



CHURCH US MISSION TEAMS



Email: churchmobilization@ag.org Call: 417-862-2781 x. 1389

Fax: 417-862-0409

All teams can get Mission Assure insurance through AG Financial at the link below.

Mission Assure

If your team is not going to a Church Mobilization project, nothing is required for the national office at this time. We do recommend contacting your district to see if they have any requirements before you leave.

If your team is wanting to go to a Church Mobilization project please complete the packet below and submit it by email. If you have any questions, please reach out to us at the email below.

CHURCHMOBILIZATION@AG.ORG



Wilfredo "Choco" De Jesus
Executive Director

Billy Thomas
Senior Director

1445 N. Boonville Ave
Springfield, MO 65802
(417) 862-2781 ext. 1389

churchmobilization.ag.org

RE: Mission Team Application

Now that you have the forms your team will need to complete and send in, below are some instructions to help walk you through the various forms:

- The Church Team Application is filled out by the team leader/pastor.
- It is recommended that the team leader fill out the "detailed description of activities" section of the Assumption of Risk and Parental Consent forms in a detailed manner before having individuals fill out the rest and sign.
- All team members must fill out and sign the Code of Conduct form.
- All adults (18+) must fill out and sign the Assumption of Risk which requires a witness.
- All minors must have their parents fill out and sign the Parental Consent Form and it must be notarized – even if the parents are traveling with the minor.

Completed forms can be scanned and emailed back to us via the following email:
churchmobilization@ag.org

If at any time in the process you have questions, please feel free to reach out to us.

Thank you,

Billy Welch

Administrative Coordinator, [Church Mobilization
AG National Office](http://Church Mobilization AG National Office) | (417) 862-2781 x. 1393
1445 N Boonville Ave, Springfield, MO 65802





Mission Team Checklist

Email: churchmobilization@ag.org Call: 417-862-2781 x. 1389 Fax: 417-862-0409

In preparation for a Church Team/U.S. Missions trip, please ensure that each of the following has been completed (C) or is not applicable (N/A). **Turn in all forms no less than 2 weeks prior to departure.**

- C **Team Trip Info Form**
- C **Assumption of Risks for Every Adult**
- C **Code of Conducts for Every Memeber**
- C N/A **Parental Consent and Authorization Form for Every Participant under the age of 18**

Email all completed paperwork to churchmobilization@ag.org

Additional Instructions:

- The Team Trip Info Form is to be filled out by the team leader/pastor.
- If team has more than 15 members, there is an additional members sheet at the end.
- All team members must fill out and sign the Code of Conduct form.
- All Adults must fill out and sign the Assumption of Risk form which **requires a witness signature**.
- All minors must have their parents fill out and sign the Parental Consent Form which **must be notarized** – even if the parents are traveling with the minor.
- It is highly recommended that the team leader fill out the “detailed description of activities” section of the Assumption of Risk and Parental Consent forms in a detailed manner before having individuals fill out the rest and sign. (You can fill in one, then make copies for each member to us.)



Team Trip Info Form

Email: churchmobilization@ag.org Call: 417-862-2781 x. 1389 Fax: 417-862-0409

Team Leader/Contact Info:

Name: _____ Phone: _____

Email: _____ Position: _____
e.g. Senior Pastor, Volunteer, etc.

Secondary Contact: _____ Phone: _____

Email: _____ Position: _____
e.g. Senior Pastor, Volunteer, etc.

Sending Church/Organization:

Sending Ministry Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Sr. Pastor/Director's Name: _____

Email: _____ Phone: _____

Trip Destination:

Receiving Ministry Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Trip Details:

(as far as you know/can anticipate)

Departure Date: _____ Return Date: _____

Method(s) of Transportation: _____

Number going: _____ Type of Ministry: _____
e.g. Construction, Evangelism, etc..

Form completed by (name): _____

Signature: _____ Date: _____



Team Member List

Email: churchmobilization@ag.org Call: 417-862-2781 x. 1389 Fax: 417-862-0409

Team Details:

Sending Ministry: _____ Receiving Ministry: _____

Team Leader: _____ Dates of Travel: _____

Team Members:

List all team members and check off if they have completed the Assumption of Risk (A), Code of Conduct (C), Parental Consent (P).

