



BUCKNER®

National Missions: Border Trip Application

General Information

Date of Trip and/or Group Name: _____

Name: _____

Address: _____ City _____ State _____

Zip Code _____ Email Address: _____

Phone: (Home) _____ (Cell) _____

Gender: M F

Date of Birth: _____ T-Shirt size: S M L XL 2X 3X

Medical and Emergency Information

Emergency Contact Name and Relationship: _____

Emergency Contact Information: _____

Allergies (food, medication, etc): _____

Ministry Information

How did you hear about Buckner National Missions? _____

Location you will serve: Rio Grande Valley Eagle Pass Laredo El Paso

Name of your Church: _____ Pastor: _____

Mailing Address: _____

Thank you for your interest in Border Ministries Mission opportunities. Information on this forms will be confidential and for our use only and not be shared with anyone.

Send all completed application paperwork to
Buckner National Missions
3780 N. BENTSEN PALM DR MISSION, TX 78574
FAX: 956-584.8626

Revised 04/18/2013 JP



Buckner International and/or Affiliates and Subsidiaries Volunteer Code of Ethics Agreement

In order for me to participate as a Volunteer for Buckner International and/or its affiliates and subsidiaries ("Buckner"), I agree to be bound, by all the acknowledgements in this document and promise to comply with this Volunteer Code of Ethics Agreement ("Agreement"). If my child or dependents of mine participate as a volunteer, by my signature, I agree that my child or dependent will comply with this Agreement:

Consistent with standards and policies of Child Protective Services, as a volunteer, I agree to:

- Treat everyone, regardless of race, religion or culture, with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Use positive techniques of guidance, including, but not limited to, positive reinforcement and encouragement rather than competition, comparison, or criticism.
- Portray positive role models for clients by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity.
- Abstain from humiliating, ridiculing, threatening and using frightening discipline techniques (i.e., hitting, spanking or shaking) toward any clients, fellow volunteers or employees.
- Abstain from inappropriate conduct, speech and use of profanity with clients, fellow volunteers or employees.
- Refrain from touching clients, fellow volunteers or employees in a sexual or other inappropriate manner including inappropriate touching and exposure. The client should be the only one to initiate physical contact. Physical contact should be kept to a minimum.
- While engaged with Buckner clients, volunteers and/or employees, abstain from using tobacco products, possess or be under the influence of alcohol or illegal drugs, or possess any weapons.
- Refrain from engaging in activities when I have physical and/or psychological conditions that might adversely affect clients or staff, including significant fever or contagious conditions.
- Avoid from taking any photographs in a Buckner facility without the express prior written consent of Buckner staff.
- Refrain from directly giving clients money or gifts.
- Maintain the confidentiality of the client, including information on their participation in Buckner programs as well as any information regarding their personal, financial, emotional or physical status.
- Arrive on time and work for the duration of the time that I have committed.
- Abide by instruction provided by Buckner staff at all times.

Child Abuse Reporting/Injury Acknowledgement

Texas State law requires that all citizens report any suspected abuse or neglect of a child to Texas Department of Human Services or a law enforcement agency. I agree to comply with the law and cooperate fully in any investigation of abuse of children and/or youth.

Background Check Acknowledgement

I acknowledge that that certain programs may require me, and/or, if applicable, my child/dependent, to submit to a background check including criminal history prior to participating as a volunteer and hereby agree to submit to such a background check should Buckner in its sole discretion require one of me.

Photo, Audio, and Visual Presentations Release

I understand that Buckner may take photographs, audio and/or video recordings of me, and/or, if applicable, my child/dependent, participating as a volunteer and hereby give my consent and permission to Buckner to use my and/or my child/dependent's likeness, name and voice in any manner, including but not limited to publishing, reproducing, exhibiting, and broadcasting through any media including internet, social media or other websites. I hereby personally and, if applicable, on behalf of my child/dependent release Buckner, its officers, directors, agents, employees or contractors from any claims, actions, damages, demands whatsoever by reason of such use.

