



Short Term Mission Trip APPLICATION

Please fill out the form below and return to:

LOVE AFRICA

Attn. Kenya Mission
100 Amity Circle
Belmont, NC 28012

<http://nathansmith.org/loveafrica/>

GENERAL INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Cell Phone () _____ - _____ Other () _____ - _____

Age _____ Gender _____ E-mail _____

Social Security Number _____

Citizenship _____

Place of Birth _____

Birthday _____

Occupation _____ Married _____ Children _____

Insurance (Y/N) Company _____ Policy # _____

Parents/Guardians (if under 18) _____

Phone _____

Address _____

City _____ State _____ Zip _____

Who should we notify in case of emergency? (If not parents)

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

CONSENT FOR MEDICAL TREATMENT RELEASE AND HOLD-HARMLESS FOR TRAVEL

Name _____ Date of Birth ____/____/____

Social Security Number _____

WHEREAS, (My child/I) _____ wishes to be a member of Love Africa Mission Team which will be traveling and staying in _____, and whereas, certain circumstances may occur resulting in (my child's/my) need for medical/dental care and treatment, and further resulting in my inability to give consent for such care and treatment; THEREFORE, in consideration of permission from Love Africa for (my child/myself) to participate in said missionary group.

I, _____, being of legal age, authorize Love Africa or any designated agent of Love Africa/Nathan Smith Ministries, to act on (my child's/my) behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Love Africa deems necessary for (my child's/my) medical well being for the duration of the mission trip. This consent is given in advance of any special diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf. Any consent by Love Africa shall have the same force and effect as if I had personally given the consent.

I certify I have personal health insurance, which will provide coverage for (my child/me) during the duration of said mission trip. I understand that Love Africa provides the opportunity for optional travel insurance, but provides no health plan and it is my responsibility to seek coverage for myself/my child.

Insurance Company _____ Policy # _____

Company Phone # (_____) _____

I hereby release Love Africa, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on (my child/my) behalf under the terms of the consent. I further hold Love Africa harmless and agree to indemnify Love Africa for any and all costs, damages or expenses incurred by Love Africa as a result of any claim or action filed by any part alleging damages incurred and as result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Love Africa and it agents, servants, employees or assigns even if such conduct is negligent.

Childhood Immunizations (These must be up to date, please do not leave blank.)

YES	NO	TYPE	Year Administered
___	___	Mumps/Measles/Rubella	_____
___	___	Diphtheria/Pertussis/Tetanus	_____
___	___	Polio	_____
___	___	Tetanus (within 10 yrs.)	_____
___	___	Other _____	_____

Please complete the following questions:

- Are you currently taking any prescription medication? Yes _____ No _____
- If Yes please specify the medication(s) and the dosage _____
- Are you currently using any non-prescription drugs on a regular basis? Yes _____ No _____
- If Yes please specify the medication(s) and the dosage _____
- Have you ever-received treatment or counseling for alcohol or chemical abuse? Yes _____ No _____
- If Yes, please specify when and where _____
- Are you presently under a physician's care for any illness? Yes _____ No _____
- If yes, please explain _____
- What was the date and who was the Physician of your last physical exam? _____

Please list all surgical operations or hospitalizations you have undergone:

1. Operation/Illness _____
 Reason _____ Date _____
 Name and Address of Hospital _____
 Name of Physician _____
 Remaining Effects _____
2. Operation/Illness _____
 Reason _____ Date _____
 Name and Address of Hospital _____
 Name of Physician _____
 Remaining Effects _____

Please list any special health concerns INCLUDING FOOD OR DRUG ALLERGIES:

ALL QUESTIONS MUST BE ANSWERED. ANY MISREPRESENTATION WILL VOID YOUR ACCEPTANCE.

Have you ever been treated by a doctor for any of the following? Every item must be checked.

YES	NO		YES	NO	
___	___	Asthma or Chronic wheezing	___	___	Mental Health counseling
___	___	Any other respiratory problems	___	___	Fainting spells
___	___	Cysts or Tumors of any kind	___	___	Convulsions, seizure, epilepsy
___	___	Chronic persistent cough	___	___	Parkinson's Disease
___	___	Skin disorder other than acne	___	___	Anemia or blood disorder
___	___	Goiter	___	___	Serious bodily injury
___	___	Diabetes or Hypoglycemia (low blood sugar)	___	___	Thyroid ailment
___	___	Circulatory trouble	___	___	Severe allergic reaction
___	___	Cancer	___	___	Aids Virus or HIV
___	___	Hearing or vision impairment	___	___	Persistent indigestion
___	___	Intestinal or Bowel problems	___	___	Stomach or duodenal ulcers
___	___	Kidney Problems	___	___	High or low metabolism
___	___	Tuberculosis	___	___	Gal bladder stones or colic
___	___	Rheumatism, arthritis, painful swollen joints	___	___	Prostate problems
___	___	Chronic back pain injury or scoliosis etc.	___	___	Breast/Menstrual Disorder
___	___	High Blood pressure/ any cardiac problems			

