

November 16, 2010

Dear Potential Missionary,

I am excited about our upcoming MUMC 2011 Peru Mission Trip and forming a new team. For those of you who may not know me yet, I have been a member on six previous MUMC Peru Mission trips and led the last two in 2009 & 2110. If you would like to meet so that you could get to know me better, especially parents of teenagers, then please feel free to contact me. The best method of communicating with me is by phone and the [idigperu2009@charter.com](mailto:idigperu2009@charter.com) email.

This year's team has the exciting task of beginning work at a brand new location. This new site is near the city of Arequipa in southern Peru. Scripture Union has purchased land near Chivay (~3 hour bus ride from Arequipa) and is preparing to start construction on another boys' home at that location. If response to this year's trip exceeds 25 members, then a team split will be considered with the second potential location being Kimo. We have been to Kimo three times before (2008, 2009, & 2010) and SU Kimo is expected to be commissioned on December 1.

When completing your application, be sure to indicate your 1<sup>st</sup> choice, 2<sup>nd</sup> choice, or "no preference". **Realize that even though you may mark Kimo as a first choice, if enough applications are not received, all members will travel to Arequipa.** Only after the application deadline arrives will a determination be made as to the possibility of a split team. Any group size below 20 will likely not be split.

1. Assuming enough applications are received to split the team, the first application received with all documentation correct and deposit included will get their first choice. The second valid application received will get their first choice. This will progress until one group has been filled. At this point, the remaining valid applications will be assigned to the remaining site.

A couple of pre-requisites to join the team include:

- Team member must be 16 years of age by **July 15, 2011**
- It is preferred that team members should have participated in some form of previous mission/outreach work.

You will need to complete and return the following pages by **January 4, 2010**:

- Missionary Application Form
- Parental Consent Form (if applicable)
- Team Covenant
- Financial Commitment
- Medical Information and Release (**Requires NOTARY**)
- Scripture Union of Peru Release.

If you are under 18, you must have your parents fill out the Parental Consent Form and **they must sign** all the other documents with you **including the notarized medical release**. If you have not done so in the past or you are new to Mauldin United Methodist Church, you must fill out an application to work with youth and children ("Safe Sanctuary") as well.

**If you need copies of anything, they will be made available in electronic format on the [www.idigperu.hendrix-engineers.com](http://www.idigperu.hendrix-engineers.com) website after Dec 1. They will also be emailed to those signing up at the kick off meeting.**

While you are going over the forms please be prayerful about your part on this trip. Please prayerfully consider what you may be able to do to help where needed. During the entire preparation for this trip, please continue to pray about your part, Scripture Union of Peru, the street boys in Peru, your team members and myself as your team leader.

In HIS Service,

Kyle E. Gordon



Church Address: 100 East Butler Avenue, Mauldin, SC 29662  
 Team Leader: Kyle Gordon, 4 Fairbouny Ct., Mauldin, SC 29662  
 Home: 676-1843 Cell: 908-7861 Work: 967-1222  
 idigperu2009@charter.net kyle.e.gordon@sealedair.com  
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## Missionary Application Form

Date Received: \_\_\_\_\_ Order Received: \_\_\_\_\_  
 Accepted: \_\_\_\_\_

To apply to join the MUMC 2011 Peru Mission Team you must read through all the forms and complete each section with a signature at the bottom. *For those under the age of 18, a parent must sign each form along with the team member applicant and complete the additional form for parental consent.* This page includes a list of forms you have received and you must initial by each form for your application to be complete. The completed forms must be turned into the team leader with **\$150 deposit by January 4, 2011.** **Once all applications are received the group may or may not be split. Splits will depend on the number of total applicants. The priority is to fill the primary location (Arequipa) with twenty (20) members. If the number of applicants exceeds 20, then consideration will begin on splitting the group and including Kimo as the second destination.**

**First Choice:** \_\_\_\_\_  
**Second Choice:** \_\_\_\_\_  
**No Preference** \_\_\_\_\_

Name (as on Passport): \_\_\_\_\_

Shirt Size (circle one)

