



MISSION TRIP PARTICIPANT AGREEMENT FORM

Please read the following and sign if you agree with this entire form.

Return this to your team leader or the FaithCare Headquarters with your application and deposit.

FaithCare, Inc.
621 Centre Ave
Reading, PA 19601
(860) 904-2870
hope@faithcare.net
www.faithcare.net

For the good of the mission trip, patients as well as my fellow team members, I agree to abide by the following:

I will attend the team building meeting which will be scheduled closer to the time of the trip by my team leader. For truly unusual circumstances, and if you cannot attend or connect virtually, other arrangements can be considered at the team leaders discretion. You are also welcome and encouraged to attend as many of the monthly meetings as possible prior to trip departure. Check with your local FaithCare chapter for meeting dates & times.

I have read the entire "Info Packet" and agree with the protocols and policies of the trip.

I will not use alcohol, tobacco, or non-prescription drugs throughout the time I am representing FaithCare, including the flight and transportation (to & from). Breech of these guidelines would be grounds for immediate dismissal from the team..

I will attend morning announcements, breakfast, and devotions throughout the trip. Any exceptions should be discussed with the team leader.

Print name

Signature

Date