



Mission Trip
Final Application Form

Name: _____



Final Application Form

Instructions:

- Except where indicated, each family member is to complete this entire form.
- Follow the check list below and mail this application form to:
Living Waters Adventures, PO Box 744, Canby, OR 97013.

Apply:

- Pray about whether God would have you go on this outreach.
- Complete the Preliminary Application Form, online.
- Pay the trip deposit online (or mail a check to *Living Waters Adventures, PO Box 744, Canby, OR 97013*).

Complete the Final Application Form, including the following:

- Medical Emergency Contact Information
- Notarized: Authorization and Consent for Medical Treatment form.
 - Plus copy of both sides of your medical insurance card
- Activity Release of Liability form.
- Background Check Information form (18 and over only)
- Reference Questionnaire – to be filled out by a Pastor or Christian Leader (not required if you've been on a previous Living Waters Spanish mission trip.)

If you are applying for an international trip outside of the US, also complete the following:

- If you do not have a passport that is valid for 6 months past your trip return date, order one at least 6 weeks before the departure date. Order or at: [US Passport](#), or if near Lake Oswego, Oregon, their Passport Office is helpful and efficient.
 - Get any required inoculations from your doctor long before departure. If you are not fully vaccinated, also sign the Participant Release of Liability form.
 - Notarized: Minor Travel Consent Form (17 and under only).
 - Consent to Drive Internationally (18 and over only, and optional)
 - Plus copy of both sides of both your driver's license and your driving insurance card
-
- Mail this completed application form to *Living Waters Adventures, PO Box 744, Canby, OR 97013*.
 - Submit the balance of the outreach payment on time online, or mail it to *Living Waters Adventures, PO Box 744, Canby, OR 97013*.

Preparing to go:

- Book your flight to the meeting point and be sure you are arriving early enough and departing late enough to meet the parameters of your trip schedule. It is wise to buy flight insurance.
- Send personal letters to friends and family asking for prayer and financial support. Possible prayer points:
 - The Lord provides many participants for this outreach: "The harvest is plentiful, but the workers are few."
 - Each participant gets a solid prayer team
 - Our hearts to be ready to serve
 - Blessings for on-site staff and students
 - Financial support
 - Health
 - Our practical preparation goes smoothly
 - Ability to communicate well
 - Evangelism, before, during and after the outreach
- Download and begin the *Living Waters Adventures Journal* before the outreach.
- Share your testimony and faith in Christ with people before, during and after the outreach.
 - If your Spanish is up to it: Translate your testimony into Spanish and practice saying it.
- Order the tracts and Bibles you want for the outreach.



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MEDICAL EMERGENCY INFORMATION

FULL Legal Name (as shown on your passport): _____

Contact #1 (someone **not** going on this outreach)

Name: _____ Relationship to applicant: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

Phone numbers: (home) _____ (work) _____ (mobile) _____

Contact #2 (someone not going on this outreach)

Name: _____ Relationship to applicant: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

Phone numbers: (home) _____ (work) _____ (mobile) _____

Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Attach a photocopy of your insurance card, front and back.

If you will be on an international trip, please provide the following:

Passport Number: _____ Expiration Date: _____ Birthplace: _____
(Write "Pending" if you have applied for but not yet received your passport) Country



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ACTIVITY RELEASE OF LIABILITY READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Mexico outreach ("Outreach") organized by Robert Bradley Riegg, Marcy Shaffer Riegg, Living Waters Adventures, and Living Waters Spanish ("LWS"), of 112 NW 3RD AVE, CANBY, Oregon, 97013 and/or use of the property, facilities and services of LWS, I agree for myself and for the members of my family, to the following for the Outreach and all Outreach-related activities:

1. I agree to observe and follow all posted rules and warnings, and further agree to follow any oral instructions or directions given by LWS, or the employees, representatives, volunteers or agents of LWS, including, but not limited to, Marcy Riegg, and Robert Riegg.
2. I recognize that there are certain inherent risks associated with the Outreach and I assume full responsibility for personal injury to myself and my family members, and further release and discharge LWS for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of LWS, or my family's use of the services of LWS, whether caused by the fault of myself, my family, LWS or other third parties.
3. I agree to indemnify and defend LWS against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of LWS or my or my family's use of the services of LWS.
4. In the event of emergency, I hereby authorize an adult leader of this activity, as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a license physician, surgeon, or dentist. In the event of my death, I understand that the country I am in may not allow my body to be shipped home.
5. I agree to pay for all damages to the facilities of LWS caused by my or my family's negligent, reckless, or willful actions.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Oregon law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____, 20____

Printed Full Name of Participant

Printed Full Name of Legal Guardian for Participant under 18 years of age

Signature of Participant, or Legal Guardian for Participant under 18 years of age

Address: _____



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REFERENCE QUESTIONNAIRE

Only 1 form required per family who has never had at least 1 family member previously attend a Living Waters Spanish mission trip.