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

Small	Medium	Large
X-Large	XX-Large	

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Have you been on a foreign mission trip before? \_\_\_\_\_

Passport No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you been on a stateside mission trip before? \_\_\_\_\_

Church: \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship to you: \_\_\_\_\_

Your age: \_\_\_\_\_ If you are under 16, will you be 16 by July 16? \_\_\_\_\_

List of Forms (initial by each that you received, read and understand each form)

### Parental Consent Form

(for those under 18)

Team Covenants \_\_\_\_\_

Financial Commitment \_\_\_\_\_

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

Scripture Union Release \_\_\_\_\_

Team Information \_\_\_\_\_

Child Protection Policy \_\_\_\_\_

Youth Worker Application \_\_\_\_\_

By signing this application form, I commit to comply with all covenants and to follow the instructions of the team leader concerning fundraising and all aspects of being a part of this team and the mission work. By signing this form I hereby release and discharge Scripture Union of Peru, Mauldin United Methodist Church, the team leader and all agents, employees and officers from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have for all personal injuries to property, real or personal, caused by, or arising out of the 2011 MUMC Peru Mission Trip to Peru and all meetings and fundraisers from **January 4 – July 26, 2011.**

Signature

Date

Parent/Legal Guardian Signature

Date

Printed Name

Printed Name



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## Parental Consent Form

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Name of Missioner under age 18 (please print)

I certify the above named child is my child or my legal ward who resides with me. I give my consent for him/her to participate in the MUMC 2011 Peru Mission Trip, team meetings, fundraisers, and team building exercises.

In case of emergency, I understand that every effort will be made to contact me. I hereby give my consent for the team leader and/or team nurse to act on my behalf in securing and administering necessary first aid or emergency medical care and treatment for my child. I also release all sponsor, staff, counselors, and members of Mauldin United Methodist Church, Inc. from any responsibility, liability and medical payments in acting on my behalf in this regard.

I understand this form will be kept in the Peru Mission files and a copy carried to Peru. All information is confidential and will only be used by team leader and appropriate medical personnel. I have read, understand and agree to the above statement. Both parents/legal guardians at residence must sign.

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Father/Legal Guardian Signature	Date	Mother/Legal Guardian Signature	Date
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Printed Name	Printed Name
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**Father's Information**

**Mother's Information**  
(complete only info different from Father)

Address: _____ _____  Home Phone: _____  Cell Phone: _____  Work Phone: _____ Email – Home: _____  Email - Work _____	Address: _____ _____  Home Phone: _____  Cell Phone: _____  Work Phone: _____ Email – Home: _____  Email - Work _____
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## Team Covenant (Page 1 of 2)

I understand that everything I do in connection with the MUMC 2011 Peru Mission trip reflects not only on myself, but also the church, my fellow missionaries, Scripture Union of Peru, and Christians around the world. In all things I do, this will be my guiding principle. I agree to share my faith in an appropriate Christian manner.

I commit to the following covenants as part of the MUMC 2011 Peru Mission trip, all meetings associated with this trip, all fundraisers associated with this trip, other gatherings where the mission trip will be discussed, and any other church functions.

I will participate in at least **8 of 11 prescribed fund raising opportunities**. Any absences below the 8 will require \$50 in additional personal fundraising. For example, if you only attend 6 of the 11 opportunities (listed below), then you would need to raise an additional \$100 towards the personal fundraising goal (\$1,300 total). Additional dates may be added that would count towards the 8 total. Those not meeting the prescribed goal will be informed at the May team meeting.

