



# Mission Office International Trip Adult Application

International Trip Adult Application for (name of person/organization): \_\_\_\_\_  
From (dates of mission) \_\_\_\_\_

**Form required for individuals 18 years of age or older. Individuals aged 18 or older and in high school, must fill out the Adult Application and have their parent/guardian fill out the Youth Application.**

*When submitting this application, please include the following: Application, including notarized Volunteer Participation Agreement, the Adult Consent Form & Liability Waiver, the Image Release Form, deposit of \$150, and legible copies of: personal health insurance card, passport, traveler's insurance (if applicable), and medical licenses (if applicable).*

Please mail to [missionoffice@orlandodiocese.org](mailto:missionoffice@orlandodiocese.org) or mail to: Mission Office, P.O. Box 1800, Orlando, FL 32802.

| Applicant Information   |                                   |   |  |
|---|-----------------------------------|---|--|
| Name (as it appears on passport):                             |                                   | Nickname  |  |
| Date of birth:  | Gender (circle) <b>M</b> <b>F</b> | Birthplace (city & state):  | Traveled with us before? <b>Y</b> <b>N</b> |
| Home Address:   |                                   |   |  |
| City:   | State:                            |   | Zip:                                       |
| Passport No. and Country Issuing:                             |                                   |   | Date expires:                              |
| Home Phone:   | Work Phone:                       |   | Cell Phone:                                |
| E-mail:   |                                   | Second E-mail:  |  |
| T-Shirt Size: <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>XXL</b> |                                   | Spanish (circle): <b>None</b> <b>Beginner</b> <b>Conversational</b> <b>Fluent</b> |  |
| Religious Affiliation:  | Parish/Church:                    |   | Diocese:                                   |

| Emergency Contact |             |               |
|-------------------|-------------|---------------|
| Name:             |             | Relationship: |
| Home Phone:       | Work Phone: | Cell Phone:   |
| E-mail:           |             |               |

#### Additional Information

Do you have supplemental International Travel Insurance? **Y** **N** (if yes, please attach copy).

Do you have any food allergies? **Y** **N** (if yes, please list them):

#### For Office Use Only

- |  |
|--|
| <input type="checkbox"/> Completed Application                         |
| <input type="checkbox"/> Notarized Volunteer Participation Agreement   |
| <input type="checkbox"/> Adult Consent Form & Liability Waiver         |
| <input type="checkbox"/> Image Release Form                            |
| <input type="checkbox"/> Legible Copy of Passport                      |
| <input type="checkbox"/> Legible Copy of Insurance Card                |
| <input type="checkbox"/> Deposit of \$150.00                           |
| <input type="checkbox"/> Additional Payment                            |
| <input type="checkbox"/> Airline Ticket Confirmation #                 |
| <input type="checkbox"/> Copy of Traveler's Insurance (if applicable)  |
| <input type="checkbox"/> Copy of Medical Licenses (if applicable)      |
| <input type="checkbox"/> Copy of Contractor's Licenses (if applicable) |
| <input type="checkbox"/> Background Check Clearance                    |

## Volunteer Participation Agreement and Release and Waiver– Needs to be Notarized

I, \_\_\_\_\_ (your name), plan to participate in an international trip with the Diocese of Orlando Mission on \_\_\_\_\_ (dates). I understand that the planned activity/itinerary may change during the trip. I recognize the participation in this international trip may be hazardous and dangerous, and I willingly assume all risks associated with this trip.

I acknowledge that I have been advised to seek consult from a medical professional to understand the potential for contracting a disease or suffering other adverse health consequences during my participation in this trip. I understand that such health conditions may be fatal. I also realize that I will be in a country which may be less developed than the United States, one that may report cases of disease more frequently than the United States. I am aware that the Diocese of Orlando strongly advises me to speak with my doctor about this international trip, and to obtain any vaccinations recommended by the Center for Disease Control. After careful consideration of these risks, I have either received all recommended vaccinations, inoculations, or immunizations from medical professionals, or I have declined the option to receive them. I understand that my decision to decline receipt of any or all of the recommended precautionary measures increases my risk of contracting disease and suffering other potential adverse consequences. I acknowledge and assume the risk to me in participating in this trip that may result in severe health consequences, which could be fatal, even if I receive all recommended vaccinations, inoculations and immunizations.

I acknowledge that I will be in a country where the options for medical treatment and the quality of that treatment are limited in relation to the options for and quality of medical treatment in the United States. In accordance with the Medical Information and Consent Form, I authorized the Diocese of Orlando to seek treatment on my behalf. Even so, due to the limited medical treatment options available, I acknowledge and assume the risk to myself that this treatment may pose a risk to my health, including death.

In addition to health risks, I understand that I will be in a country that has a less stable government than the United States and a criminal justice system that does not offer the same protections and due process as the United States. I acknowledge and understand that the Diocese of Orlando has no power to protect my rights or to intervene in any interaction I may have with the country's government or judicial system. I acknowledge and assume the risk that I will have to rely on my own resources and the assistance of the United States consulate in the event I am detained or arrested, the victim of a crime, or injured by a third party during the international trip.

Therefore, in consideration of the privilege of to participate extended to me by the Diocese of Orlando, and on behalf of myself, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge the Diocese of Orlando, and any of its religious, employees, agents and volunteers from any and all actions, omissions, causes, claims and/or damages arising from, relating to, or resulting from my participation in the international trip, including but not limited to: injury, expense, cost, damage, loss, illness or death. I acknowledge that I will not receive monetary compensation for labor and/or services provided while participating as a volunteer for the Diocese of Orlando, a corporation sole ("the Diocese"), and all of its subsidiaries and affiliates, including each and all of their religious, officers, directors, employees, agents, attorneys, volunteers. I acknowledge that I have been advised to seek good counsel before signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives. If any of this waiver release is held invalid, it is agreed that the balance shall continue in legal force and effect.

### For Team Members Ages 18 and Older

I have read, understood, and executed this waiver and release on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## Notary Required

Notary Public: State of: \_\_\_\_\_, County of: \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,

who is personally known to me or who has produced \_\_\_\_\_ as identification.

My commission expires: \_\_\_\_\_ Notary Public Commission Number: \_\_\_\_\_

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

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary Above