



## Mission Trip Application and Release Form

Trip location: Madisonville, KY Trip Dates: February 5 – 11, 2023

Please fill out completely.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please read below before signing, as this constitutes an agreement between yourself and the Presbytery of North Central Iowa regarding your volunteer work relationship during this presbytery sponsored mission trip.**

I \_\_\_\_\_ (your name) acknowledge and state the following: I have chosen to travel to Madisonville, KY (mission location) and the site locations in its vicinity to perform cleanup/construction work designed to repair damaged property/homes. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity, and that some activities may take place on ladders. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Madisonville First Presbyterian Church, Hopkins County Long Term Recovery Group (HCLTRG), or any other related Disaster Response Agency are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the property I am working in without prior permission from HCLTRG and from the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Presbytery of North Central Iowa, Madisonville First Presbyterian Church, Hopkins County Long Term Recovery and any other related Disaster Response Agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**Travel**

\_\_\_\_\_ I would like to ride with others  
 \_\_\_\_\_ I am willing to drive and can take others  
 \_\_\_\_\_ I will be on my own for travel

**Lodging**

\_\_\_\_\_ Staying at church  
 \_\_\_\_\_ Lodging at hotel/on my own

Skills Inventory	Level	Notes	Key:	
Clean up			Level 1	Unskilled, but willing to try
Framing			Level 2	Have done, but need help
Roofing			Level 3	Can do a good job by myself
Window installation			Level 4	Can do well and can guide others
Installing siding			Level 5	Licensed/Professional
Hanging drywall				
Taping/floating drywall				
Hanging doors				
Flooring				
Finish carpentry				
Painting				
Electrical				
Plumbing				
Medical				
Pastoral				
Cooking				
Special skills				
Other skills				

**Applications MUST be received in the Presbytery Office no later than January 6, 2023.**

**Complete application packet must include:**

- 1. Presbytery of North Central Iowa Mission Trip Application and Release Form**
- 2. Presbytery of North Central Iowa Medical Information Form**
- 3. Copy of current health insurance cards**
- 4. Hopkins County Long Term Recovery Group Release and Waiver of Liability Form**

**Please note that registration will not be considered complete without the full \$175 fee and all completed forms.**

Please return application packet, along with registration fee, to:

Presbytery Office  
 Lakeshore Center at Okoboji  
 1864 Hwy. 86  
 Milford, IA 51351  
 319-233-1747  
[jeannie@presbyteries.org](mailto:jeannie@presbyteries.org)

# Presbytery of North Central Iowa Medical Information Form

Trip location: Madisonville, KY Trip Dates: February 5 – 11, 2023

Every volunteer **MUST** complete this form (including minors). Copies of the forms will go to the mission site leader, the Presbytery work team leader and one for the Presbytery office.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Prescriptions currently being taken:

Prescription Name	Dose	Frequency Taken

Allergies:

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

Other health issues to be aware of (heart health, diabetic, seizures, etc.):

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

Health Insurance Carrier: \_\_\_\_\_

Contact number for insurer: \_\_\_\_\_

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

I consider myself healthy enough to fulfill my responsibilities on this mission trip: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

**If volunteer is under age 18:**

I give permission for the above youth to participate in this mission trip.

Signature of parent/guardian: \_\_\_\_\_

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

Parent/guardian Phone: \_\_\_\_\_

Parent/guardian Address: \_\_\_\_\_