

Mission Trip to Ghana

*A Team from Phillips Temple CME Church
Trotwood, OH*

Dates: October 2nd – October 13th, 2023



*Hosted by
Covenant Well Ministries International
Ghana – Akwamu*

*For questions, please contact: Teresa Sevor 937-638-7018,
Cheryl Oldham 202-271-2223, Sandy Bench 937-837-4751*

DATES AND DEADLINES:

Passport Book (6 unstamped pages): Must be in your possession 3-4 months before trip date,
April 2nd, 2023

Short-Term Missionary Application: Must be submitted: **July 2nd, 2023**

Airfare Purchase: Secure 2 months before the trip date, **August 2nd, 2023**

Orientation Training: August 6th, 2023

Spiritual Gifts Training: August 20th, 2023

Ghana Visa Application paid for and mailed to Ghana Embassy (allow 5 weeks for mailing and processing), Immunizations/Malaria Pills/Antibiotics: (1 month before trip date):
August 27th, 2023

Emergency Contacts Form, Death Notification Form, Liability Release Form, Ghana Medical Release Form, and Photo Release Form: **September 3rd, 2023**

Team Roles and Responsibilities Training and What to Pack/Packing Training: September 3rd, 2023

History, Values, Expectations, and Safety Training: September 17th, 2023

Payment Fee Schedule

\$500.00 Vaccinations & Preventive Medications, **March 2nd, 2023**

\$160.00 Passport Book, **April 2nd, 2023**

\$240.00 CWMI, (Transportation/gas), **May 2nd, 2023**

\$230.00 CWMI, (Gratuities/hotel costs), **June 2nd, 2023**

\$235.00 CWMI, (Meals, water, museum), **July 2nd, 2023**

\$1,300.00-\$1,500.00 Plane ticket, **August 2nd, 2023**

\$60.00 + shipping, Ghana Visa, **August 27th, 2023**

\$500 Seed money from fundraising, September 2nd, 2023

\$100.00 Travel money, **September 18th, 2023**

Short-Term Missionary Application for Ghana

Phillips Temple CME, 3620 Shiloh Springs Rd, Trotwood, OH 45426 (937) 837-9631

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

PERSONAL DATA

Sex: Male Female Birth Date _____ Age _____

Marital Status: Married Single Divorced Remarried Widowed

Do you have any limiting physical conditions which would hinder the safety or efficiency of you or the team? (i.e., serious allergies, weakened immune system, arthritis, back problems, limited mobility, poor eyesight, poor hearing, etc.) Yes No If yes, please explain.

Christian Background

Have you accepted Jesus Christ as your personal Lord and Savior, according to Romans 10: 9? Yes No If YES, for how many years _____?

What is the name of your church? _____

Church Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Pastor's Name: _____

How often do you attend? _____

In which area(s) of the ministry have you or do you participate in? _____

Have you held any leadership positions in the church? Yes No If YES, please explain briefly:

In a few words, please describe your Christian experience, your interest in missions, and why you desire to serve in Ghana:

What areas of work are you most interested in?

Do you feel comfortable evangelizing? Yes No

Teaching a Bible Study to team members? Yes No

Praying openly, corporately, or as part of evangelizing? Yes No

Reading Scripture aloud? Yes No

Do you speak any other language other than English? Yes No

Other language(s) spoken: _____

Do you speak these languages? Very fluently Fluently Speak very little

Describe any vocational or medical training you have had, any other education beyond high school, or any special skills you have:

Covenant Well Ministries International wants to provide opportunities for everyone to be involved in serving others in Jesus' name. We also realize that everyone is at different places in their spiritual journey. On a mission trip, local event or activity, it is very important to us that we give a good testimony of the grace of God in our lives. While we realize that no one is perfect, there are certain behaviors that should be observed in order to "glorify our Father in heaven." Other cultures see things differently and our heartfelt desire is that we not become a stumbling block to others. With this in mind, we kindly request that all people participating in a mission trip, activity or event enter a covenant with us regarding certain behaviors during the trip, event or activity.