Release and Waiver

Except for injury or damage caused by acts of negligence or intentional misconduct, I, and/or, if applicable, my child/dependent, hereby release and forever discharge and hold harmless Buckner and its successors, officers, employees, agents and assigns from any and all liability, claims, and demands of whatever kind or nature, including but not limited to bodily and personal injuries or damage to property, that arise from or occur by reason of my, and/or, if applicable, my child/dependent's, participation as a volunteer.

General Acknowledgments

I also understand that any action inconsistent with this Agreement or failure to take action mandated by this Agreement may result in my, and/or, if applicable, my child/dependent's, removal as a volunteer from any Buckner programs or activities. I also acknowledge that Buckner is not obligated to call upon me for Volunteer services. In the event that I am called upon for volunteer service, I agree to keep my volunteer schedule commitments. If I am unable to keep a scheduled commitment I will communicate with the designated Buckner staff immediately.

Volunteer name (please print): _____

Organization: _____

Volunteer signature: _____ Date: _____

Volunteer phone: _____ Volunteer email: _____

Volunteer mailing address:

If Volunteer is a minor, parent/guardian's name:

Parent/guardian signature:



BUCKNER.
BUCKNER CHILDREN AND FAMILY SERVICES, INC.
RELEASE, INDEMNITY and MEDICAL AUTHORIZATION AGREEMENT

DESTINATION COUNTRY:	
DATES OF TRAVEL:	
TRIP CODE:	
Please complete at least two of the items above	

I, _____ (“Participant”), have requested to travel either as a short term or long term volunteer with Buckner Children and Family Services, Inc., (“BCFS”) on an international mission trip (the “Trip”). In consideration of the BCFS agreement to allow me to participate in the Trip, which participation is voluntary, I, and my spouse if they have signed below, agree to the terms of this Release, Indemnity and Medical Authorization Agreement (“Release”):

Definitions. In addition to BCFS itself, it includes Buckner International, its subsidiaries and affiliates, their past, present and future employees, agents, representatives, staff, administrators, trustees, directors, and attorneys and insurers.

“I” or “Participant” means the person or persons named above individually, and any of Participant’s minor children on the Trip as well as any and all derivative rights through that person’s family members, spouse, heirs, successors, assigns and personal representatives.

The “Trip” may be of any length or duration including but not limited to mission trips longer than thirty days. The “Trip” may also include multiple one-way or round trip mission trips to the same or different locations or countries at different times within the same twelve (12) month period.

1. Various risks of Travel.

I acknowledge the risk of personal injury and property damage is present during the entire Trip and in any independent activities I undertake during the Trip, including but not limited to: sight seeing, tourism, side trips and/or other activities not part of the Trip itinerary.

I understand that participation in the Trip to a foreign country involves many risks. These include risks involved in traveling to and within, and returning from, one or more countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, lodging, public places and conveyances; sickness and disease including but not limited to AIDS, malaria, dengue fever, diarrhea, typhoid fever, hepatitis, and cholera; extreme local weather conditions; crime; terrorism; and other matters described below. I fully understand and acknowledge that certain of these risks are unique to international travel,

including risks associated with physical illness and terrorist activities against American citizens or citizens of other countries.

I have reviewed the U.S. State Department Consular Information ("Consular Information") concerning travel to, in and around the countries to be visited on the Trip. I acknowledge that I am aware of and understand the risks and dangers included in the Consular Information, including but not limited to the dangers to my own health and personal safety posed by crime, political unrest, adverse weather conditions, remoteness, and, in some cases, great distance to adequate medical care.

In addition, I understand that Trip Participants will engage in various activities, including visiting orphanages, churches, social program facilities, governmental and historical places of interest, and may include other cultural, religious, and educational tours and visits. The Trip will involve a variety of physical activities such as walking, hiking and riding various means of rented or public transportation. Transportation for the Trip may be provided via a variety of methods, including but not limited to commercial airlines and other chartered air, land, and water transportation. The Trip may also include field trips with inherent risks including injury, disease and/or death.

I HEREBY ASSUME, KNOWINGLY AND VOLUNTARILY, EACH OF THESE RISKS LISTED ABOVE AND ANY AND ALL OF THE OTHER RISKS WHICH COULD ARISE OUT OF OR OCCUR DURING MY TRAVEL ON THE TRIP.

