



VOLUNTEER APPLICATION FOR SHORT-TERM MISSION TRIP FOR ABOKIN, INC.

First Name *

Last Name *

Address

Address Line 1 *

City *

State *

Zip Code *

Country *

Phone Number *

Email *

Employer or School

Work or School Address

Address Line 1

City

State

Zip Code

Country

Work or School phone number *

Marital Status *

Sex *

Date of Birth *

Individual *

Spouse *

US Citizen *

Alien Immigration Status *

Application Signature *

Please ask your Pastor to sign the following:

My signature is to affirm that I know the above named person and approve of their Volunteer participation in this Short-Term Mission Trip with ABOKIN, Inc.

Pastor's Signature *

First Name *

Last Name *

Phone Number *

Email *

Church Address

Address Line 1 *

Address Line 1

City *

City

State *

State

Zip Code *

Zip

Country *

Select Country

In the Event of an Emergency Contact:

First Name *

Last Name *

Emergency Contact

Address Line 1 *

Address Line 1

City *

City

State *

Zip Code *

Country *

Why do you want to go on a Short-Term Mission Project with ABOKIN, Inc.? Please explain.

Comments *

Do you have any medical, mental, or physical conditions that would cause your doctor to have concern about you going on an International Mission Trip? Please explain.

Comments *

Do you have any Allergies? Please list All of them:

Comments *

Do you take any medications regularly? List Medications and please explain reason or condition for its usage.

Comments *

I will commit to the following:

1. To pray regularly for all those involved in the project (team members, hosts, etc.)
2. To give the proper time to all aspects of the preparation process: spiritual, emotional, physical, and intellectual.
3. To be responsible to know what is expected of me and to follow all rules and policies.
4. To abend all scheduled meetings and activities before, during, and a.er the project:
 - A. One hour orientation meeting (s) prior to trip.
 - B. Daily debrief meetings while on site.
 - C. Debrief meeting (s) following the trip.

5. To uphold the vision, values, and doctrine of Seventh Day Adventist Church.
6. To not hold ABOKIN, Inc, **(Enter Church name below)** and the Seventh Day Adventist Church liable for any incurred medical or liability costs and all such claims. Please fill out the accompanying waiver form.
-
6. Church Name *
-
7. To be monetarily responsible for all round trip air fare to Africa and elsewhere.
8. I promise to abide by the following rules while working with ABOKIN Inc.: (NO: Smoking, drinking alcohol, social drugs, loud music, fornication, swearing or using bad language.)
9. I will dress modestly, as it pertains to the Local Culture.

By signing your name in the space below, you agree to this Volunteer Application.

Application Signature *

First and Last Name

Date *

Assumption of Risk Waiver Form.

I, _____ (name of volunteer), in consideraTon of my acceptance as a Volunteer on a Short-Term Mission Trip sponsored by ABOKIN, Inc., represent and agree that:

1. I am a Volunteer worker and not parTcipaTng in this trip as an employee of ABOKIN, Inc.

2. I am aware of the hazards and risks to my person and property associated with serving in this trip, such hazards and risks including, but not being limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any Traveler’s Insurance Coverage that may be available to me from any source, and only with respect to my church and its agents, officers, Directors and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release ABOKIN, Inc., and its agents, President, Board Members, Consultants and Directors, from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the mission’s project. I further recognize that such risks have always been associated with missionary service.

3. I attest and certify that I have no medical, mental, or physical condition that would prevent me from performing my duties.

4. I expressly waive any defense to the enforcement of any provision of this commitment

arising from a claim of lack of consideraTon against me in accordance with its terms.

5. I am aware of the hazards and risks to my person associated with participation in this trip,

as described above. I further understand that ABOKIN, Inc., will NOT provide any Traveler’s

Insurance Coverage that would apply in the event of my death, illness, injury, or damage to my

property or any other liability not stated, that may occur during my parTcipaTon on the Mission Trip,

and that if I desire Traveler’s Insurance Coverage I am responsible for the cost of such Insurance.

6. I, the Volunteer, am responsible to get my Passport and all Visas required by all Countries traveled to, in a Timely manner.

7. I, the Volunteer, am responsible to get immunization, inoculations, and anti-malaria medicines as required by the United States Center of Disease Control.

8. I, the Volunteer, am monetarily responsible for ALL round-trip air fare for my travel's to Africa and elsewhere.

9. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that

I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT.

Application Signature *

First and Last Name

Date *

Printed Name *

Address

Address Line 1 *

Address Line 1

City *

City

State *

State

Zip Code *

Zip

Country *

Select Country

Home Phone *

Cell Phone *

Best Time To Call: *

Email *