



SIFAT - Servants in Faith and Technology
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Part One: Mission Team Member Profile and Release of Claim

This form is for teams traveling to projects outside the USA. Each team member must complete this form. Team Leaders **must** send a copy of all forms to the SIFAT office **at least two months** prior to departure.

Team Leader	<u>Jim Harris</u>	Travel Dates	<u>June 10-18, 2022</u>
Team Name	<u>Guntersville First United Church</u>	Project Location	<u>Machachi, Ecuador</u>
Legal Name	_____	Home Phone	_____
Preferred Name	_____	Work Phone	_____
Permanent Address	_____	Cell Phone	_____
	_____	Passport #	_____
Email	_____	Sex	_____ Date of Birth
Alt. Email	_____	Emergency Contact	_____
Occupation	_____	Phone Number	_____
Local Church	_____	Relationship to you	_____

The following guidelines are recommended by SIFAT for all missionaries, both team members and individual volunteers. Team members are not tourists; they go as guests at the invitation of a SIFAT project host. It is extremely important to be willing to adjust to the expectations of the host. Therefore, in consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by SIFAT, please review the following agreement and sign below:

- I agree to share my faith in an appropriate Christian manner.
- I agree to cooperate at all times with the team leader and host concerning our work and life together including daily assignments, food, lodging, transportation, and to stay with the team the duration of the trip.
- I agree to abstain from offensive habits while on the mission.
- Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.
- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities.
- I agree to abide by the SIFAT Safe Sanctuary Policy, viewable on our website.

In witness whereof, I have executed this agreement and this release at:

(City and State)

Date:

Signature: _____

If under the age of 19: Parent's Signature _____

Parent's Printed Name _____

Important Note: This form alone is **NOT** sufficient to institute insurance coverage for you. Team Leaders must submit a team roster form along with the International Mission Team Member Form to SIFAT at least two months before travel.

Part Two: Medical Information and Release

I plan to participate in a SIFAT project in Machachi, Ecuador. I will be doing manual labor outside in a climate that is: Hot and Humid Cold and Damp High Altitude

SIFAT recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster (Tdap) if not received during the past 10 years.
2. MMR booster if needed.
3. Typhoid vaccination if not received within the past two years (shot) or five years (tablets).
4. A combination Hepatitis A and B vaccine series will need to be administered six to eight weeks prior to departure. SIFAT staff would not travel without this.
5. An antibiotic for the treatment of bacterial diarrhea may be prescribed.
6. Malaria prophylaxis is indicated in certain parts of the world in which we serve.
7. Yellow fever is recommended, but not required. However, in the event of a yellow fever outbreak in the country in which you have been traveling, verification of yellow fever vaccination may be required for reentry into the United States.
8. The use of sunscreen with an SPF factor of at least 30 is recommended.
9. For all team members traveling internationally, see CDC recommendations for specific countries. Visit www.cdc.gov for details or call the Center for Disease Control (CDC) 24-hour hotline at: 800.232.4636.

Allergies (food, medicine, etc.): _____

Current medications: _____

Physical disabilities or existing health conditions (indicate whether you have special needs regarding sleeping accommodations, meals, etc.) _____

I, _____, authorize _____ if I am unable to do so
(participant) (adult on trip)
to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____ Phone () _____
Medical Insurance Provider _____ Phone () _____
Policy Number _____

After reviewing the above information, I feel that my general health is adequate for this endeavor. I understand that healthcare facilities may be inadequate or nonexistent.

Signature of Participant _____ Date ____/____/____

Signature of Parent (for youth under 19) _____ Date ____/____/____

Notarization of Medical Release

STATE OF _____ PARISH OR COUNTY OF _____
On this ____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County/Parish _____

State of _____ My Commission Expires _____

Part Three: Notification of Death

Name _____
(as it appears on passport)

Passport Number _____

Should my death occur outside the United States, a family member, a SIFAT representative or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following (list three):

Name _____

Phone Number _____

Address _____

Relation _____

Name _____

Phone Number _____

Address _____

Relation _____

Name _____

Phone Number _____

Address _____

Relation _____

2. My wishes are as follows:

Ship my body to _____ unless cremation is required by the host nation.
(funeral home and address)

My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the US Embassy of the nation where the death occurred. My remains are to be shipped to _____.
(funeral home and address)

All my valuables, money and personal possessions are to be kept in the control of _____ (another adult on the trip) or a representative of the US Embassy and shipped to:

(name and address)

3. Beneficiary: _____

In the event of my death, all of the above instructions are to be followed in consultation with _____ if that person's physical condition and location make such consultation possible. Further, all valuables, money and personal possessions are to be placed in the possession and control of the above-named person.

Signature _____ Date _____

Signature of Parent (for youth under 19) _____ Date ____/____/____

Notarization of Notification of Death

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County/Parish _____

State of _____ My Commission Expires _____

Part Four: Photo Release

Authorization to photograph or reproduce and to use such reproduction

I, _____, grant to SIFAT and to its employees, agents and assigns, the rights to photograph me and use my still picture or video and other reproductions of my physical likeness.

I understand that I will not receive payment for this, but I will offer this authorization in service of the poor.

I understand that SIFAT may use my photographs, video and other reproductions of my physical likeness for any purpose and for advertising, publicizing and fundraising in its ministry.

I have read and understand this document and by signing this document I intend to be legally bound by it. Further, I agree to abide by all directions, instructions, and any limitations upon my conduct that I may receive from the SIFAT representative or director of the SIFAT approved project. I agree not to leave the mission group or to venture on my own.

Signature

Date

Name (please print)

Signature of Parent (for youth under 19)

Name of Parent (please print)

Part Five: Form Requirements for SIFAT

Thank you for being part of a SIFAT mission team! We are excited about your upcoming trip and hope it is life changing. Please review the items below, so that you are prepared to travel.

1. Fill out the International Mission Team Member Form in its entirety and return it to your team leader. Team leaders **must** send all team forms in hard copy to the SIFAT office at least two months prior to travel.
2. Include the following photo copies with your team form.
 - a. Copy of the *photo page of your passport*. Check now that you have **at least six (6) months remaining** on your passport before expiration from the date you will return to the USA. For example, if your trip returns to the USA on June 15, your passport must be valid until Dec. 15. Airlines will not allow you to travel if this requirement is not met.
 - b. Copy of your *drivers' license*.
 - c. Copy of your *primary insurance card*.
 - d. Copy of your COVID-19 vaccination card