



Women's New Orleans Mission Trip

REAL Discipleship Ministries is taking a road trip to New Orleans **November 13-17** to work with Inward Ministries and Baptist Friendship House.

As REAL partners with the DBA to coordinate this mission outreach, our hope is to share the love of Jesus with those who are in the sex industry.

We will be traveling by van to and from New Orleans with three full days of ministry in between. We hope you will join us as the Lord leads you. Space is limited.

"The Spirit of the Sovereign Lord is upon me, for the Lord has anointed me to bring good news to the poor.

He has sent me to comfort the brokenhearted and to proclaim that captives will be released and prisoners will be freed."

Isaiah 61:1

When:

November 13-17, 2019

The van will leave from FBC Vidalia at **8:00 a.m. on Wednesday, November 13th**. We will return to FBC Vidalia by 9:00 p.m. on Sunday, November 17th.

Cost:

\$250 *This cost includes transportation, lodging, and meals.*

Non-Refundable Deposit: \$100

All forms & deposit due by October 26, 2019

Lodging:

Williams Boulevard Baptist Church

Pastor Tim Williams

3000 Williams Boulevard

Kenner, LA 70065

Phone: 504-443-2363

What to Bring:

Bible

Toiletries

Sunscreen

Medicines

Plastic bag for dirty clothes

Sheets, pillows, blankets, sleeping bag

Spending money

Snacks

Casual clothing, one set of outdoor work clothes

Small backpack or bag for when we are out on mission

Journal

Flashlight

What we will be doing:

The mornings will begin with breakfast at Williams Blvd. Baptist Church. We will depart to spend the day praying, evangelizing, and serving with Inward Ministries, Baptist Friendship House and other local ministries. At the end of each day we will return to the church for rest.

DBA Mission Team Covenant

I Thessalonians 5:16-19

Be joyful, Keep Praying, and Be Thankful!

Our Purpose:

1. Share the Gospel (Matthew 28:19-20)
2. Support field missionaries (Ephesians 4:1-4)
3. Encourage native believers (Acts 2:40-47)
4. Deepen personal relationship with Christ (Psalms 55:17)
5. Distribute literature (I John 5:13)
6. Build relationships (Philippians 2:1-11)

Interpersonal Relationships

Team Members: We will commit to be of one accord and like-minded through Christ, looking out for each other's interests. (Philippians 2:3-5). We will seek to love each other with patience, kindness, humility, and forgiveness (I Corinthians 13:4-18 and Galatians 5:14).

Nationals

We will respect the culture, beliefs, and the politics of our host country. We will clothe ourselves in humility and exhibit the fruit of the Spirit. (Galatians 5:22-26). We will be thankful for all we receive and commit to be courteous guests wherever we go.

Conflict Resolution

We are going as a team - be quick to forgive and do not allow anything to hinder what God has in store for this trip (James 1:18-20).

If a conflict arises:

1. Consider your own heart and mind and repent of any unconfessed sin (Matthew 7:5).
2. Go to the person with whom you have a conflict, share the problem in a loving spirit (Matthew 18:15).
3. If a resolution cannot be reached, see the Team Leader for counsel and guidance (Matthew 18:16).

Respect Authority

As a team we will submit to the authority of our leaders, the ministry partners, missionaries, and legal authorities (Hebrews 13:17).

Any wrong decisions we make on our own could ultimately destroy or cause difficulty in the lives of the very people we are there to help and cause our Team Leaders to become accountable for our wrongdoing and disobedience (Titus 1:1-2).

Security/Protection

Psalms 32:7 “You will protect me from trouble.”

John 17:12 “I protect them and kept them safe that are in my name”

1. Have a travel buddy.
2. Never leave the group without letting the Team Leader know.
3. Do not leave valuables (i.e. passport, money, jewelry) in your room.
4. Do a passport inventory of all Team Members (give your passport to the Team Leaders as we travel).
5. Keep a COPY of your passport on you at all times.
6. Keep credit card cancellation numbers in case of an emergency.
7. Establish an emergency plan in case of separation from the group.
8. Use extreme caution when using calling card numbers over the phone.
9. Give a contact person and phone number to family members.
10. Clean your room daily.

Food

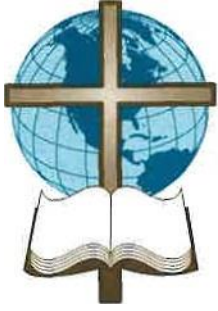
Do not skip meals. Each person must take care of themselves and eat. That being said, do your best to eat what you’ve been given and refrain from complaining. When in need recite the missionary’s prayer: Lord, I’ll put it down, if you keep it down!

