/Date)

State of South Carolina      County of Beaufort

Before me, on this day personally appeared \_\_\_\_\_, the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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