

■ Application Form

Presbyterian Church (U.S.A.)

(please type or print)

Name of Seminar: Armenia Travel Study Seminar

Dates: November 1-12, 2010

Personal Data

Name (as it appears on your passport): _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Telephone (Home): _____ (Business): _____

Fax (if available): _____

E-mail address (if available): _____

Gender: _____

Racial/ethnic identity: _____

Professional position and/or interest:

Passport information:

Date of issue: _____ / _____ / _____
Month Day Year

Place of issue: _____

Passport country and number:

Expiration date: _____ / _____ / _____
Month Day Year

Birthplace: _____

Birthdate: _____ / _____ / _____
Month Day Year

Health information:

General health: Excellent Good Fair

Do you smoke? Yes No

Do you have any allergies?

dietary restrictions?

physical challenges?

emotional challenges?

If yes, explain:

(Note: In some cultural contexts, we are not able to accommodate strict vegetarian diets.)

Are you currently under a physician's care and/or receiving prescribed medication of which we should be aware? (This information will be treated confidentially.)

Yes No

If yes, please explain and list medications:

Are you covered by illness and accident insurance? Yes No

Does it cover your overseas travel?

Yes No

Name of your insurance company and their emergency contact number:

Are there any other special considerations we should know about in processing your application? If so, please list:

In case of emergency, please notify:

Name

Relationship

Telephone

A. What are your reasons for desiring to participate in this mission trip?

B. Keeping in mind the purpose as described in the brochure, what are your expectations for this experience?

C. Will you agree to do pre-travel study of materials provided or recommended by organizers? Yes No

D. Are you adaptable to simple accommodations, often including dormitory-style living? Yes No

E. Will you agree to do post-travel interpretation of your experience?

Yes No

In what way?

F. Have you ever lived in or visited other countries? If so, describe your experience, including the countries and dates.

G. Please describe any skills, interests, or hobbies (like photography) that might be useful on the trip or in the interpretation experience after the trip. Will you be willing to share photographs and notes after the trip for the benefit of all participants and the larger church?

H. Do you speak any foreign languages? If yes, which ones? How fluently?

I. Will you be able to pay the entire cost by the deadline (6 weeks prior to trip date?)

J. Do you agree to participate in the orientation and debriefing and travel with the group at all times during the period of the seminar?

Yes No

If no, explain:

K. Information to be shared

Please write a brief biographical paragraph that can be shared with other trip participants before the meeting. Tell about yourself, your work, interests, family, church involvement, and any other experiences that have influenced you or that you would like to share. Include the name that you like to be called. Attach to this application.

L. Church information

Name of your congregation:

Name of your presbytery:

Describe your involvement in the mission of your congregation, presbytery, or synod:

M. Please read and sign this agreement:

I agree to all the conditions relevant to the travel seminars of the Presbyterian Church (U.S.A.). I will complete the required study in advance, take part fully in all aspects of the trip, including the orientation and debriefing, and use the insight gained for the furthering of the goals of the group to the best of my ability. I will also fulfill all my financial obligations.

Signed: _____

Date: ____ / ____ / ____
Month Day Year

Please send completed application form to:

Debby Vial and Katie Holmes
Presbyterian Church (U.S.A.)
100 Witherspoon Street, Room 3229
Louisville, KY 40202-1396

For questions please contact:

Debby Vial at 502-569-5702 or
Katie Holmes at katie.holmes@pcusa.org

Sexual Misconduct Policy Form

(To be signed by leaders and participants)

Definitions Related to Sexual Misconduct

Sexual harassment is defined for this policy as follows: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when

1. Submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment or their continued status in an institution;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or offensive working environment.

Sexual misconduct is the comprehensive term used in this policy and its procedures include the following:

1. Child sexual abuse.
2. Sexual harassment, as defined above.
3. Rape or sexual contact by force, threat, or intimidation.
4. Sexual conduct (such as offensive, obscene, or suggestive language or behavior, unacceptable visual contact, unwelcome touching or fondling) that is injurious to the physical or emotional health of another.
5. Sexual malfeasance defined as sexual conduct within ministerial (e.g., clergy with a member of the congregation) or professional relationship (e.g., counselor with a client; lay employee with a church member; presbytery executive with a committee member who may be a layperson, a minister, or an elder). Sexual conduct includes sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature. This definition is not meant to cover relationship between spouses, nor is it meant to restrict church professionals from having normal, mutual, social, intimate, or marital relationships.

Volunteer is the term used for persons who provide services and receive some benefits (e.g., food, shelter, transportation, risk management insurance, or the like) but no remuneration. For purposes of this policy, volunteers are treated the same as employees.

Please complete the following certification: I certify that (a) no civil, criminal, or ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; and (b) I have never resigned or been terminated from a position for reasons related to sexual misconduct.

Signature: _____ Date: _____

(Note: If you are unable to make the above certification, you may instead provide a description of the complaint, termination, or the outcome of the situation and any explanatory comments you care to add.)

NOTE: RETURN THE ORIGINAL OF THE SEXUAL MISCONDUCT POLICY FORM TO:

Debby Vial and Katie Holmes
Presbyterian Church (U.S.A.)
100 Witherspoon Street, Room 3229
Louisville, KY 40202-1396

Hold Harmless, Waiver of Liability, and Emergency Medical Care Authorization

The Presbyterian Peacemaking Program of the Presbyterian Church (U.S.A.) is sponsoring the educational event in Armenia on November 1-12, 2010 (hereinafter referred to as the "Program").

I, _____ (*participant name*), of _____ (*address*), in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, disease, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Presbyterian Church (U.S.A.), the General Assembly, all of its entities, Presbyterian Church (U.S.A.), A Corporation, the Sponsor, their staff members, successors, assigns, officers, agents, representative, ministry divisions, and entities (hereinafter referred to as "PC(USA)") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program, even if said injury or action is due to the alleged negligence of PC(USA). Further, I do hereby agree to indemnify and hold harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PC(USA) related to the Program, even if any such claim or right of action is caused by PC(USA)'s alleged negligence.
5. I hereby state that I am in good health and have all medication necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Program I need emergency medical care and am not able to give consent because of physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release PC(USA), in making those emergency medical care decisions, from any and all liability associated with said decision, even if injury or death is the result of PC(USA)'s alleged negligence.
6. This document does not release the PC(USA) from gross negligence.
7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Signature: _____

Witness: _____

Printed Name: _____

Signature of
Parent of Guardian: _____
(Signature of Parent of Guardian is required if participant is under 18 years of age.)

Witness: _____

Date: _____

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