Full Legal Name <i>also list dates of travel if different from rest of team</i>	A	C	P	

Team Details:

Sending Ministry: _____ Receiving Ministry: _____

Team Leader: _____ Dates of Travel: _____

Team Members:

List all team members to be insured and check off if they have completed the Assumption of Risk (A), Code of Conduct (C), Parental Consent (P).

Full Legal Name also list dates of travel if different from rest of team

A C P

Full Legal Name also list dates of travel if different from rest of team	A	C	P



Assumption of Risk, Release, and Indemnity Agreement

Domestic Travel - Assemblies of God U.S. Missions and Church Mobilization

What an honor it is to have you volunteer for missionary service. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which must be made. Anyone participating is required by the General Council Assemblies of God (GCAG) to complete this form, sign it, and return to Church Mobilization in order to participate in domestic mission activity.

Participant Information:

Please Print

Name of Participant: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Name of Emergency Contact: _____ Phone Number: _____

Detailed Description of Activities:

Means of Transportation:

Subject to Change

Dates & Location of Activities:

(EX. Activity Name, mm/dd/yy, City, State)

Subject to Change

I, _____ IN CONSIDERATION of my acceptance as a participant of the above event(s) in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. I am not traveling as an employee of the General Council of the Assemblies of God.
2. I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.
3. I am aware of the hazards and risks to my person and property associated with participating in the above event and activities, such hazards and risks including but not being limited to injury; increased stress; accident; disease (including Coronavirus/COVID-19); inadequate medical services and supplies; death; criminal acts; natural disasters; weather conditions; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.
4. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft.
5. I understand and agree that if, during my participation in the above-described activities, the team leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the leader may contact the person whose name I have provided as my "emergency contact." I understand that the team leader ordinarily will not initiate such contact without first having a discussion with me.

GENERAL RELEASE AND ASSUMPTION OF RISK:

I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH, DISTRICT COUNCIL AND/OR MINISTRY NETWORK, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS OF TRANSIT TO OR FROM MY DESTINATIONS) RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

Insurance Election:

I am aware of the hazards and risks with participating in a GCAG sponsored event. I further understand that GCAG currently requires insurance coverage from Mission Assure for U.S. Travel/Special Events/Camps/Short Term Travel, that the cost of the insurance is not included with the event, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Minor Children

In the event that I have minor children who will accompany me to the above described event and activities, I take full responsibility for their supervision, safety and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

I have a minor child who will accompany me to the above described events and activities.	Yes <input type="radio"/>	No <input type="radio"/>
I have completed a Parental Consent and Authorization form for each minor child.	Yes <input type="radio"/>	No <input type="radio"/>

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Witnessed Signature:

Printed Name of Participant:

Signature of Participant:

Printed Name of Witness:

Signature of Witness:

Date Witnessed:

*All signatures must be physically signed and scanned in



Code Of Conduct

For Each Church Team/Mission Trip Member to Complete

As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life. Paul wrote to Titus:

And show your own self in all respects to be a pattern and a model of good deeds and works, teaching what is unadulterated, showing gravity (having the strictest regard for truth and purity of motive), with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us (Titus 2:7-8, Amplified Bible, emphasis added).

As a member of an AG Church Team/U.S. Missions Trip, I realize the important role I serve as an example to those in the United States. I understand that I represent not only my local church, but also Assemblies of God U.S. Missions and most importantly, Jesus Christ. In respect to this assignment, I will refrain from anything (e.g., alcohol, tobacco, unwholesome speech) that may distract from my Christian testimony, cause division, or demonstrate disrespect to the church, missionary personnel, my team, or the Assemblies of God. I promise to forgo my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.

I affirm that I do not have any criminal convictions or allegations related to sexual misconduct with an adult or minor, nor do I know of any reason I should not be allowed to work with adults or minors as a short-term missions volunteer.

I have read and understand the above policy.

Name: _____

Signature: _____ Date: _____

Sending Church/Ministry: _____

PARENTAL CONSENT AND AUTHORIZATION

For minors under the age of 18 - Domestic Travel **(MUST BE NOTARIZED)**

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist in providing for the safety of minors during church-sponsored activities.

