

CityLights Ministries International

Haiti Checklist

Dates: April 12-23, 2010

- **Passport:** If you do not have a current passport you need to apply ASAP
Application can be found at http://travel.state.gov/passport/passport_1783.html
- **Application and Non-refundable \$150 Deposit due ASAP**

- **Immunizations / Doctor checkup**
- **T-Shirt \$10/ Sweatshirt \$20 ???**
- **Finances Due:** Amounts listed are minimum required. Funds can be turned in as they come in.

Deposit	ASAP	\$150	_____
	March 15 th	\$700	_____
	April 1 st	\$650	_____

Please return all forms and payments to:
CityLights Ministries International
Attn: Bellanton Transformation Project
P.O. Box 28357
Crystal, MN 55428

Total Funds Due: \$1500

- **Team Meetings and Ministry Prep:** As people are coming from various location, we will be in contact about a team meeting in your area.
- **Accommodations:** The team will be staying in various locations including a guest house, the orphanage, and camping on the orphanage grounds. You need to be flexible and prepared that you may be sleeping in a variety of accommodations.
- **Trip Climate:** Haiti is hot and humid. We will do our best to make things as comfortable as possible for the team, but please be flexible and understand we are going to be working and staying in a community that has recently been devastated by a natural disaster. There will be time off set aside for us to have some rest and relaxation.
- **Packing**
 - Small Back Pack/bag
 - Bug spray/Sunscreen/Sunglasses
 - Hand sanitizer/Wet Wipes
 - Toiletries/Towel
 - 1 Church outfit
 - Sleeping bag /Tent
 - Poncho/Flashlight
 - Camera/Walking shoes
 - Work Clothes
 - Comfortable shoes
 - Water Bottle
 - Medications (Document on Medical Form)

CityLights Ministries International
PRIORITY, GO!
Short-Term Mission Application Form

Mission outreach you are applying for: HAITI APRIL 2010

Applicant Details

Name: _____
(Exactly as it appears on your passport)

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Date of Birth: _____ Marital Status: _____

Occupation: _____

Home Church _____

General Information

1 (a) Have you been overseas before? If yes, where and for what purpose? eg. business, holidays, ministry

(b) Have you ever been denied entry, deported or sent home by authorities in another country? (If yes, give details on another page)

Financial Commitment

All mission outreaches are self-funded and will require full payment by the established deadlines. Do you anticipate any difficulties in doing so? Yes No

Passport and Medical Details

Information from the Applicants Details section will be used in booking airline tickets and the Emergency Medical Information will be kept by the team leader and Mission Director.

Applicant Details

Name: _____
(Exactly as it appears on your passport)

Passport Number: _____

Date of Issue: _____ Expiration Date: _____

Country/City of Issue: _____

Country of Citizenship: _____

Visa Details: _____
(If applicable)

Frequent Flyer Details (Airline/s and membership numbers): _____

Emergency Medical Information

In the event of an accident or medical issue while on the trip, it would be helpful to have some general medical information about you. Please fill this out carefully.

1. Please list any current medical conditions (incl. allergies) and indicate where they are severe:

2. Please list any prescribed medications you are currently taking that we need to be aware of:

3. Give details of who to contact in an emergency

Name: _____

Relationship to you: _____

Contact Numbers: _____ home _____ mobile

CITYLIGHTS MINISTRIES INTERNATIONAL

Emergency and Medical Release Form

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to CityLights Ministries International to transport me to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I assume the responsibility of all medical bills, if any for the duration of necessary medical care resulting in the sickness or injury.

I relieve CityLights Ministries International of all responsibility and consequences that may arise as a result of this injury and treatment.

Participant Signature: _____ **Date:** _____

Printer Name: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(If participant is under 18)

Printed Name: _____ **Date:** _____



CITYLIGHTS MINISTRIES INTERNATIONAL

Code of Conduct Contract

1. You must submit to the leading and direction of your team leaders at all times.
2. Use of illegal drugs, alcohol, tobacco products and fireworks are prohibited.
3. No profanity, fighting, pranks, or verbal put-downs.
4. Your group leader must know where you are at all times and you are never to go anywhere alone.
5. No music, slang or clothing that is culturally insensitive.
6. Romantic involvement outside of marriage is completely prohibited while on the mission field
7. You must attend all team meetings on time and inform leaders before hand if you cannot attend.
8. You must wear appropriate clothing for travel and ministry.

Guys : Must wear dress pants, shoes and collar shirt in church. Shorts and T-shirts are acceptable for travel, work and outreach.

Ladies : Must wear a skirt or dress in church. Sandals are OK. Modest skirts, shorts and capris are acceptable for work and travel. Modest T-shirts and sleeveless shirts are OK. (No spaghetti straps or low-cut.)

In choosing to participate in this mission trip I recognize and choose to honor and submit to my team leaders. I have read Code of Conduct and I agree to follow it and fulfill my team commitments to the best of my ability.

Attendee Signature

Date

Parent Signature

Date



CLMI T-Shirt Order Form

Name _____

Phone _____

Shirt Orders are optional.

We recommend each participant orders a team T-Shirt but it is not mandatory.

Please Circle your size and order.

T –Shirt \$10

Sweatshirt \$20

S M XL XXL(add \$2)

S M XL XXL(add \$2)

CITYLIGHTS MINISTRIES INTERNATIONAL

Travel Insurance Policies

Each traveler will have a travel insurance policy. This is built into the cost of the trip and copies of the policy will be left with parents/family members in the USA. The team leader will also carry this information while in country

What is Travel Insurance?

Travel Insurance is financial protection for you when you're taking a trip. For example, if you're hit by a cement truck on your trip, travel insurance can pay your medical bills or pay what your regular insurance doesn't cover. And, Medicare doesn't cover you outside the USA.

Travel Insurance also covers you if you need emergency medical transportation.

Or, you might have a Travel Delay which forces you to have extra accommodation expenses or your luggage is delayed, lost, stolen or damaged. If your checked luggage doesn't arrive within 12 or 24 hours after you do, you can be reimbursed for items you need to buy. Or if it's damaged or never arrives, you can be covered.

Travel Insurance can also protect you if you're forced to cancel or interrupt your trip, you, a close family member or a traveling companion gets hurt or sick, bad weather, lost luggage, terrorism, etc.