



TEAM LEADER APPLICATION

To be completed by TEAM LEADER Only
(Please print or type) Page 1 of 4

Host Missionary: _____ Team Leader: _____

Country _____

Exact Dates of Travel: _____ (Exact means departure date through arrival date back home)

Sending Church/Organization _____
(Please include city and state)

Pastor/Organization Leader: _____

E-mail: _____ Best Phone Number: _____

Denominational Affiliation: _____

Have you ever led a mission trip with Global Outreach? Y | N If so, when? _____

In Case of Emergency, Contact Person at Church or Organization:

Name: _____ Best Phone Number: _____

REQUIRED TRAVEL INSURANCE:

It is the policy that team members of Global Outreach who are traveling outside the U.S. purchase travel insurance. A description of acceptable coverage is outlined in the International Medical Group (IMG) Benefit Summary attached to this application. Other insurance policies are acceptable as long as Proof of Insurance is provided, with documentation that equals the Plan Information, Medical Benefits, International Emergency Care and Precertification as does IMG for injury and illness.

As Team Leader I certify that Travel Insurance for this team:

_____ Was purchased with my (our) airline ticket(s) through CVTravel.

_____ Was purchased with my (our) airline ticket(s), and acceptable coverage has been obtained per Global Outreach's policy (Proof of Insurance for the team attached).

_____ Please have Global Outreach Home Office purchase my (our) travel insurance.

_____ I am providing Proof of Insurance purchased separately from the 3 options above.

Signature of Team Leader: _____ Date: _____

Global Outreach International, Inc.
TEAM LEADER Statement of Beliefs for Team

- We believe the Bible to be the inspired, infallible, and authoritative Word of God without error in the original writings (2 Timothy 3:16).
- We believe in one God, creator of all things, infinitely perfect and eternally existing in three Persons: Father, Son and Holy Spirit (Isaiah 45:22; Romans 11:36).
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, and in His sinless life. We believe that He died on the cross, taking in Himself all of our sins through His shed blood, and that He rose from the dead, and ascended into heaven from whence He will return with power and glory (John 10:3; 1 Timothy 2:6; 1 Corinthians 15:3-4; Titus 2:13).
- We believe that all men have sinned and come short of the glory of God; and that for the salvation of lost and sinful man, regeneration by the Holy Spirit through faith in our Lord Jesus Christ is absolutely essential (Romans 3:23; John 1:12; Titus 3:5).
- We believe in the doctrine of justification by faith, realizing that it is impossible for man through works to save himself (Romans 5:1; Ephesians 2:8-9).
- We believe in life after death, that "There shall be resurrection of the dead, both of the just and the unjust" (Acts 24:15). We believe in the resurrection of the saved to everlasting life in heaven and the resurrection of the unsaved to eternal punishment (1Thess. 4:16-17; 2 Thess. 1:7-9).
- We believe that it is the responsibility of all believers in Christ to share the Good News of Jesus as Savior and Lord to all people of the world. We believe we should do this in deeds of love and in the proclamation of the Gospel. We are, therefore, concerned about all physical, social, and spiritual needs of all people, and we will use every opportunity to communicate and express the love of God to a world in need (Acts 1:8; 1 Peter 2:12).

Team Leader Signature: _____ Date: _____

Global Outreach International, Inc.
TEAM LEADER Liability Release for Team

I, the undersigned, am aware of the hazards and risks to my person and property associated with serving in a mission's capacity, including, but not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept these risks in full and acknowledge that it is solely my responsibility to decide on and obtain any applicable insurance coverage. I voluntarily assume all risk of death, injury, and/or illness, and release Global Outreach International and all its affiliated volunteers, directors, staff, and missionary personnel from any and all liability arising in any connection with my participation on this trip or my association with Global Outreach. I recognize that these risks have always been associated with missionary service (2 Corinthians 11:23-28).

I expressly waive any defense to the enforcement of the commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me enforceable against me in these terms. I expressly agree that this Liability Release is intended to be as broad and inclusive as permitted by law. I HAVE CAREFULLY READ THE FOREGOING, I UNDERSTAND IT, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE RIGHT TO CONSULT AN ATTORNEY PRIOR TO SIGNING.

Furthermore, I certify by my signature that I have reviewed and discussed this Liability Release with each team member.

Team Leader Signature: _____ Date: _____

Global Outreach International, Inc.
TEAM LEADER Agreement

As Team Leader for the team, I have reviewed and discussed the guidelines for each Team Member and do hereby agree to following the guidelines for serving on a Mission Team with Global Outreach International, Inc.