2. **RELEASE.**

KNOWING THAT THE RISKS IDENTIFIED ABOVE EXIST, AS WELL AS ANY OTHER RISKS NOT IDENTIFIED ABOVE, AND IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE TRIP, I AGREE (INDIVIDUALLY AND ON BEHALF OF MY FAMILY, SPOUSE, CHILDREN, HEIRS AND PERSONAL REPRESENTATIVES), TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE TRIP AND HEREBY FOREVER AND VOLUNTARILY RELEASE AND PROMISE NOT TO SUE BCFS FOR ANY DAMAGES OR INJURY, INCLUDING DEATH, RESULTING FROM OR CAUSED BY OR ARISING DIRECTLY OR INDIRECTLY IN ANY MANNER WHATSOEVER OUT OF MY PARTICIPATION IN ANY ACTIVITY OF THE TRIP WITHOUT REGARD TO STRICT LIABILITY, FAULT, OR THE NEGLIGENCE OF ANY PARTY.

BY SIGNING BELOW, I INTEND TO COMPLETELY RELEASE AND FOREVER DISCHARGE BCFS FROM ANY AND ALL CLAIMS, DEMANDS, LAWSUITS AND LIABILITIES WHATSOEVER THAT I HAVE OR MAY HAVE AGAINST BCFS RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING PAIN AND SUFFERING AND DEATH, THAT MAY BE SUSTAINED BY ME OR BY ANY PROPERTY BELONGING TO ME WHICH ARISE OUT OF, RESULT FROM, OCCUR DURING OR ARE CONNECTED IN ANY MANNER, DIRECTLY OR INDIRECTLY, WITH MY PARTICIPATION IN THE TRIP, ANY RELATED OR INDEPENDENT TRAVEL, AND ANY ACTIVITIES OR FIELD TRIPS IRRESPECTIVE OF WHETHER THEY ARE SPONSORED, SUPERVISED OR CONTROLLED BY THE BCFS IN ANY MANNER. THIS RELEASE INCLUDES, BUT IS

NOT LIMITED TO, CLAIMS BASED ON NEGLIGENCE, RECKLESSNESS, STRICT LIABILITY OF BCFS, IF ANY, AND/OR MISREPRESENTATION OR ANY AND ALL CLAIMS BASED IN TORT OR CONTRACT. TO THE FULLEST EXTENT OF THE LAW, THIS RELEASE WILL BE CONSTRUED TO WAIVE ANY AND ALL SUBROGATION RIGHTS OR CLAIMS AGAINST BCFS.

3. **INDEMNIFICATION.**

I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS BCFS FROM ANY AND ALL LIABILITY, LOSS, DAMAGE OR EXPENSE, INCLUDING ATTORNEYS FEES AND ALL EXPENSES OF LITIGATION OF ANY KIND, WHICH ARISE OUT OF ANY CLAIMS OR LAWSUITS BASED UPON MY ACTS OR OMISSIONS DURING THE TRIP OR ANY RELATED OR INDEPENDENT TRAVEL, ACTIVITIES OR FIELD TRIPS DURING THE DATES SHOWN ABOVE, IRRESPECTIVE OF WHETHER SUCH ACT OR OMISSION OCCURS DURING A SPONSORED, SUPERVISED OR CONTROLLED ACTIVITY OF BCFS. **THIS INDEMNIFICATION EXPRESSLY INCLUDES INDEMNIFICATION OF BCFS WHEN BCFS IS OR MAY BE CONCURRENTLY NEGLIGENT, RECKLESS AND/OR STRICTLY LIABLE.**

4. **Travel and Housing Arrangements.**

BCFS does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services ("Travel Providers") involved in the Trip. I release BCFS from any act or omission of any Travel Provider which directly or indirectly causes me any injury, loss, damage, or expense.

Although BCFS will attempt to maintain the Trip as planned and described, it reserves the right to change the Trip, including the itinerary, travel arrangements, and accommodations, at any time and for any reason, with or without notice, BCFS shall not be liable to Participant by reason of any such cancellation or change. BCFS is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless as to whether BCFS makes flight or Trip arrangements. Any additional expense resulting from the above will be paid by Participant. BCFS reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of BCFS.