**Those who live out of town and are unable to attend the events must raise the additional \$400 (on top of the \$1,200 personal fund raising requirement [\$1,600 total]) to participate.**

<u>Peru 2011 Schedule of Meetings</u>		<u>Tentative Schedule of Mandatory Fundraising Opportunities</u>	
<u>Date</u>	<u>Tentative Meeting Topic</u>	<u>Date</u>	<u>Fund Raiser</u>
December 14	Christmas Party	Feb 20	Joe Corbi Tasting - Traditional
January 11	Fund Raising	Feb 27	Joe Corbi Tasting - Live
February 8	Health / Team Building	Mar 23	Joe Corbi Delivery
March 8	Communications	March 19	Yard Service Day 1
April 12	Money and Shopping	April 16	Yard Service Day 2
May 10	Construction Activities	April 10	I Dig Peru Tasting / Sales
June 14	Travel / Security	April 17	I Dig Peru Tasting / Sales
July 12	Packing Party	May 21	Yard Service Day 3
		<b>May 5, 6, 7</b>	<b>Yard Sale</b>

I will endeavor to raise my entire trip cost from outside the church. I commit to personally raising **\$600** in addition to my deposit **by March 31, 2011**. I also commit to raising an **additional \$600 (total of \$1,200 required)** by **April 30, 2011**. Any additional money required to meet this requirement will be due by **June 12, 2011**. Total trip cost is budgeted at \$2,100 based on 2010 trip actuals.

No consumption or purchase of alcohol is permitted during any MUMC 2011 Peru Mission Team event as outlined above.

No use or purchase of tobacco products is permitted during any MUMC 2011 Peru Mission Team event as outlined above.

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Missioner Signature _____  Printed Name of Missioner: _____	Date _____	Parental Signature (For Under 18 missioner) _____
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## Team Covenant (Page 2 of 2)

***In US airports, I must travel in groups of two.*** I must be able to see my partner at all times. Only an exception from the team leader is acceptable.

At the Peru Work site and living quarters, I will travel in groups of two. In **Chivay, La Merced**, or outside of the work area/living quarters I will travel in groups of four with at least one adult male present. At the Lima shopping center (inside a walled area), I will travel in groups of at least two adults or at least three people with at least one adult present. An adult is anyone over 21. Only an exception from the team leader is acceptable.

I understand the team/security leader may walk around unaccompanied to ensure the safety of the group.

I understand the team nurse must inspect all cuts, abrasions and broken skin injuries during the mission trip.

I understand that if I begin to feel ill, I will notify the team leader and nurse immediately.

I understand that there may be limited space on this mission trip and that **missionaries will be taken on a first come first serve basis**.

I understand that all MUMC Child Protection Policies & Safe Sanctuary must be followed during all Peru Mission events as described on Page 1.

I understand that if I violate the covenant I will receive a verbal warning for the first violation. If I violate the covenant again I will receive a written warning. If I violate the covenant a third time, I will be dismissed from the team. (from Scripture Union Guidelines). **If I violate the alcohol, drugs or fail to cover my required fundraising I may be dismissed from the team.**

If I am dismissed from the team for violating this covenant I will not receive my deposit back.

If I am dismissed from the team for violating this covenant at the end or after the trip it will apply to any MUMC foreign or domestic mission trip for a period of not less than one year.

If I am dismissed from the team for violating this covenant during the trip, the team leader has the right to send me home immediately at my cost. The exceptions to this rule are youth that are covered under the Child Protection Policies. A youth dismissed from the team during the trip will not be allowed on any MUMC foreign or domestic mission trips for a period of not less than one year upon returning. (from Scripture Union Guidelines with the exception of the youth discipline)

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Missioner Signature	Date	Parental Signature (For Under 18 missioner)
Printed Name of Missioner:		

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## Financial Commitment Form

I understand that while the MUMC 2011 Peru Mission Team has fundraisers to offset the cost of the mission trip, **I am ultimately responsible for all costs associated with the trip.** The final cost will not be tabulated until the very end of the mission trip but our current budget shows a cost of **\$2,100 per person** based on 30 team members. This cost can fluctuate based on team size, airline and fuel charges, as well other factors.

The trip cost **will include** the following: airline tickets, any transportation to an airport other than GSP, construction materials for work in Peru, exit taxes, other airport taxes, lodging, dinner ware, meals in Peru, filtered water, team shirts, and VBS supplies.

The trip cost **does not include** the following: shots, medicines, passport, snack food, sodas (when available), internet time (if available on day off), and shopping.