Have you ever been arrested for physical assault, sexual assault, or a violent crime?
Yes No

ADULTS WHO HAVE BEEN CONVICTED OF EITHER PHYSICAL OR SEXUAL ABUSE WILL NOT BE ACCEPTED AS VOLUNTEERS OR TEAM MEMBERS WITHIN THE MISSIONS MINISTRY.

Please sign your initials by each statement:

_____ I will attend all of the required training sessions and team building events.

_____ I will respect the team leadership and submit to their instructions.

_____ I will not use obscenity, foul language or gestures during the mission trip or event.

_____ I will not use alcoholic beverages, tobacco products, or illegal drugs during the mission trip, activity or event, including travel to and from the mission's location.

_____ I will not be present in a room alone with a person of the opposite sex, other than my spouse, during the mission trip, activity or event.

_____ I will not have romantic or inappropriate contact with any person while on the mission trip.

_____ I will not complain about material discomfort or living conditions while on the mission trip.

_____ I will be conscientious and respectful toward the hosts and host country.

_____ If I have any interpersonal conflict I will go privately to the person and resolve this conflict.

_____ If I cannot resolve the issue, I will go to the team leader who will mediate.

_____ If I am asked to return early from a mission trip, activity or event by church leadership I will do so at my own expense.

I understand that if I am able to participate in this trip, I will be required to attend any and all functions pertaining to the mission trip. I also understand that if I am absent from any activities relevant to the mission trip and have not been excused by the leaders, I may be asked to forfeit my ability to participate. The information that I have provided is factual and I agree to complete Mission Trainings for workers and abide by the principles stated therein.

Print Name _____ Signature _____

Date _____

Liability Release Agreement

The undersigned wishes to participate in a short-term mission trip (herein "CWMI") with Covenant Well Ministries International.

CWMI agrees that there are risks involved in participating in the Ministry including the following specific risks: sickness, crime, political instability, religious opposition to mission activities, as well as similar and dissimilar risks (herein the "Risks").

The undersigned, himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue CWMI and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Ministry.

The undersigned is fully aware of the risks and other hazards inherent in participating with CWMI, and voluntarily assumes the Risks, and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating with CWMI.

The undersigned also agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating with CWMI, whether for injury or illness, and whether required as a result of the undersigned's participation in the Ministry or not.

The undersigned further agrees that he /she bears the sole responsibility for any and all travel expenses which he/she incurs in the event that his/her team leader or other trip leadership finds it necessary to send the participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the undersigned's participation in the Ministry or not. The undersigned acknowledges Releasees are under no obligation to, and do not cover travel expenses for the undersigned.

Lastly, the undersigned agrees that he/she bears the sole responsibility for any and all room change expenses which he/she incurs while participating in the Ministry, whether for sleep disruptions not previously stated on the application materials, and whether required during the undersigned's participation in the Ministry or not. The undersigned acknowledges Releasees are under no obligation to, and do not cover room change expenses for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

TRIP NAME: _____ DATES: _____

CAUTION: READ BEFORE SIGNING NEXT PAGE

APPLICANT: _____
(Printed Name)

(Signature & Date)

WITNESS: _____
(Printed Name)

(Signature & Date)

Please send your completed application to the address below before you travel or you can turn in to Cheryl Oldham or Sandy Bench

Name and Address: Teresa Sevor, 5714 Tomberg St, Huber Heights, OH 45424

DEATH NOTIFICATION – FOREIGN MISSIONS

NAME: _____ PASSPORT# _____

In the event that my death should occur outside of the United States, any one of the following is to be instructed as indicated below:

_____ Family member

_____ Pastor of My Church

Representative of the US State Department/US Embassy:

1. Immediately contact one of the following:

My family or other (Name) _____
(Phone number and/or E-mail) _____

My Church Office/Pastor (Name) _____
(Phone number and/or E-mail) _____

A Consular Duty Officer at the local US Embassy _____

2. My wishes are as follows:

_____ I DO NOT wish to be cremated. My body is to be shipped to the US, in keeping with statutes of the nation where death occurred, to _____ Funeral Home in _____.