**** Please Note** - If you checked "NO" to all the questions above you are not required to complete a doctor's release form. ***If you checked "YES" to any of the questions on this form you are required to:***

1. Visit with your Doctor

2. Have him or her complete and sign a Doctor's release form.
****YOUR ACCEPTANCE WILL BECOME VOID IF THESE STEPS ARE NOT FOLLOWED.
MEDICAL RELEASE/HOLD HARMLESS**

I further authorize Love Africa to release and all other medical information or records necessary to any party deemed necessary by Love Africa, its agents, servants, employees and assigns for the providing of medical treatments to (my child, myself) or to members of the missionary group to insure proper placement of (my child/myself) in such groups. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in (my child/myself) incurring costs, expenses and damages for which I am solely responsible including, but not limited to, return of (my child/myself) by air ambulance at a cost of \$10,000 or more. I am aware that serious illness requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expenses that may arise from (my child's/my) return by air ambulance or other extraordinary means. I hereby release and hold harmless Love Africa, its officers, employees, and representatives/volunteers from all liability for personal injury, including death as well as property damage or loss arising out of (my child's/my) participation in this trip. I have read and understand the information above. The information I have given Love Africa is accurate and true to the best of my knowledge. My enclosed signature insures that all information on these forms is completely true and has not been altered in any way.

If you are in the legal custody of both parents-both signatures are required
If you are in the legal custody of one parent- the signature of the one who has legal custody is required and a copy of a legal document evidencing the custody agreement, or a notarized copy of a death certificate for a deceased parent. We apologize for any inconvenience.

Note to Notary- if you do not have notary stamp we need other proof of notary such as copy of notary certificate.

Father's
Signature _____ Date _____
(IF APPLICANT IS UNDER 18)

Mother's
Signature _____ Date _____
(IF APPLICANT IS UNDER 18)

Guardians
Signature _____ Date _____
(IF APPLICANT IS UNDER 18)

Applicant
Signature _____ Date _____

State of _____, county of _____
(notary completes this section) Before me, the undersigned, a Notary Public in and for said county and state on _____201____, personally appeared the identical person who executed the within and forgoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

Expires _____/_____/_____
Notary Public
Notary Stamp

My Commission

DOCTOR'S RELEASE FORM

Complete this form if you checked "yes" to any of the questions on the medical checklist.

In the past Love Africa has had people who have experienced difficulty completing the daily mission activities. The missionary may be involved in extended periods of walking and hiking at high altitudes as part of the daily itinerary. Dietary and climate changes also add to the physical intensity of our trips. Please be considerate of these factors.

Doctor's Name: _____	Applicant's Name: _____
Address: _____ _____	Address: _____ _____
Office Phone: _____	Phone: _____
	Date of Birth: _____
	Gender: ____ Weight: ____ Height: ____

I have reviewed this patient's **MEDICAL INFORMATION, CHECKLIST FORM, and MEDICAL HISTORY**, and I have performed a physical exam. (Please check appropriate choice)

- I find him/her to be in adequate condition for international travel and participation in all the activities of this trip.
- I have prescribed a medical plan of action for him/her to meet prior to the mission trip in order to participate in the daily itinerary during the trip.
- I do not recommend that this person participate at this time.

Physician's Signature _____ Date _____

Dear Physician:

If you prefer, this form may be faxed to:
(704) 461-4263

Or may be mailed to:
Love Africa / Nathan Smith Ministries
Attn: Missions Applications
100 Amity Cir.
Belmont, NC 28012

If you have any questions, please call:
(704) 813-8820

FINANCIAL POLICIES AND GUIDELINES

IMPORTANT – please read carefully

- Love Africa is an initiative of Nathan Smith Ministries, a 501C3 non-profit organization. All donations are tax deductible and donors will receive statements of giving at the end of the calendar year.
- The trip costs are non-negotiable.
- Individuals who do not meet the financial goals before the last assigned date will not be permitted to travel.
- The trip deposit is required before an individual will be considered a participating team member. **This deposit is non-refundable.**
- If an individual decides not to travel after a deposit is paid, that deposit and any other funds raised will be held in account of up to but no longer than one year for a future trip. The deposit can also be transferred to another individual as their deposit.
- After one year, any monies held in account will be absorbed back into the ministry and used toward other missions or ministry purposes.
- Love Africa/Nathan Smith Ministries reserves the right to discern how all funds exceeding trip costs are used.
- Refunds can NOT be issued to the participant. Only the ORIGINAL DONOR may request a refund per written request by said individual/company.
- No refunds will be given for funds already used for travel or other expenses.
- Should a trip be cancelled by Love Africa/Nathan Smith Ministries or the partnering overseas ministry, all monies will be held in account until the trip is rescheduled.