Minor's Information:

Name: _____ Date of Birth: _____

Address: _____

Father/Mother/Guardian Information:

Name: _____ Phone Number: _____

Email Address: _____

Address (if different): _____

Father/Mother/Guardian Information:

Name: _____ Phone Number: _____

Email Address: _____

Address (if different): _____

Alternate Emergency Contact:

Name: _____ Phone Number: _____

Email Address: _____

Relationship to Minor: _____

I approve the following travel plans:

Destination(s): _____

Travel Dates: _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Ministry & Location: _____

Detailed Description of Activities:

Means of Transportation:

Subject to Change

Dates & Location of Activities:

(EX. Activity Name, dd/mm/yy, City, State)
Subject to Change

Risks of the above listed activities include but are not limited to:

I hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of any such equipment and understand that participation involves risks and dangers which include, without limitation, jumping, climbing, punctures, bruises, serious bodily injury, permanent disability, disease, sprains, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat-stroke, heat exhaustion, or other heat-related illness, heart attack, or death, inaccessibility of medical care, inadequate medical personnel or facilities, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of GCAG and _____, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "risks"). I understand these risks may be caused in whole or in part by my own actions or inactions, my child's actions or inactions, and/or the actions or inactions of others participating in the activities.

General Potential Risks include but are not limited to ankle, leg, head, neck, and back injuries, falls, broken bones, concussions and sprains, rashes, cuts, sore muscles, exposure to food or other allergies, food poisoning, injuries due to trips & falls, as well as contact with hazardous plants and bites from insects, ticks, mosquitos, spiders, mammals, and/or snakes when engaging in outdoor activities.

Medical Information:

Family Doctor: _____ Doctor's phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child:

Currently being treated for injury/illness and/or taking any medication? Yes No

Allergic to any foods, medications, or environmental conditions? Yes No

Restricted from or incapable of participation in any part of this trip? Yes No

Requiring (even potentially) special attention for current/previous conditions? Yes No

If you checked yes to any of these, please explain in next box.

Medical Notes:

Provide any/all medicines, supplements, allergies, reactions, and other relevant information

Medical Treatment Authorization:

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church, District Council, and/or Ministry Network, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, missionaries, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, missionaries, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors:

Guidelines for minors have been established by The General Council of the Assemblies of God and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Mission Assure or other duly licensed insurance company. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk:

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by "GC" to the destination noted above, including, but not limited to, all of the activities customarily associated with a "GC" trip unless noted above.

Status

I/We hereby certify that the Child is physically fit and adequately trained to participate in a mission trip. I/We further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.

Risks of Travel

I/We am/are aware of the hazards and risks to the Child's person and property associated with serving in a missions capacity; such hazards and risks including but not being limited to: injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them on behalf of the Child knowingly and willingly. I/We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28).

I/We also acknowledge that in working, living and traveling in cities, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed. I/We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft. I/We acknowledge that "GC" recommends that the never travel alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I understand and agree that if, during the Child's participation in the above-described activities, "GC" learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then "GC" may contact the person whose name is provided as "emergency contact."

I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, MISSIONARIES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MAY BE SUFFERED, OR FOR WHICH PARTICIPANT MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATING IN SAID ACTIVITIES RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I/We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me/us enforceable against me/us in accordance with its terms.

Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph and Video Release Form:

I/We hereby grant "GC" permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that "GC" may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/we have completely read and fully understand the above release and agree to be bound thereby. I/we hereby release, defend, hold harmless and indemnify "GC" from any and all claims for utilizing this material.

Insurance Election:

I am aware of the hazards and risks with participating in this GC-sponsored event. I further understand that GCAG currently requires insurance coverages similar to those summarized below, that the cost of the insurance is not included with the event, and that I am responsible for obtaining any all insurance coverages that I consider necessary.

Temporary Guardianship:

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form along with the parents in the presence of a notary public below.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period. _____

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Notarized Signatures:

Minor's Name

Signature of Father/Legal Guardian:

Date

Signature of Mother/Legal Guardian:

Date

Signature of Temporary Guardian (if applicable):

Date

Certificate of Acknowledgment of Notary Public:

STATE OF: _____

COUNTY OF: _____

Notary Stamp:

Acknowledged before me on: _____
(date)

By: _____
(parent/legal guardian)

And: _____
(parent/legal guardian)

And: _____
(temporary guardian if applicable)

Signature of Notarial Officer

Notary Public for the State of _____ My commission expires: _____