I understand and acknowledge that BCFS assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of BCFS, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond BCFS's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, flight conditions, or other uncontrollable factors I am required to spend additional

nights in a hotel, or other type accommodations, BCFS will not be responsible for my hotel, transfers, meal costs, accommodations or other expenses. My baggage and personal property are at my risk entirely throughout the Trip and any travel incident thereto. The right is reserved by BCFS, in its sole discretion, to cancel the Trip or any aspect thereof prior to departure; and, in BCFS's sole discretion, to require that all Participants return to the United States during the Trip if BCFS determines or believes that it is in the best interest of the Participant

5. **Health and Safety.**

I represent and warrant that I have consulted with a medical doctor with regard to my personal medical condition and any personal medical needs for this Trip. I agree to report in writing to BCFS no less than thirty (30) days prior to departure any physical or mental condition I have that may require special medical attention or accommodation during the Trip. Otherwise, BCFS should assume that I have no personal health issues or problems that preclude or restrict my participation in the Trip.

I also represent and warrant that I am and will be covered throughout the Trip by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience overseas and, more specifically, in the countries in which I will be traveling while on the Trip. I certify that my health insurance policy will adequately cover me while outside the United States; and I release and agree to indemnify BCFS from and for any and all responsibility for medical expenses, charges, bills and/or expenses incurred while I am on the Trip.

6. **Standards of Conduct.**

I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm BCFS's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Trip.

I agree to comply with BCFS's rules, standards and instructions for Participant behavior. I waive and release all claims against BCFS that arise at a time when I am not under the direct supervision of BCFS or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I agree that BCFS has the right to enforce the standards of conduct described above in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Trip, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of BCFS, the Trip, or other Participants. If I leave or am expelled from the Trip for any reason, there will be no refund of fees already paid and I consent to being sent home at my own expense with no refund of fees.

I agree to attend to any legal problems I encounter with any foreign nationals or government of any country visited on the Trip. BCFS is not responsible for providing any assistance under such circumstances.

If I become detached from the group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Trip group at its next available destination.

7. **Medical Authorization.**

I authorize BCFS, including but not limited to any chaperone, supervisor, agent, representative, staff or other BCFS employee, to make medical decisions for Participant and Participant's minor children which in his/her/their sole judgment are necessary. I hereby release and indemnify BCFS from any action taken pursuant to this Authorization pursuant to paragraphs 2 and 3 of this Release, and agree that I am responsible for paying all medical expenses of any kind.

8. **Kidnapping and Hostage Taking.**

I understand and acknowledge that BCFS will make no concessions to kidnappers or terrorists nor will BCFS negotiate for the payment of ransom for the release of a Participant who becomes a hostage. BCFS will cooperate with the appropriate governmental agencies in an attempt to hold perpetrators responsible for any acts committed against Participants. I also acknowledge and understand that the Release in paragraph 2 and Indemnification in paragraph 3 fully apply and extend to any action or omission of BCFS related to kidnapping or hostage taking.

9. **Miscellaneous.**

A. Should any provision or aspect of this Release be found to be void or unenforceable, all remaining provisions of the Release will remain in full force and effect.

B. Prior to signing this Release, I was advised and made aware that I have the right to consult with an attorney, or other legal advisor or counselor of my choice.

C. This Release will also bind my family members including my spouse, if any. My spouses signature below is acceptance of this Release and is proof of their intention to be bound by it.

D. This Agreement represents my complete understanding with BCFS concerning its responsibility and liability for my participation in the Trip. It supersedes any previous or contemporaneous understandings I may have had with BCFS on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

E. I am eighteen (18) years of age or older.

F. This Release is governed by the laws of the State of Texas, with exclusive venue of any dispute arising out of this Agreement in Dallas County, Texas.

I have carefully read this Release before signing it and I understand its terms. I understand that this Release is a release of legal rights and that by signing it I am giving up

these rights. My signature below indicates my agreement to all terms and conditions of this Release.

Printed name of Participant

Date

Signature of Participant

Address

Signature of spouse (if applicable)

Date

****READ CAREFULLY****
YOUR SIGNATURE BINDS YOU TO ALL TERMS OF THIS AGREEMENT

Revised 12/01/11

Initials of Participant: _____