- The Team's status in regard to being a professing Christian, active in a local church and responding to the call of God to this mission trip has been discussed the team.
- The ministry of this Team is under the supervision of the designated Global Outreach International, Inc., missionary. The Team Leader is accountable to the missionary for the approval of all ministry and any other activities on the field. We agree to follow the instruction of the missionary and Team Leader.
- The Team shall be responsible for all costs of ministry related to the Team, with the exception of capital costs for construction or other major projects that are a part of the Global Missionary's ongoing budgeted plan of ministry.
- All of the funds given through Global in support of this trip or project shall be used for such purposes, with any unused money being transferred to the Global Outreach International, Inc., missionary as a donation. No funds shall be returned from Global Outreach International, Inc. directly to individual team members.
- Any expenses anticipated or incurred which are payable to Global Outreach International, Inc., must be paid through the Home Office 30 days prior to the Team's departure date (i.e., \$60.00 processing fee, travel insurance, airfare, per diem for food, lodging, transportation, project fees and miscellaneous expenses).
- We understand the need for modesty in both personal conduct and dress.
- We realize that alcoholic beverages, illegal drugs or tobacco product usage is not permitted at any time during the mission trip.
- We understand doctrinal positions outside of the Global Outreach International, Inc. Statement of Beliefs should not be taught or promoted during the mission trip unless approved by the Global Outreach International, Inc., missionary supervisor. Evangelism, basic discipleship and helping ministries shall be the primary purpose of any public or private ministry.

I certify by my signature that I have reviewed and discussed this Team Member Agreement with each team member.

Team Leader Signature: _____ Date: _____

Global Outreach International, Inc.
TEAM LEADER - Affidavit of Support and Consent for Minors

Regarding Minor

Parent(s) name(s): I/We _____, as parents of:

Full name of minor going on trip: _____

resident of the United States of America, hereby give full consent and authority to:

Full name of Team Leader/adult going on team: _____

to accompany my/our son/daughter:

Full name of minor child going on team: _____ to

Final destination of team/country: _____.

Regarding Team Leader/adult going on team representing my/our son/daughter:

The aforesaid guardian, as proof of his/her identity shall present before authorities his/her

Passport No. _____

City and State in which Passport was issued: _____

Date Passport was issued: _____

Expiration Date of Passport: _____

I/We the parent(s), after being duly sworn accordingly, hereby depose and say that I am/we are willing and able to maintain and support my/our child financially and guarantee that he/she will not become a public charge or burden during his/her stay in _____ (Destination of team).

Signature of Parent/Guardian

Signature of Parent/Guardian

WITNESS OUR HAND AND SEAL:

This _____ day of _____ 20 _____.

Notary Public

This form must be completed, signed by at least one (1) parent and notarized for all children under the age of 18 years old during any part of the trip and traveling without both of their parents.

TEAM LEADER – IMPORTANT – KEEP THIS ORIGINAL FORM WITH YOU ON YOUR TRIP AS WELL AS A COPY OF THE MINOR'S BIRTH CERTIFICATE.



Global Outreach International Medical Group® Summary of Benefits

The following is a Summary of Benefits. All amounts shown are in U.S. dollars. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations and exclusions.

Schedule of Benefits	Benefit Description
Plan Information	
• Deductible	\$0
• Coinsurance for treatment received outside the U.S. & Canada	No Coinsurance
• Coinsurance for treatment received within the U.S. & Canada	See below
➤ In the PPO Network	The plan pays 90% of eligible expenses up to \$5,000, then \$100% up to the Maximum Limit
➤ Out of the PPO Network	The plan pays 80% of eligible expenses up to \$5,000, then \$100% up to the Maximum Limit
Medical Benefits - \$1 Million Maximum Benefit (\$100,00 Maximum Benefits for ages 70-79) <i>Usual, reasonable and customary charges, subject to deductible and coinsurance</i>	
• Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
• Out-patient Medical	Up to the Maximum Limit
• Prescription Drugs	Up to the Maximum Limit
• Emergency Room Accident	Up to the Maximum Limit
• Emergency Illness – with In-patient admission	Up to the Maximum Limit
• Emergency Illness – without In-patient admission	Up to the Maximum Limit with additional \$250 deductible
International Emergency Care <i>When coordinated through the Plan Administrator</i>	
• Emergency Evacuation	Up to \$500,000 lifetime Maximum (Independent of Maximum Limit)
• Emergency Reunion – Travel Expenses for a relative or friend during a medical evacuation	Up to \$50,000
• Return of Mortal Remains	Up to \$50,000
• Accidental Death and Dismemberment	Up to \$25,000

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate Wording must be Pre-certified for medical necessity, which means the Insured Person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Pre-certified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment.

