

# Latin American Mission Partnership

February 21 - 28, 2017 MISSION TRIP

## APPLICATION INFORMATION

*L.A.M.P.'s mission is to further Christian relationships between churches of the presbyteries of Cayuga-Syracuse and Utica in Central New York and churches of the Campechano Presbytery in Mexico's Western Yucatan in order to learn from each other, grow in our faith together, and assist in mutual projects to strengthen our faith communities.*

**Applicants must meet the following deadlines to participate in the mission trip.**

### OCTOBER 1 DEADLINE:

- **Submit \$400 deposit with completed application** (pages 3-5).  
(If you decide to cancel before the November 1 deadline, your \$400 deposit will be refunded.)
- Submit signed copy of the *Sexual Misconduct Policy* form (page 6) with the application.
- Submit signed copy of the *Hold Harmless, Waiver of Liability, and Emergency Medical Care Authorization* form (pages 7-8) with the application.
- Submit a copy of your passport's page with picture and issuing information. Passports must be valid six months **AFTER** the trip's conclusion. If you do not have a passport, you must fill out the application for a passport and submit a copy with your trip application. (You can hold off on mailing in your passport application until you receive notice that you have been accepted for the mission trip. You should mail the passport application immediately after acceptance.)
- Applicants will be notified by October 15 regarding acceptance for the trip.

### NOVEMBER 1 DEADLINE:

- **Submit payment of \$350.**
- Submit an envelope with medical information. The envelope should contain copies of health insurance forms (including any overseas medical coverage), the names/addresses/phone numbers of your doctors, information on any pre-existing chronic medical conditions and other information that may be useful if you have a medical emergency. Seal the envelope and put your name on the outside. If there is no medical emergency, the envelope will be destroyed at the end of the trip.

### DECEMBER 1 DEADLINE:

- **Submit final payment of \$350.**  
The total cost of the trip is approximately \$2,100 per person. Because the presbyteries, particular churches and individuals provide support for this partnership, the requested participant contribution is \$1100.
- Submit a copy of your passport's page with picture and issuing information if you did not have one for the October 1 deadline.

## **Youth Requirements for Mission Trip:**

Youth must meet the stated age and documentation requirements by the trip departure date:

- Minimum age of 14 years.
- Youth 14-16 years old must be accompanied by a parent or legal guardian (this can be one of the adult participants on the trip).
- Youth 17 years old must have a notarized youth permission slip, but do not need an accompanying parent or guardian.
- Notarized youth permission slips must be signed by EACH legal parent or guardian. Forms are available from LAMP.

## **Application Process, Participant Cancellation, & Missed Payment Policies:**

- The Application Sub-Committee may not be able to approve all applications for each trip. Decisions by the Application Sub-Committee can be reviewed if requested in writing within seven days of the decision.
- If a payment is not received by the deadline, the individual forfeits his/her spot on the trip. Deposits and payments will be refunded only if possible based on the considerations of the expenses incurred by LAMP to others (i.e. airlines, hotels, etc.) and whether another person can fill the cancelled applicant's spot.
- If a participant is not able to go on the trip because of an illness or family emergency, LAMP will do everything possible to make refunds. There may be some non-recoverable expenses.

## **Scholarships**

A limited number of mission trip scholarships are available. Scholarships are based on funds available and demonstration of need. An applicant is eligible for *one scholarship\**. *Once a scholarship is granted, an applicant is not eligible for scholarships on future LAMP mission trips.*

Scholarships will be awarded up to the maximum of fifty percent of the total participant cost. Scholarship Sub-Committee members will abstain from voting on the scholarship request of a family member.

Any person interested in applying for a scholarship must submit a request outlining reasons for financial need by October 1<sup>st</sup>. The sub-committee may also ask additional questions to the applicant in confidence regarding financial status. A response will be provided before the November 1 deadline.

\*There are positions during mission trips that are critical. If the LAMP Steering Committee determines that individuals who fill crucial positions are needed on a trip and they have financial need, LAMP may award scholarships to these individuals for more than one trip.

**Latin American Mission Partnership**  
February 21-28, 2017 MISSION TRIP APPLICATION

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Nickname \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell or Daytime Phone: \_\_\_\_\_

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

(Please note that we rely *heavily* on e-mail correspondence for communication.)

Parent or Guardian Email Address (if applicable): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Nationality: \_\_\_\_\_

Professional position or grade in school: \_\_\_\_\_

Church affiliation & location: \_\_\_\_\_

Church position and / or activities you are involved in at your church: \_\_\_\_\_

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

Please answer ALL of the following questions to the best of your ability. Your answers will help in planning the trip. Please feel free to attach additional sheets as necessary.

1. Why do you want to join the next LAMP mission trip? \_\_\_\_\_

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

2. How has God impacted your life? \_\_\_\_\_

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

3. What have you learned about previous LAMP mission trip(s)? \_\_\_\_\_

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

4. What impact do you expect this trip to have on your life? \_\_\_\_\_

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

5. Do you know a previous LAMP participant? YES NO Who? \_\_\_\_\_

6. If applications exceed trip capacity, another trip may be formed. Would you be interested in a later trip? YES NO POSSIBLY

Explain "possibly": \_\_\_\_\_

7. Even with planning, projects and activities can vary. We have learned that interests, needs, abilities, and supplies in Mexico can and do change what we accomplish. All LAMP participants must be flexible. What activities would you feel comfortable participating in while in Mexico? Please feel free to add activities that you feel are important.