_____ All of my valuables and personal possessions are to be kept in control of CWMI or US Embassy Representative and shipped to:

_____ or brought back to the US and turned over to: Designated family member: _____

3. My body is to be CREMATED and remains shipped back to the US. Follow same process as outlined in #2 above.

Signature: _____ Date: _____

Team Member EMERGENCY Contact Form

Your name: _____

Please list at least two (2) emergency contacts:

1. Name: _____

2. Relationship: _____

3. Address: _____

City: _____ State: _____ Zip Code: _____

4. Email: _____

5. Cell Phone: _____ Home Phone: _____

6. Work Phone: _____ Other Phone: _____

7. Name: _____

8. Relationship: _____

9. Address: _____

City: _____ State: _____ Zip Code: _____

10. Email: _____

11. Cell Phone: _____ Home Phone: _____

12. Work Phone: _____ Other Phone: _____

(Return to your Team Leader with your Mission Application)

Medical Release Form for Ghana Mission Trip

Name: _____

Address: _____

Phone: _____ Text: Yes or No

Health Insurance Company: _____

(Check health insurance to see if covers international trips)

Health Insurance ID Number: _____ Phone: _____

Family Physician: _____ Phone: _____

Diagnosis: _____

Medications: _____

Medication or Food Allergies: _____

Recent Surgeries: _____

Vaccinations: _____

Diet: Regular _____ yes or _____ no; If no please explain _____

Any other information we should know in case of a medical emergency: _____

Medical Emergency Contact Information: (If same as emergency contact, write same)

Name: _____

Address: _____

Phone: _____

****Covenant Well Ministries International, USA or Covenant Well Ministries International, Ghana and Mission Team will not be held responsible for any injuries and/or for any lost or stolen items.**

****In case of medical emergency, I allow Covenant Well Ministries International to find medical treatment on my behalf and consent for treatment.**

****If you agree with the 2 above statement, please sign, print and date below.**

(Signature)

(Print Name)

(Date)

Photo Release Form

I, _____ (Please print), do hereby give/grant permission to Covenant Well Ministries International to the rights to publish or use the photograph in/or on the following publications including but not limited to the Covenant Well Ministries International Newsletter, Calendar, Website, Facebook, Cards, and fund-raising materials.

The length of time the photo can be used by Covenant Well Ministries International is unlimited until otherwise informed by the client.

I do further certify that I have full legal capacity to execute the forgoing authorization and release.

Signature Date

Signature of Parent/Guardian if under 18 years of age Date

Travel Documents and Required Vaccination

Passport: You can go to your local Post Office or online at usps.com or www.travel.state.gov and complete and pay fees online.

Ghana Visa: You can complete application online at <https://ghanaembassydc.org>. A Ghana visa application example will be given at a later date, instructions on how to complete the visa application with addresses and an invitation letter from Covenant Well Ministries International. You only need a single-entry visa unless you plan on returning then you need a multiple entry visa.

Required Vaccination: Yellow fever vaccination costs approximately \$200 at Montgomery County Public Health and \$350-\$400 at a travel agency. ***Plan** ahead on vaccination since there is a current shortage of yellow fever vaccination. ***Please** take your yellow fever vaccination card on the plane, you need it for entry into Ghana at the Kotoka International Airport in Accra.

Please make an appointment with physician, local health department, travel agency or check CDC.gov website for travel information and recommended vaccinations and medications. (**Malaria medication strongly suggested**)

Public Health - Dayton & Montgomery County

phdmc.org

117 S Main St, Dayton, OH 45422

(937) 225-5700

Please register at Step.state.gov.

Step is a free service to allow U.S. citizens/nationals traveling abroad to enroll with the local U.S. Embassy or Consulate.