

# RAPHAHOUSE [LOVE-RESCUE-HEAL]

## COVER LETTER

Dear Friend,

Date of Trip: \_\_\_\_\_

Thank you for your interest in Rapha House Awareness Trips. We are excited that you are considering joining us! The most important thing you can do while making the decision on whether or not to go on this trip is to pray. Please seek God's heart as you consider this opportunity. Don't allow the fear of new places, unusual experiences, or the need to raise support prevent you from pursuing this opportunity. If you are meant to go, God will make it possible.

We encourage you to not only pray for this trip, but also for the work going on in all of our safe houses. There is a huge need for people to learn about sexual exploitation, human trafficking, and the ministry of Rapha House. Our goal is for you to return home and become an advocate. Please understand that this is not a "typical" mission trip, which is why we call it an Awareness Trip. You will have a chance to learn about the history and culture of Southeast Asia and how it has come to accept the exploitation and/or sale of children and young women. You will also visit several Rapha House prevention programs and three of our safe house programs. We will seize as many opportunities as possible to minister to the girls and staff of Rapha House.

### **Regarding your application:**

Your application will be reviewed just after the deadline and you will be notified of your acceptance/denial to the team within 10 days of the deadline. We will send you a link via email to complete a background check. Please understand that in the event that you choose not to participate in a trip or do not pass the background check the \$200.00 deposit is non-refundable.

### **Regarding fundraising:**

The total cost of the trip at this time is \$3,000.00. This price includes your international airfare, hotels, meals, excursions, visa fees, and tips after leaving the U.S. You are responsible for domestic travel to and from our point of departure, passport fees, immunizations, food in airports and souvenirs.

Your supporters may use our web-site at [www.raphahouse.org](http://www.raphahouse.org) to make an online donation for your trip. Please ask them to include your name and trip dates in the "additional comments" section. If they would like to make a donation by check, please have them put your name in the memo line and send to the below address.

This packet contains all of the information that you need about the trip, but if you find that after reading everything you still have questions, don't hesitate to call or email us. We want to help you as much as we can along the way.

**Blessings,**

**Angela Foster**  
**Director of Involvement**  
[afoster@raphahouse.org](mailto:afoster@raphahouse.org)  
**417.621.0373**

**Please mail your completed application and other paperwork to:**  
Rapha House, PO Box 1569, Joplin MO 64802

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## AWARENESS TRIP APPLICATION - 2018

Today's Date: \_\_\_\_\_ Trip Dates Applying For: \_\_\_\_\_

Personal Information (please print or type)

Legal name:(as it appears on your passport) \_\_\_\_\_  
(Last) (First) (Middle)

Do you have a current passport? \_\_\_\_\_ Passport# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Commonly used name (if different than above): \_\_\_\_\_ Shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_

If applicant is under 18 years of age, name(s) of parent(s) or guardian(s):

\_\_\_\_\_

Do you have a criminal record? If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Your Occupation \_\_\_\_\_

Write a short paragraph telling about your spiritual life:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your personality:

\_\_\_\_\_

Describe your personal STRENGTHS and WEAKNESSES:

\_\_\_\_\_

Do you have any international travel experience? If so, please describe:

\_\_\_\_\_

How did you learn about the Rapha House trip?

\_\_\_\_\_

Why would you like to participate in this trip?

\_\_\_\_\_

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**I understand and agree to the following policies:**

I understand that my \$200 deposit is due with this application and that this deposit is non-refundable.

I understand that, based on the Federal Income Tax law, **gifts are given for the mission trip/related projects and not to me specifically.** Should I not participate in this trip, donations will be used for other expenses related to the Rapha House Awareness Trip Project.

I understand that I cannot raise support for this trip until I have been officially notified of acceptance.