Instructions: Please give this questionnaire to a Pastor or Christian Leader who knows you well, to be completed by him or her. Use additional paper when necessary, and indicate which question number is being answered.

_____ has applied to take part in an outreach with *Living Waters Adventures*.
Name of Applicant

This outreach will take them to an international location in order to minister to people's needs and share the gospel. The participant will likely confront stressful situations both because of cross-cultural transition and because of team dynamics. For this reason, your honest evaluation will help us accurately assess this applicant. Please complete and mail this referral to *Living Waters Adventures*, PO Box 744, Canby, OR 97013. Your reply will be held in strict confidence.

1. Your (pastor's) name and position or profession:

2. Phone number with area code: _____

3. How long have you know the applicant, and in what type of relationship?

4. How have you seen the applicant grow spiritually?

5. Have you observed the applicant's ability to relate with people? Try to comment on his/her relational style, congeniality, cooperation, and potential for conflict.

6. How does the applicant relate with people in leadership? Is he/she teachable and willing to follow instructions?

7. How have you seen the applicant demonstrate positive or negative influence on a group?



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8. If this applicant is selected for the team, what training, development and individual care will he/she require?

9. Please rate the applicant from 1 to 5 in the following areas, where "1" represents "does not describe the applicant" and "5" represents "describes the applicant very well."

_____ Resourceful _____ Adapts easily to changing circumstances _____ Self-motivated _____ Careful
_____ Responsible _____ Attentive to detail _____ Expresses his/her thoughts well _____ Easily makes friends
_____ Expresses his/her feelings well _____ Knows Scripture

10. What strengths or gifts will this applicant bring to the team?

11. What special contributions could he/she make to a cross-cultural outreach?

12. Please give further information about the applicant (family background, education, experiences, etc.) you would want to know if you were leading him/her on a short-term project.

Signature _____ Date _____

Thank you for your time and assistance! If you have any questions, please note them below. Please return this form within seven (7) days to bradriegg@gmail.com or mail to:

Living Waters Adventures
PO Box 744
Canby OR 97013



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BACKGROUND CHECK

(Applies only to 18+ year olds while on the trip)

Everyone who is 18 years or older before the end of your trip, needs to get a background check based on a federal or national crime database. In order to do a background check there are several online sites that you can use, such as: [Protect Ministry](#); [Accufax](#); [Instant Checkmate](#). Once you have obtained your background check report, include it with this Final Application Form.

In exchange for participation in the activity of a Christian outreach experience ("Outreach") organized by Robert Bradley Riegg, Marcy Shaffer Riegg, Living Waters Adventures, and Living Waters Spanish ("LWS"), of 112 NW 3RD AVE, CANBY, Oregon, 97013 and/or use of the property, facilities and services of LWS, this authorization and consent for release of personal information acknowledges that LWS may, now or any time I am in a volunteer service, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, credential reference, name verifications, social security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (state, federal, or extended). I understand that these searches will be used to determine volunteer work assignment for LWS. Therefore, I authorize and consent to full release of records to LWS. In addition, I release and discharge LWS and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the bylaws and policies of LWS and to refrain from unscriptural conduct in the performance of my services on behalf of LWS.

Please print any other names you have used (maiden, nicknames, etc.) _____

Do you have a current driver's license? Yes No

List your driver's license number, state of issue, and exact name on the license

Have you, at any time, ever: Been arrested for any reason? Yes No

Been convicted of, or pleaded no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others? Yes No

Is there any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "Yes," please explain in detail below:

Print Name: _____ Signature _____ Date _____



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NOTARIZED - MINOR TRAVEL CONSENT FORM

(Applies only to minors traveling outside the US who going to *Rancho Santa Marta*)

Instructions:

- Type or print in dark ink.
- This form must be certified by a notary public, with parents identifying themselves, in person, with their own passports, and authorizing travel permission with designated guardian(s).
- After notarization, email the completed document to bradriegg@gmail.com
- NOTE: Those traveling to Foundation For His Ministry are to fill out a different form than this one, which is below this form.

A minor traveling internationally on a Living Waters Spanish mission trip must be either:

- Accompanied by a parent or grandparent OR
- Accompanied by a legal guardian. The accompanying legal guardian must have this notarized form signed by BOTH parents giving permission to take their child into Mexico. A legal guardian is someone who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person. This includes, but is not limited to having the legal authority to sign for medical care for the minor for whom the guardian is responsible. The minor must have a parent or legal guardian present for the duration of his/her stay, but does not have to be accompanied at all times while on the grounds. We request a guardian-to-minor ratio of 1:4.

I/We, _____ (name of parent/parents) give permission to
 _____ to take my/our child _____ (full
 legal name of minor) to _____ (name of destination country). My child will be in the
 guardianship of _____ throughout their entire stay in _____
 (name of destination country) and is scheduled to return to the United States on _____ (mm/dd/yy).

