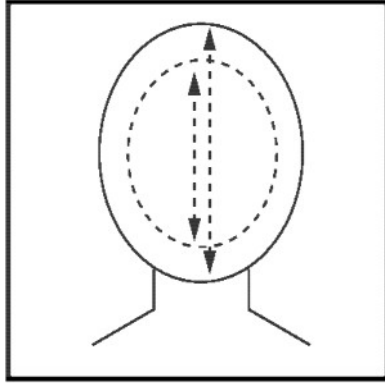




All Americans Relieving Adversity Ministries Association  
 6400 Baltimore National Pike, Suite 499  
 Catonsville, Maryland 21228-3915  
 Tel: 410-455-0636 www.aarama.org

## SHORT-TERM VOLUNTEER APPLICATION



Attach by Stapling  
 2 Color Passport Photos 2" x 2"

<b>Country Traveling To:</b>	
<b>Travel Dates:</b>	

**Instructions:**

1. Please complete application in its entirety.
2. Submit 2 color passport photos. All other photos are unacceptable.
3. Submit 2 copies of the inside page of your passport with your application.
4. Sign and date application. If applicant is under the age of 18, parent signature is required.

**PERSONAL**

Name as appears on passport: Last		First		Middle		Preferred Name	
Address: Street				City		State	
Zip		Title: <input type="checkbox"/> Pastor <input type="checkbox"/> Co-Pastor <input type="checkbox"/> Minister <input type="checkbox"/> Other					
Telephone: Home		Work		Mobile		Email Address	
Date of Birth (mm/dd/yyyy) / /		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Social Security Number - -		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Single <input type="checkbox"/>		Married <input type="checkbox"/>	Widow/er <input type="checkbox"/>	Divorced <input type="checkbox"/>	Spouse's Name		
Occupation				Name of Employer			

**PASSPORT INFORMATION**

Do you have a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number	Country Issued	Expiration Date
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**EMERGENCY CONTACT** (Provide the name of a person not traveling with you to be contacted in case of emergency. This person will also be contacted when you are out of the country.)

Name: Last		First		Relationship	
Address: Street				City	
State		Zip		Telephone: Home	
Work		Mobile		Email Address	

Name (Last, First)

**HEALTH INSURANCE / BENEFICIARY INFORMATION**

Name of Health Insurance	Telephone	Policy Number	Name of Policy Holder
Beneficiary Name		Relationship	Telephone

**MEDICAL INFORMATION**

List any health related problems, conditions, and physical limitations you may have:

List those things which you are allergic to (foods, medicines, and other):

Immunizations (check all that apply)

Yellow Fever     Hepatitis A     Hepatitis B     Tetanus     Meningitis     Typhoid     Polio

**CHURCH AND AREA OF MINISTRY**

Name of church you are a member	Pastor's Name	Church Telephone	
Address: Street	City	State	Zip
List all areas that you serve in your church:			
List other talents or abilities:			
Briefly describe your relationship with Christ: (attach additional page if needed)			
List countries of any previous overseas mission trips:			

I certify that all information provided on this form is complete and accurate, to the best of my knowledge. I am aware that participation in this short-term mission trip exposes me to some risk(s) and that I have read and understand the Liability Release Agreement. I am aware that a non-refundable fee of \$200 is incorporated in the cost of the trip.

Volunteer's Signature	Date
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*(If applicant is under the age of 18, parent signature is required.)*

Use the checklist below to ensure your application package is complete.

- Completed and signed application
- 2 Color Passport Photos
- 2 Photocopies of Passport (front page)
- Liability Release Agreement
- Photographers Release

**Release of Liability Form**  
**AARAMA Missions**

AARAMA, and any individual assisting in the organization or sponsoring of Mission Trip either short or long term (collectively “the Organization”) require the completion and acceptance of this release of liability form prior to participation in a Mission Trip to \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_.

**Short-term or Long-term trip.** I hereby acknowledge and agree to the following, in consideration of the opportunity to be provided by the AARAMA Organization

**Acknowledgement of Risks.** I acknowledge that as a result of the traveled involved, and being in a foreign country, participating in the short-term trip involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from the acts or failures to act of the Organization.

**Information Relied on by the Organization.** I acknowledge that I am in good health and of sound mind. If necessary, I have discussed or will discuss with my physician my participation in the short-term trip, and have received or will receive any vaccination or other recommended prerequisite medical treatment any physician deems necessary. I will participate in the short-term trip only if I have received my physician’s approval, if I deem it necessary, and I believe that I am able to participate without harm. I acknowledge that the Organization will not assess or approve my fitness for participation. I acknowledge that I am under no force or duress of any kind to participate in the short-term trip or to sign this document.

**Release.** I UNDERSTAND THAT THIS DOCUMENT IS INTENDED TO ABSOLVE THE ORGANIZATION OF ANY AND ALL LIABILITY TO ME THAT IS RELATED TO MY PARTICIPATION IN THE SHORT-TERM TRIP. Accordingly, I will never sue the Organization, and hereby release the Organization from any and all damages (including, but not limited to compensatory damages, punitive damages, consequential damages and any and all damages to or loss of property, finances, life, body, mind, and/or emotions), costs, suits, demands, claims, or other liabilities that arise and/or that are alleged to arise from or in connection with my participation in the short-term trip. My release of the Organization from liability includes, but is not limited to any liability that arises or is alleged to arise from the Organization’s negligence. My release of the Organization from liability also includes, but is not limited to any liability that arises or is alleged to arise from claims for contribution by another that I have sued or from whom I have received compensation.

**Medical Permission.** I hereby authorize the Organization or its representative to initiate any medically necessary care for me in the event of my incapability or in the event of illness or injury sustained by me while participating in the short-term trip, including, but not limited to the administration of emergency anesthesia and/or surgery. I agree to be financially responsible to any care provider and hereby authorize the release of any medical or insurance related information pertinent to the circumstances.

**Definitions.** (a) References to “me”, “my”, and “I” shall include and bind myself and any insurer, heir, estate, legal representative, representative, executor, administrator, successor, or assign of mine; (b) “participation” or “participating” in the short-term trip includes planning and preparing for, traveling to, and traveling from, as well as participating in, the short-term trip; (c) “the Organization” includes (i) its affiliates, and institutions cooperating in the short-term trip; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Organization or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

**Participant:** \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

**Contact Number:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness:** \_\_\_\_\_