I understand that this trip requires **flexibility, maturity, and teachability** on the part of the team members. If there is a difference of opinion, the ultimate decision will be made by a team leader.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application Checklist:**

\_\_\_\_\_ Application & Deposit

\_\_\_\_\_ Reference #1

\_\_\_\_\_ Reference #2

\_\_\_\_\_ Medical Release

\_\_\_\_\_ Release and Indemnification Agreement

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## MEDICAL RELEASE

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_  
Medical Insurance Provider: \_\_\_\_\_  
ID#: \_\_\_\_\_ Group#: \_\_\_\_\_  
Will your medical insurance cover you out of country? \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:(\_\_\_\_) \_\_\_\_\_

Emergency Local Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check if you suffer from any of the following medical conditions:

Hypertension     Hypoglycemia     Bleeding Disorders     Heart Disease  
 Heart Disease     Migraines     Seizures     Insect allergy  
 Asthma     Chronic Anxiety     Arthritis     Depression  
 Glaucoma     Diabetes

Physical limitations: Please list: \_\_\_\_\_  
\_\_\_\_\_

List any medications (prescriptions or OTC) taken on a regular basis:  
\_\_\_\_\_

List Medical and Food Allergies: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Have you had any surgery in the past three years? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due Date: \_\_\_\_\_

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## RELEASE AND INDEMNIFICATION AGREEMENT

If **youth**, I give permission for my son/daughter (name of child) \_\_\_\_\_ to participate in the (location) \_\_\_\_\_ missions trip on \_\_\_\_\_, 2018.

**Youth:** In permitting my child to participate I agree to the following:

**Adult:** I desire to participate on a short-term trip with Rapha House, and as a part of that participation, I agree to the following:

I release from responsibility and forever waive any right I have for any action or any claim of any sort, including but not limited to: any personal injury, property damage, or wrongful death, whether known or unknown, against Rapha House or any of its staff, officers, board, residents, agents, representatives or volunteers (collectively referred to as "Releases") that might occur as part of participation in this project.

I further indemnify and hold harmless release from any claim or litigation for compensatory or punitive damages, included but not limited to: judgments, assessments, and/or attorneys' fees arising out of participation in the trip. I understand this Agreement is continuing in nature. I agree to it knowingly and voluntarily, and without duress or undue influence.

I give Rapha House and any person acting under its authority permission to publish, distribute, broadcast, license, copyright, promote, and sell any form of visual, print or audio recording of my participation, including application of any visual or auditory special effects. I release any claims of copyright or ownership, and agree that these materials may be duplicated or distributed with or without compensation or liability, in perpetuity. I understand that Rapha House is obtaining this release and assignment of copyright in order to conform to U.S. copyright laws and international copyright treaties and conventions.

**For Youth Only:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic; medical, surgical, or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional, acts of said participant, including expense incurred attendant thereto. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Rapha House.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Signature (or Legal Guardian for Youth): \_\_\_\_\_

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## VISITOR AGREEMENT

**It is our goal at Rapha House to rescue girls from trafficking and exploitation, to protect them and to allow healing to take place. In the best interest of the young people who have been placed in our care, please respect and abide by the following Code of Conduct and Confidentiality Agreement.**

### CODE OF CONDUCT:

As a volunteer/visitor to Rapha House I will **not** seek information or ask questions of the residents or staff regarding the residents' specific experiences or history. I will treat everyone with respect, recognizing their right to personal privacy.

I will allow Rapha House staff to "counsel" Rapha House residents and will **not** attempt to do so myself. I understand the importance of residents working through emotional issues with someone who has been trained to help them, and with whom they have built an ongoing relationship of trust.

I understand that I must **not**, under any circumstances:

- a) develop sexual or inappropriate relationships with children or vulnerable adults, or spend excessive time alone with a child away from others
- b) use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- c) condone, or participate in, behavior which is illegal, unsafe or abusive
- d) act in ways intended to shame, humiliate, belittle or degrade children

If I have concerns regarding the program, a resident or staff member, I will share my concerns with a trip sponsor and they will address the concern with the appropriate Rapha House staff member. I understand that many concerns are a matter of cultural difference and can be addressed discreetly.

I recognize that girls are especially vulnerable to abuse and that they require special protection. For this reason I will make every effort to protect them and myself from compromising situations, especially in respect to appropriate physical contact. (Examples of inappropriate contact include: prolonged hugging, lap sitting, or anything that could be perceived as sexual in nature.)

