

Mission Service Application
TEAM LEADER or INDIVIDUAL for serving with Rice and Beans Ministries -
send Page 1 with your deposit to:

Rice and Beans Ministries
PO Box 626
Petal MS 39465

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Sex: M___ F___
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: () _____
Email: _____
Age: _____
Your Occupation: _____
Employer: _____
Emergency Contact:

Emergency Contact Phone Numbers:

Day () _____

Night () _____

Cell () _____

Does your church participate in local missions? YES NO

Name of Church _____

Pastor's Name: _____

Church Phone: () _____

Church Address: _____

City: _____ State: _____ Zip: _____

Applying as Individuals Please submit a Background check by accredited organization

please initial page _____

Have you been on a Rice & Beans Mission trip before? YES NO

How did you first hear of Rice & Beans?

Do you have any allergies or special needs for the team? _____

for team list names and food allergy _____

Add more pages as needed and forward this to us 10 days before you come please.

Shot Needs All travelers

You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel.

Routine vaccines

Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot.

Most travelers

Get travel vaccines and medicines because there is a risk of these diseases in the country you are visiting.

Hepatitis A

CDC recommends this vaccine because you can get hepatitis A through contaminated food or water in Costa Rica, regardless of where you are eating or staying.

Typhoid

You can get typhoid through contaminated food or water in Costa Rica. CDC recommends this vaccine for most travelers, especially if you are staying with friends or relatives, visiting smaller cities or rural areas, or if you are an adventurous eater.

From the CDC

**ABSOLUTELY NO Smoking . Tobacco or E-cigarettes to be use or consumed
NO ALCOHOL or ILLEGAL DRUG Permitted or consumed while with RICE AND BEANS
MINISTRIES.**

Personal References "

1) Name: _____ "

Email: _____ "

Telephone Number _____ Years known _____ "

2) Name: _____

Email: _____

Telephone Number _____ " Years known _____

Mandatory Individual Release Form

***** must Be signed by EACH Participant and or Parents

WHEREAS, the undersigned will be traveling to various countries and participating in various mission projects while in said countries which are sponsored in whole or in part by RICE AND BEANS MINISTRIES, a non-profit corporation; and WHEREAS, the undersigned desires to release and hold harmless RICE AND BEANS MINISTRIES, its directors, officers, administrators, employees, members, team captain or team coordinators, and/or team members from any and all liability, claims, demands or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from and during said mission project by any mode of transportation; NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from RICE AND BEANS MINISTRIES, as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless RICE AND BEANS MINISTRIES, its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members from any and all liability, claims, demands or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersign may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation. The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against RICE AND BEANS MINISTRIES its directors, officers, members, administrators, employees, team captain or team coordinators and/or any team members at any time, and will not institute, prosecute or in any way aid in the damages, cost, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from, known, unknown, past, present or future by the undersigned's participation in mission projects sponsored by RICE AND BEANS MINISTRIES."

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions and environment existing in said countries in which the mission projects will be conducted and of various health and safe hazards which exist, and he/she fully understand and assumes all the risks involved in participation on said mission projects. This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, or administrators, members, employees, team captains or team coordinators and/or team members of said RICE AND BEANS MINISTRIES."

ABSOLUTELY NO Smoking . Tobacco or E-cigarettes to be use or consumed
NO ALCOHOL or ILLEGAL DRUG Permitted or consumed while with RICE AND BEANS MINISTRIES.

Signature: _____

Signed on this _____ day of _____, 20_____

Print Name: _____

Pastors name _____

Pastors signature _____

Team Leader Signature

NOTE: IF UNDER AGE OF 18 YEARS, RELEASE MUST BE SIGNED BY BOTH PARENTS AND/OR GUARDIANS

Parents name and signature

please initial page_____