FUNDRAISING

Positive Steps:

1. Pray: Long before the money comes in you should count on it by faith. Prayer is the only way to keep from worrying about where the money will come from. Trust God to provide the money however He sees fit. He may have others donate it or He may provide you the time or skills to work for the cost of your trip.
2. Make a Budget: Know exactly how much this trip will cost. Don't forget to include spending money, immunization, and other expenses that may be part of the trip. Include a brief statement of this when you write your support letters.
3. Develop a Strategy: List all your possible resources, including people who might support you. Be open-minded. You may be surprised at how many people will want to support you.
4. Be prepared to make a presentation: One of the best ways to let people know about your short-term trip is through face-to-face conversations or a public presentation. Here are a few essentials to cover:
 - Where you are going.
 - Why you are going.
 - Who you are going with (Love Africa).
 - What you expect from the mission.
 - How long it will take.
 - How much it will cost.
 - How much money is still needed.

Tips for an Effective Support Raising Presentation:

- Don't rely on letters. Letters alone are the least effective means of communicating your mission and your need. If you send letters, make sure they are followed up with personal phone calls and a specific request for a prayerful response.
- Make a personal visit. This is the most effective way to raise funds. Call first. Look sharp. Show up on time and keep it short and to the point.
- Telephone calls are second only to personal visits. The same principles that apply to personal visits apply to phone calls. Be sure to send them follow-up information.
- One good method is to use a response card. Your donors will need to know information such as where to send the check, how to give, how to contact you and where tax credit can be received.

WHO DO I CONTACT TO RAISE SUPPORT?

People who have been influential in your life:

- Former pastors, elders, youth pastors, Sunday school teachers.
- Strong Christians in your family.
- Older Christians from your local church or churches you have attended in the past.
- Christian friends of your parents or parents of your Christian friends.
- Former professors, teachers, and coaches.

People whom you have influenced in the past:

- People you went to school with who are now working.
- High school classmates.
- Former students from your college.
- Older or younger siblings or cousins.
- Parents of children at youth or sports camps where you have worked.

Local churches:

- Meet with a pastor or an elder.
- Speak at an adult Bible study.
- Speak at a men's or women's fellowship.
- Meet with a member of the mission board.

Influential men and women on campus and in the community:

- Christian administrators and professors at your university.
- Businessmen's Fellowships.
- Friends and acquaintances.
- Christian professionals in your church or community.
- Family doctor, dentist, etc.
- Civic and social groups.

HOW TO WRITE A SUPPORT LETTER

Opening:

Begin by telling what you are currently involved in. For example, where you are in school, what you are studying, what you are doing in ministry or for work.

Body:

Tell about your trip: the dates, where you are going, what you will be doing. You may also want to include how you felt called to go on this mission trip. This is a great time to ask for prayer support.

Secondly, tell about your financial needs. It may be appropriate to simply list the costs as you would in an itemized budget.

Tell the reader how they can help meet the financial needs of your trip as well as the spiritual needs. You may want to include a response card or detailed information on how and where they should send support.

Closing:

Conclude your letter by thanking them for making a prayerful decision to support you financially or not. Let them know that prayer support is the most valuable way to support!

Other important information to include:

Your supporters should send money directly to our office at Love Africa/Nathan Smith Ministries. You should be very specific in your instructions. Your name should be written in the memo section of their check, or plainly marked in some fashion with their support. DO NOT receive support directly; all funds should be sent to the Love Africa for processing. Each person who sends a gift directly through Love Africa will receive a giving statement for tax purposes. SAMPLE LETTER BELOW.

SUPPORT MONEY

You have worked hard to think of contacts, write letters, and make phone calls and visits. Now what do you do with the money?

YOUR RESPONSIBILITY:

- Raise the total cost of your trip.
- Meet the financial deadlines.
- Make sure supporters know where to send their checks and that they make checks payable to NATHAN SMITH MINISTRIES, and that they MUST write your name on the check or we will not know to give credit to. Please have supporters send checks or money directly to our office. Make sure our address is included in your support letter and on your response card/return envelope.
- Note: Any funds sent directly to you will not be eligible for tax-deduction.
- Be sure to include an addressed, stamped envelope so that you get the best possible response.

Addressed envelopes should look like this:

Nathan Smith Ministries
Attn: Love Africa Donation for _____ (your name)
100 Amity Cir.
Belmont, NC 28012

OUR RESPONSIBILITY:

- Process the checks for your trip in a timely fashion.
- Mail your supporters a tax-deductible receipt for their giving at the end of the year.
- Mail you a periodic statement of money received and processed for your trip.