- |   |  |
|---|--|
| <input type="checkbox"/> Leading small and/or large group activities      | <input type="checkbox"/> Music (guitar, voice, or other)   |
| <input type="checkbox"/> Financial accounting                             | <input type="checkbox"/> Video-recording   |
| <input type="checkbox"/> Leading (English) group devotionals              | <input type="checkbox"/> Pastoral care   |
| <input type="checkbox"/> Childcare  | <input type="checkbox"/> Spanish language interpreter<br>(must have <i>strong</i> language skills) |
| <input type="checkbox"/> Journaling / writing                             | <input type="checkbox"/> Painting / cleaning   |
| <input type="checkbox"/> Website management                               | <input type="checkbox"/> Cooking / meal preparation  |
| <input type="checkbox"/> Concrete / Construction work                     | <input type="checkbox"/> Public speaking   |
| <input type="checkbox"/> Shoveling, lifting, and handling heavy materials | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Carpentry  | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Medical care (nurse? doctor?)                    | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Photography                                      | <input type="checkbox"/> _____   |

8. Do you speak Spanish? Please explain your skill level and experience. \_\_\_\_\_

\_\_\_\_\_

9. Does your medical insurance cover overseas travel: YES NO

10. Do you smoke? YES NO General Health: EXCELLENT GOOD FAIR

11. Are you currently under a physician's care and/or receiving prescribed medication of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you have any dietary restrictions? Explain: \_\_\_\_\_

(Note: Strict vegetarian diets may not be able to be accommodated.)

13. Please list as emergency contacts two people who will be in the United States during the trip:

Name	Relationship	Phone-Day	Phone-Evening
_____	_____	_____	_____
_____	_____	_____	_____

14. Has another member of your family applied for this LAMP trip?      YES    NO

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

15. Is there someone you wish to share a room with?    NO    YES \_\_\_\_\_ (name)

**Mission Trip Covenant**

I have read the attached application information and understand the Christian mission of LAMP. As a participant on this mission trip, I will covenant to:

- 1) Attend cultural training sessions/orientation meetings in November and in January (exact dates and times to be scheduled with group participants).
- 2) Engage fully in all group activities both in the USA and in Mexico.
- 3) Participate in a commissioning service in my congregation or at a presbytery meeting.
- 4) Attend a debriefing in March (exact date and time to be determined by group participants).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail:**

- Mission Trip Application**
- Sexual Misconduct Policy**
- Hold Harmless, Waiver of Liability, Emergency Medical Care Authorization**
- \$400 deposit check**
- copy of your passport's picture page or copy of application**

**To:** Art Adamsen, 7578 Manor Lane, Liverpool, NY 13088

Checks should be made payable to *Northminster Presbyterian Church*.

## SEXUAL MISCONDUCT POLICY

### Definitions Related to Sexual Misconduct

*Sexual harassment* is defined for this policy as follows: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or their continued status in an institution;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or offensive environment.

*Sexual misconduct* is the comprehensive term used in this policy and it includes the following:

1. Child sexual abuse
2. Sexual harassment, as defined above
3. Rape or sexual contact by force, threat, or intimidation.
4. Sexual conduct (such as offensive, obscene, or suggestive language or behavior, unacceptable visual contact, unwelcome touching or fondling) that is injurious to the physical or emotional health of another.
5. *Sexual malfeasance* defined as sexual conduct within a ministerial (e.g., clergy with a member of the congregation) or professional relationship (e.g., counselor with a client; lay employee with a church member; presbytery executive with a committee member who may be a layperson, a minister, or an elder). Sexual conduct includes unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature. This definition is not meant to cover relationships between spouses, nor is it meant to restrict church professionals from having normal, mutual, social, intimate, or marital relationships.

*Volunteer* is the term used for persons who provide services and receive some benefits (e.g., food, shelter, transportation, risk management insurance, or the like) but no remuneration. For purposes of this policy, volunteers are treated the same as employees.

Please complete the following certification: I certify that (a) no civil, criminal, or ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; and (b) I have never resigned or been terminated from a position for reasons related to sexual misconduct.

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

(Note: If you are unable to make the above certification, you may instead provide a description of the complaint, termination, or the outcome of the situation and any explanatory comments you care to add.)

**HOLD HARMLESS, WAIVER OF LIABILITY,  
AND EMERGENCY MEDICAL CARE AUTHORIZATION**

The Presbyterian Church (U.S.A.) Latin American Mission Partnership is sponsoring a mission trip to Campeche, Mexico from February 21 through 28, 2017 (herein referred to as the "Program". I, \_\_\_\_\_ (*participant name*), of \_\_\_\_\_ (*address*), in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Presbyterian Church (U.S.A.), the General Assembly, all of its entities, Presbyterian Church (U.S.A.), a Corporation, the Sponsor, their staff members, successors, assigns, officers, agents, representatives, ministry divisions, and entities (hereinafter referred to as "PC(USA)") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program, even if said injury or action is due to alleged negligence of PC(USA). Further, I do hereby agree to indemnify and hold costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against PC(USA) related to the Program, even if such claim or right of action is caused by PC(USA)'s alleged negligence.
5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and am able to administer such medications without assistance. If at any time during the Program I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release PC(USA), in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PC(USA)'s alleged negligence.
6. This document does not release the PC(USA) from gross negligence.

7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Parent or  
Guardian \_\_\_\_\_  
(Required if the participant is under 18 years of age)

Witness \_\_\_\_\_

Date \_\_\_\_\_

(Note: the witness may not be a family member)