**CVTravel, Inc. “The Kingdom Company”
International Medical Group ® Summary of Benefits**

Schedule of Benefits	Benefit Description
Plan Information	
• Coverage Maximum	\$1,000,000 per person
• Deductible	\$0
• Coinsurance for treatment received outside the U.S. & Canada	No Coinsurance
• Coinsurance for treatment received within the U.S. & Canada	See below
➤ In the PPO Network	The plan pays 90% of eligible expenses up to \$5,000, then \$100% up to the Maximum Limit
➤ Out of the PPO Network	The plan pays 80% of eligible expenses up to \$5,000, then \$100% up to the Maximum Limit
Medical Benefits – <i>Usual, reasonable and customary charges, subject to deductible and coinsurance</i>	
• Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
• Intensive Care	Up to the Maximum Limit
• Medical Expenses	Up to the Maximum Limit
• Out-patient Medical	Up to the Maximum Limit
• Local Ambulance	Up to the Maximum Limit
• Prescription Drugs	Up to the Maximum Limit
• Emergency Room Accident	Up to the Maximum Limit
• Emergency Illness – with In-patient admission	Up to the Maximum Limit
• Emergency Illness – without In-patient admission	Up to the Maximum Limit with additional \$250 deductible
• Sudden and unexpected recurrence of a Pre-existing Medical Condition (US Citizens only)	Up to age 65 with primary health plan – Up to plan maximum Up to age 65 with no primary health plan – \$20,000 maximum Age 65+ - \$2,500 lifetime maximum
• Sudden and unexpected recurrence of a Pre-existing Medical Condition for an Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses
• Lost Luggage	Up to \$50 per item of personal property Maximum of \$250 per period of coverage
International Emergency Care – <i>When coordinated through the Plan Administrator</i>	
• Emergency Evacuation	Up to \$500,000 lifetime Maximum (Independent of Maximum Limit)
• Emergency Reunion	Up to \$50,000
• Return of Mortal Remains	Up to \$50,000
• Return of Minor Children	Up to \$50,000
• Political Evacuation	Up to \$10,000

This is only a summary of proposed benefits and coverages. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this summary. The Certificate Wording prevails over any information provided in this summary.

RESOURCES

Passport – A United States Passport is your key to international travel. When presented abroad, it is a request to foreign governments to permit you to travel or temporarily reside in their territories and access all lawful, local aid and protections. It allows you access to U.S. Consular services and assistance while abroad. Most importantly, it allows you to re-enter the United States upon your return home. <http://travel.state.gov>

Visa - It's important for all United States citizens to check with the state department or visa service to make sure you have all the documentation needed to enter into a foreign country. <http://world-visa.com>

Travel Warnings - Travel Warnings are issued when long-term, protracted conditions that make a country dangerous or unstable lead the State Department to recommend that all Americans avoid or consider the risk of travel to that country. A travel Warning is also issued when the U.S. Government's ability to assist American citizens is constrained due to the closure of an embassy or consulate or because of a drawdown of its staff. Please click for a list of countries listed that meet those criteria. <http://travel.state.gov>

STEP - Smart Traveler Enrollment program (STEP) is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in a foreign country. <http://step.state.gov>

Currency Exchange - Travelers should always check the exchange rate of the countries they plan to visit before leaving the United States. It is recommended that you become familiar with currency denominations and appearance before you arrive into a strange country. <http://exchangerate.com>

Immunization - Travelers should always check with the Center of Disease Control to get the latest requirements for traveling to foreign countries. Immunizations and vaccinations are required in some countries for entry and also to re-enter into the United States after visiting countries that have had outbreaks of infectious diseases. <http://www.cdc.gov>

Weather - Check the weather for your destination where you can arrive prepared for weather conditions. <http://www.weather.com>

International Travel Information - Familiarize yourself with your destination country. Stay informed of conditions abroad that may affect your safety and security International Travel Information. <http://travel.state.gov>



Global's Travel Agency is CVTravel in Birmingham, AL.

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Jennifer Rush – Travel Agent	jennifer@cvtravel.com	(205) 949-2766
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Packing Recommendations from TSA

For your safety, the Transportation Security Administration is screening all checked baggage. You can find further information on the TSA website: www.TsaTravelTips.us

- 1) Don't put your film in your checked baggage, as the screening equipment will damage it.
- 2) Consider putting personal belongings in plastic bags to reduce the chance that a TSA screener will have to handle them.
- 3) Pack shoes, boots, sneakers, and other footwear on top of other contents in your baggage.
- 4) Avoid over-packing your baggage so that the screener will be able to reseal it easily after inspection. If possible, spread your contents over several bags. Check with your airline about weight and size limitations.
- 5) Avoid packing food and drink items in check baggage.
- 6) Don't stack piles of books or documents on top of each other. Spread them out within your baggage.
- 7) Carry-on baggage is limited to one carry-on bag plus one personal item. Personal items include purses, laptops, small backpacks, briefcases or camera cases.
- 8) Don't forget to place identification tags with your name, address, and phone number on all of your baggage, including your laptop computer. It is a good idea to place an identification tag inside each bag as well.
- 9) Wait to wrap your gifts. Please be aware that wrapped gifts are subject to search. This applies to carry-on items as well.

PLEASE CONFIRM FLIGHT RESERVATIONS 72 HOURS PRIOR TO FLIGHT