I recognize that Rapha House staff have a broad range of duties and need to focus their efforts on caring for the children of Rapha House. In order to protect them from additional demands of time and energy, I will filter all communication with the international staff through the U.S. Rapha House office.

### MEDIA POLICY:

Visitors and volunteers may not take pictures or video while visiting Rapha House. Approved images for personal use are available, upon request, from the United States office for visitor use. These images are **not** to be reproduced for **any** other purpose, as it may endanger the safety and well-being of Rapha House, its residents and staff. Anyone attempting to take photo or video while visiting Rapha House without special written approval from the director will be respectfully asked to reconsider their visit to Rapha House in order to avoid legal action. Please understand that the safety of our residents and staff is our highest priority.

### CONFIDENTIALITY AGREEMENT:

I understand that in certain instances I may come into contact with confidential information regarding Rapha House its residents and staff. I will not disclose any confidential information to any outside persons or sources. This information includes but is not limited to identifying information regarding residents and staff, their circumstances or private information, or the locations of Rapha House or other safe houses.

### DECLARATION

I, \_\_\_\_\_, have read and understand the provisions of this Volunteer/Visitor Code of Conduct and Confidentiality Agreement. I agree to abide by them during my association with Rapha House. I understand that if I am unable to abide by this agreement I will be asked to immediately terminate my trip to Rapha House in order to avoid legal action.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

If you feel that, for any reason, you cannot abide by the Rapha House Code of Conduct or Confidentiality Agreement we respectfully ask that you reconsider your trip to Rapha House. Our highest priority is the safety and healing of the children and young people in our care. We would be glad to help you find other avenues in which you can serve Rapha House Cambodia.

### PERSONAL REFERENCE # 1

**Please mail your completed application and other paperwork to:**

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# RAPHAHOUSE

[LOVE-RESCUE-HEAL]

Applicant Name (Please Print): \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Under what circumstances have you known the applicant?

Home  School  Church  Business  Pastor  Other

Do you believe the applicant to be a genuine believer? \_\_\_\_\_

On what basis? \_\_\_\_\_

Please rate the applicant in the following areas by circling the number which best describes their:

	<b>Needs Improvement</b>		<b>Average</b>		<b>Excellent</b>
Consideration of others	1	2	3	4	5
Attitude toward authority	1	2	3	4	5
Flexibility	1	2	3	4	5
Teamwork	1	2	3	4	5
Conduct with opposite sex	1	2	3	4	5
Home Environment	1	2	3	4	5

To your knowledge, has the applicant ever been involved in drugs or pornography?

\_\_\_\_\_

What do you consider the applicant's strong points?

\_\_\_\_\_

What do you consider the applicant's weak points?

\_\_\_\_\_

Would you personally recommend that the applicant should join Rapha House on an awareness trip?  Recommended  Not recommended  Prefer not to make a recommendation

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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## PERSONAL REFERENCE # 2

Applicant Name (Please Print): \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Under what circumstances have you known the applicant?

Home  School  Church  Business  Pastor  Other

Do you believe the applicant to be a genuine believer? \_\_\_\_\_

On what basis? \_\_\_\_\_

Please rate the applicant in the following areas by circling the number which best describes their:

	<b>Needs Improvement</b>		<b>Average</b>		<b>Excellent</b>
Consideration of others	1	2	3	4	5
Attitude toward authority	1	2	3	4	5
Flexibility	1	2	3	4	5
Teamwork	1	2	3	4	5
Conduct with opposite sex	1	2	3	4	5
Home Environment	1	2	3	4	5

To your knowledge, has the applicant ever been involved in drugs or pornography?

\_\_\_\_\_

What do you consider the applicant's strong points?

\_\_\_\_\_

What do you consider the applicant's weak points?

\_\_\_\_\_

Would you personally recommend that the applicant should join Rapha House on an awareness trip?

Recommended  Not recommended  Prefer not to make a recommendation

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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