DEADLINES:

- **Application/Interviews complete by February 1.**
- **Initial Deposit of \$1600.00 for Airfare by March 10.**
(April 10th for Adult Team going in July)
- **Final Amount due by May 10.**

SAMPLE SUPPORT LETTER

Dear _____ ,

As you may know, the vast need for foreign aid in Africa is far beyond what we could ever grasp. Several years ago, my wife Levacy went to the continent for the first time and her life. She is forever changed. As a result of her visit, we began to take on various missions endeavors. By partnering with our home church and career missionaries, we actually financed the construction of an orphanage for 60+ children in Mekelle, Ethiopia, embracing the words of James, the half-brother of Jesus:

"Pure religion that the Lord finds faultless is this, to care for widows and orphans in their distress." (James 1:27)

God willing, we return this May to Africa to serve several our partners in Kijabe, Kenya. Most of our stay will be at the Africa Inland Mission Station. We will serve the students and staff of Rift Valley Academy (RVA), one of the premier schools on the African continent! RVA is a 5-minute walk from a CURE hospital where we will also serve. This children's hospital was Africa's first orthopedic/ pediatric teaching hospital for physically disabled children. The hospital provides care for children suffering from clubfoot, cleft lip and cleft palate, curvature of the spine and disabilities stemming from polio, cerebral palsy, muscular dystrophy and other congenital abnormalities.

During our stay, our team will visit Naomi's village, an orphan care facility for young children, ages 2-8 years. We will also partner with Little Lambs, a daycare facility for HIV AIDS orphans, ages 6 and up.

I write to ask that you pray for myself, my team and the people we meet that we may show them the genuine love of Christ. I sincerely ask that you take this request before God, and PLEASE PRAY. If God puts it on your heart to support our mission, please send your gift payable to NATHAN SMITH MINISTRIES. A return envelope is enclosed. You may also give online at www.nathansmith.org/loveafrica. All gifts are tax deductible and you will receive a statement for your gift.

Thank you for your support,

Nathan Smith

BREAKDOWN

- WEBSITES:
www.nathansmith.org
www.naomisvillage.org Orphan care
www.rva.org School for Missionary Kids
www.cure.org Orthopedic Children's Hospital
www.masai-mara.net Safari info
wwwnc.cdc.gov/travel/destinations/Kenya.aspx Vaccine Info
- TRAVEL DATES: (+/- 1-2 days depending on airfare)
COLLEGE TEAM DATES: May 16 - June 1
HIGH SCHOOL TEAM DATES: June 15 – June 28
ADULT TEAM DATES: July 6 – July 17
- KENYA TRIP COSTS: Estimated total = \$2900.00
- COST INCLUDES
 - airfare
 - administrative fees
 - core team support
 - transportation in country
 - most meals
 - lodging
 - laundry
 - construction/ministry supplies
 - 3-day/ 2-night, Masai Mara safari
- NOT INCLUDED IN COST: Airport transit meals, vaccinations, malaria meds, drinks on safari, optional activities, souvenirs, and tips
- **The U.S. Department of State requires that any travelers to Kenya and neighboring African countries should ensure that the validity of their passports is at least 6 MONTHS beyond the end of their intended stay. So make sure your passport is up to date!**

MISSION OBJECTIVES

- Work Project – Construction on staff housing for CURE Children's Hospital
- Patient care at CURE
- AIDS orphan ministry @ Little Lambs and Naomi's village
- Tribal ministry with Massai in the Great Rift Valley
- Work at the Southern Cross Academy in the IDP Camp, Maai Mahiu

VACCINATIONS

Here is a list of shots recommended by the Center for Disease Control. Keep in mind that none of these vaccines are required. These vaccines should be discussed with your physician, and are the medical/financial responsibility of each team member. Be sure to check with your health insurance provider, as some will cover these costs.

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
<u>Routine</u>	Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.
<u>Yellow Fever</u>	CDC yellow fever vaccination recommendation for travelers to Kenya: For all travelers ≥ 9 months of age. The cities of Nairobi and Mombasa have lower risk of transmission than rural areas. Kenya requires travelers arriving from <u>countries where yellow fever is present</u> to present proof of yellow fever vaccination. Vaccination should be given 10 days before travel and at 10-year intervals if there is ongoing risk. <u>Find an authorized U.S. yellow fever vaccination clinic.</u>
<u>Hepatitis A</u> or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (<u>see map</u>) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
<u>Hepatitis B</u>	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission (<u>see map</u>), especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident).
<u>Typhoid</u>	Recommended for all unvaccinated people traveling to or working in East Africa, especially if visiting smaller cities, villages, or rural areas and staying with friends or relatives where exposure might occur through food or water.