Time/Flexibility

I Peter 2:17 “Show proper respect to everyone: love the brotherhood of believers, fear God, honor the King (*authorities*).” Italics added.

I Thessalonians 4:12 “Live so that your daily life may win the respect of others.”

1. To show respect for one another and avoid causing anyone involve any anxiety, we are to be punctual to all events, be ready and willing to do whatever it takes to accomplish our task.
2. The team will be flexible about any unexpected changes in schedule or events. I will adhere to and respect the above covenant set by my Team Leaders and fellow Team Members.



Daniell Baptist Association

Partnering with faithfuls to reach communities for Christ

Trip Participation Application

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone - Home _____ Cell _____

Email Address _____

Date of Birth _____

Church you attend _____

Emergency Contact Person: _____

Relationship Emergency: _____

Contact Phone Number: _____

Below, give a brief testimony about how you came to Christ and why you would like to minister on this Mission Trip.

Signature

Signature of parent (if applicant is a minor)

PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Name of Facility (Camp/Church/School)			
Address	City	State	ZIP Code
Dates of Attendance			

As the parent or legal guardian of my child, _____ I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name

Signature

Date

ADDITIONAL INFORMATION:

Exclude from following Activities:

CHURCH MUTUAL INSURANCE COMPANY AND HERMES SARGENT BATES WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS AND IN FACT, THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THIS DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.

Medical Release Form

(One form per participant and please complete in pen)

Legal Name: _____ Birthdate: ____ / ____ / ____ Gender: ____ Home
Address: _____
Home Phone: _____ Cell phone: _____
Email: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Relationship to participant: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone #: _____
Insurance Company: _____ Policy #: _____
Name of person insurance is under: _____ Group #: _____
Blood Type _____ (if known)

HEALTH HISTORY:

Do you have any physical limitations that would hinder your ability to participate in vigorous activities? If so, please explain.

Do you have any medical problems? If so, please explain.

Are you allergic to any medications or food? If so, please explain.

Describe your present physical fitness (e.g. for walking, manual labor, heavy lifting, carrying luggage).

Do you take any medication on a regular basis? If so, please list:

CONSENT FOR EMERGENCY TREATMENT (Signature required from participant, or parent or guardian if under 18)

Note: If you should require medical attention while on an activity with Daniell Baptist Association (or one of its partners) for injuries received or illness contracted prior to coming, please provide trip coordinators with information necessary to give proper medical service during the trip.

In case of an emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for myself/my child (ward) as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities.

I, therefore, agree to assume as an explicit condition of my/my child's (ward's) participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above named sponsor, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child (ward). I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

Participant (or Parent/Guardian) Signature: _____ Date: _____

Notary Public Stamp

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

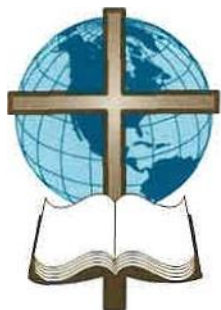
Child's Name (Last)	(First)	(Middle)	Date of Birth
Address	City	State	ZIP Code
Parent/Guardian Name (Last)	(First)	(Middle)	
Telephone	Cell	E-Mail	

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Print Name of Parent/Guardian
Signature of Parent/Guardian
Date

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Partnering with churches to reach communities for Christ

Indemnity and Release Form

Indemnity and Release Form: I, the undersigned, wish to voluntarily participate in the **MISSION TRIP TO NEW ORLEANS, LA.**

In consideration for being permitted to participate in the **MISSION TRIP** in the city of **NEW ORLEANS**, the state of **LOUISIANA**, and country of the USA, beginning the **13TH day of NOVEMBER**, 2019, I, the undersigned, fully recognizing the dangers and hazards inherent in the **MISSION TRIP** and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the **MISSION TRIP** do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, **DANIELL BAPTIST ASSOCIATION and REAL DISCIPLESHIP MINISTRIES** its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above **MISSION TRIP**.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify **DANIELL BAPTIST ASSOCIATION and REAL DISCIPLESHIP MINISTRIES**, for injuries, damages or losses I may cause and giving up rights to sue **DANIELL BAPTIST ASSOCIATION and REAL DISCIPLESHIP MINISTRIES** for injuries, damages or losses I may incur.

Signature of Participant

Date

Printed Name (Participant)

Date

Signature of Parent, if minor

Date

Printed of Parent, if minor

Date

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