Parent Signature

Parent Signature

STATE OF _____ COUNTY OF _____

The foregoing was signed before me this _____ day of _____, 20 _____

Notary Public

SEAL



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Foundation for HisMinistry

NOTARIZED - MINOR TRAVEL CONSENT FORM

(Applies only to minors traveling to Foundation for His Ministry)



RETURN THIS DOCUMENT TO:

Email the completed document to bajagroups@ffhm.org or to oaxacagroups@ffhm.org.

MISSION LOCATION:

- Vicente Guerrero, Baja California Tlacolula, Oaxaca
OPEN

PLEASE TYPE OR PRINT IN DARK INK / This form must be certified by a notary public, or an authorization signed by the parents at a Mexican Consulate; in person, identifying themselves with their own passports. It is necessary that the non-traveling parent sign or provide such authorization.

A MINOR COMING TO THE MISSION MUST BE EITHER:

- Accompanied by a parent or grandparent OR
At least 16 years of age and accompanied by a legal guardian. The accompanying legal guardian must have this notarized form signed by BOTH parents giving permission to take their child into Mexico. A legal guardian is someone who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person. This includes, but is not limited to having the legal authority to sign for medical care for the minor for whom the guardian is responsible. The minor (16-17 yrs.) must have a parent or legal guardian* present for the duration of his/her stay, but does not have to be accompanied at all times while on the grounds like minors under 16 yrs. We request a guardian-to-minor ratio of 1:4 for minors 16 and 17 years of age.
Minors under 16 require a legal guardian-to-minor ratio of 1:1 unless the minors are with their own parents. In this case, the ratio does not need to be 1:1, as long as at least one of the parents accompanies the family's children at all times.

I/We, _____ (name of parent/parents) give permission to _____ to take my/our child _____ (full legal name of minor) to Mexico. My child will be in the guardianship of _____ throughout their entire stay in Mexico and is scheduled to return to the United States on _____ (mm/dd/yy)

Parent Signature

Parent Signature

STATE OF _____ COUNTY OF _____

The foregoing was signed before me this _____ day of _____, 20 _____

Notary Public

SEAL



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CONSENT TO DRIVE INTERNATIONALLY

(Only for drivers 18+ years old who are applying for a trip outside of the US,
and who are willing to drive, if needed)

Would you be willing to drive an automobile while on this outreach, if needed?: ____ Yes ____ No

- If you answered 'Yes', above, please attach the following:
 - A copy of your Driver's License, front and back,
 - A copy of your driver's insurance policy.

If your trip is to Mexico or Canada, please disregard this form, since International Driving Permits are NOT required in Mexico or Canada.

When traveling overseas, except in Mexico or Canada, apply for an International Driving Permit, even if you are not planning to drive. Should you need to communicate with foreign authorities, this recognizable form of identification can help you get on your way more quickly. Valid in over 150 countries, the permit contains your name, photo and driver information translated into ten languages. Apply for one at the AAA office nearest you: Either mail the following items or bring them with you when you visit the AAA office:

- A completed International Driving Permit application (<https://www.tripsavvy.com/international-drivers-permit-468481>),
- A photocopy of both sides of your driver's license,
- \$15,
- Two ORIGINAL passport-type photos (for acceptable digital photographs quality, see http://travel.state.gov/passport/get/first/first_827.html.)



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PARTICIPANT LIABILITY RELEASE AND WAIVER Regarding Vaccinations

1. I, the undersigned participant, acknowledge that I have been urged by Living Waters Spanish to obtain a vaccination against 1.) Meningococcal disease, 2.) Measles, Mumps and Rubella (MMR), 3.) Tetanus, Diphtheria and Pertussis (TDaP) and 4.) COVID-19 (hereinafter collectively "Vaccination"), as recommended by the Centers for Disease Control.

2. The benefits of receiving the Vaccination has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from not being vaccinated. These dangers, hazards, and risks can result in impairment to my body, general health, well-being, and could include serious or even fatal results.

3. Knowing the dangers, hazards, and risks of not receiving the Vaccination, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my failure to be vaccinated. On behalf of myself and the Releasors I hereby covenant not to sue Living Waters Spanish, or its employees or representatives ("Releasees"), and I hereby release, waive, and forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, my failure to receive the Vaccination. It is my expressed intent that this Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _____ Date: _____

Print Name of Participant: _____

(IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.) I am the parent or legal guardian of the above named participant and have read and understand the foregoing PARTICIPANT LIABILITY RELEASE AND WAIVER. I agree, for myself and for the participant, to be bound by its terms and conditions.

x _____
Signature of Parent/Guardian Date:

Printed Name: _____

Relationship to Participant: _____

Permanent Street Address: _____