In addition, there are two items you will need to pay for yourself.

1. Contribution to team gift fund. This fund is used to purchase gifts for those who help us get to Peru in various ways. The typical contribution will be no more than \$10 and is mandatory in the month of July.
2. Photo and Video DVDs. In the past those have been donated by the person who creates them. If that is not done this year then you will be asked to pay for these DVDs. You may opt out of this purchase.

I understand that I must first raise **\$600** over and above my \$150 deposit by **March 31, 2011**. I understand that I must raise an **additional \$600** (for a total of \$1,200) by **April 30, 2011**. If I have not raised these amounts by those dates, I will be required to make up the difference.

**I understand that if we do not raise the funds necessary to cover the costs of the trip, that I must pay the difference. The team leader will evaluate and create a system that will take into account any money raised over the required \$1,200 as compared to other team members. The additional funds must be given to the team leader by June 19, 2011.**

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Missioner Signature  Printed Name of Missioner:	Date	Parental Signature (For Under 18 missioner)
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## Medical Information and Release Form (page 1 of 2)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Date of Last Physical Examination: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Blood Type: \_\_\_\_\_  
 Health Problems: \_\_\_\_\_

I, \_\_\_\_\_ (participant), authorize Kyle Gordon or the team nurse if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice during the MUMC 2011 Peru Mission trip between **July 15 and July 24, 2011**.

Missioner Signature  Printed Name of Missioner: _____	Date	Parental Signature (For Under 18 missioner)
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Notarization of Medical Release Form

Notary Public \_\_\_\_\_ State of: \_\_\_\_\_  
 Seal \_\_\_\_\_ County of: \_\_\_\_\_  
 Date: \_\_\_\_\_



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## Medical Information and Release Form (page 2 of 2)

Have you ever been treated or seen a physician for any of the following:

**Circle the number if the answer is yes.**

- |                                    |   |   |
|------------------------------------|---|---|
| 1. Heart Trouble                   | 20. Internal Bleeding                     | 39. Other Nervous System Disorder                 |
| 2. Heart Murmur                    | 21. Digestive Disorder                    | 40. Cancer  |
| 3. Rheumatic Fever                 | 22. Intestinal Disorder                   | 41. Tumor   |
| 4. Chest Pain                      | 23. Hepatitis                             | 42. Skin Disorder                                 |
| 5. Stroke                          | 24. Cirrhosis                             | 43. Hernia  |
| 6. High Blood Pressure             | 25. Other Liver Trouble                   | 44. Circulatory Disorder                          |
| 7. Abnormal Pulse                  | 26. Kidney Stone or Infection             | 45. Arthritis                                     |
| 8. Hardening of the Arteries       | 27. Bladder Stone or Infection            | 46. Sciatica                                      |
| 9. Diabetes                        | 28. Prostate Trouble                      | 47. Gout  |
| 10. Anemia                         | 29. Sugar, Albumin, Blood or Pus in Urine | 48. Deformity                                     |
| 11. Thyroid or other Gland Problem | 30. Psychiatric Problem                   | 49. Amputation                                    |
| 12. Blood Disorder                 | 31. Emotional Problem                     | 50. Disease of Eyes                               |
| 13. Asthma                         | 32. Nervous Problem                       | 51. Disease of Ears                               |
| 14. Bronchitis                     | 33. Epilepsy                              | 52. Disease of Nose                               |
| 15. Tuberculosis                   | 34. Convulsion                            | 53. Disease of Throat                             |
| 16. Other Lung Disorder            | 35. Dizziness                             | 54. Tested Positive for any kind of blood disease |
| 17. Ulcer                          | 36. Loss of Consciousness                 | 55. Other _____                                   |
| 18. Gall Bladder Disease           | 37. Frequent Headaches                    |   |
| 19. Colitis                        | 38. Migraines                             |   |

If "yes," please explain below and indicate by number with date of last treatment (attach additional sheet if necessary).

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Missioner Signature

Date

Parental Signature (For Under 18 missioner)

Printed Name of Missioner:

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