

## **MAG Mission Trip to Ghana**

Located on the West coast of Africa on the Gulf of Guinea lies the city of Accra, Ghana, where we will be traveling in July 2012. Accra is the largest city in Ghana, with a population of about 1.5 million. This area offers a diverse economy, rich agriculture, intriguing history and a tropical climate which has attracted many people over the years. However, the rapidly growing population and economy of Accra has created problems for the city residents which have resulted in neglect in city upkeep for the lower-income districts. Such problems have created slums around the city or what is also referred to as Shanty towns. Today a large portion of the population currently resides in the lower-income areas.

Pastor Doug Dreesen and Pastor T.J Denman will be leading our team on the Ghana mission trip where we will team up with Rick and Donna Whitcomb of the Agape Gospel Mission.

Rick and Donna Whitcomb are the co-founders of the Agape Gospel Mission. As newlyweds Rick and Donna moved to Southern Nigeria to spread the gospel through various methods of ministry. There they helped plant churches and train pastors to spread the gospel throughout Africa. In 2000, the Agape Children's Home was constructed to reach out to the homeless children of Ghana. This home takes in children every year and provides them with necessities such as medical care, food, clothing and education. Most importantly, it has been a light to show the love of Jesus and the love of a family to hurting children. It's been over 20 years since Rick and Donna started serving in Africa and their ministry continues to grow worldwide.

During our trip we will be ministering to the people of Ghana through evangelism on the streets and in the schools, VBS at Agape Children's Home and the surrounding neighborhoods. We will also have a construction team working on a new transitional house for girls near the orphanage.

We will stay in partially furnished housing near the orphanage but will sleep on the floor. An air mattress and sleeping bag will be needed on this trip. The housing will have air conditioning and hot water showers.

Although we will have three meals a day, the team is encouraged to pack food bars and other snacks to supplement meals.

On our free day we will be visiting Kakum National Park, one of the best known national parks in Ghana. The entire area is covered with tropical rainforest, and has a unique tourist attraction: the only year-round tour in Africa on hanging rope bridges known as the "Canopy Walkway". The Canopy Walkway passes over 7 bridges and runs over a length of 330 meters of pure rainforest. Then we will venture to Elmina where we will see the first slave fort built on the sea coast, and have an eye-opening experience of the slave trade history of Ghana. We will end our day at a local beach resort where we will be provided lunch and dinner. The cost of the free day is included in your trip price except for personal shopping.

Anyone who has accepted Jesus Christ as their Savior, has participated in at least one mission trip and has completed the minimum of the 8<sup>th</sup> grade by the summer of 2012 is eligible to apply for this trip. We ask that you pray, fill out the Ghana 2012 application and talk over the trip with your family. Turn in your completed application, non-refundable deposit, and a copy of your passport and health insurance card.

If you don't have a passport or if you need to renew your passport, we suggest that you apply for it ASAP. A visa will be required to enter the country; the fee for a Ghana Visa will be \$60. Travelers are asked to be up to date on all immunizations. You are encouraged to check with your physician on his/her recommendations for the required yellow fever and tetanus shots, as well as malaria medicine. Approximate cost for all of these shots and medicines will start at \$250. ***Each person will be responsible for arranging appointments and payments for their own passport, shots, and visa.***

A background check is required for all adults 18 and over.

***All mission applications are subject to review and will not be accepted until approved by a pastor. If your application is not approved your deposit will be fully refunded.***

More information on immunizations may be found here:  
<http://wwwnc.cdc.gov/travel/destinations/ghana.htm>

For passport information go to:  
[www.travel.state.gov/passport/passport\\_1738.html](http://www.travel.state.gov/passport/passport_1738.html)

For more information on the Agape Ministry please go to:  
[www.agapegospelmission.org](http://www.agapegospelmission.org)

Read more about the history and economy of Ghana at:  
<http://www.state.gov/r/pa/ei/bgn/2860.htm>

## Fundraising

Our fundraising plan is designed for you to obtain donations and/or pledges for your mission trip by service to the local community. This service project will be about 4 hours in length. More details on the project and fundraising will be covered at the mission trips meeting March 3<sup>rd</sup> and 4<sup>th</sup>. Even if you choose not to participate in MAG's fundraising program we encourage you to participate in the Ghana service project as a team building effort. You may begin fundraising as soon as your application is approved. Contact the Missions Department for fundraising material. You may only choose one option for fundraising; you cannot combine the options for a lesser rate.

The Ghana fundraiser is intended to cover all costs of the mission trip except for the initial \$300 non-refundable deposit and expenditures related to the two travel days for food, snacks and personal shopping. In the past many of our students have paid for the mission trip in full by fundraising.

### **Option 1: You do the fundraising and MAG collects the money.**

You must raise \$2094 after your non-refundable deposit (On average, only 85% of the fundraising comes in which accounts for the additional money needed in this option.) This does not include the \$300 deposit due by March 21<sup>st</sup>. (You are responsible for your deposit. This money cannot be raised.) That brings your total cost to \$2394. You solicit pledges and turn in your completed pledge sheets no later than April 16<sup>th</sup>. Please copy your pledge sheets for your records. Applicants are responsible for pledge payments that exceed \$300 that have not been collected.

### **Option 2: You do the fundraising and collect the money yourself.**

Collect all of your donations/money and turn them in with completed pledge sheets by **May 2nd**. The total should be \$1695. This does not include the \$300 deposit due by March 21<sup>st</sup> (You are responsible for your deposit. This money cannot be raised.) That brings your total cost to \$1995. This option will save you \$399. All checks need to be written to: Manassas Assembly of God. We are asking that you turn in completed pledge sheets with your checks. Please make a copy of the pledge forms for your records.

### **Option 3: You pay for the trip.**

When you pay for your trip out of pocket with no fundraising, the cost is \$1,995. The \$300 deposit is due March 21 with final amount of \$1,695 **due no later than May 2nd**.

# The 2012 Ghana Trip Preparation Agenda

## Timeline of Important Dates

Participation in the following activities is required for involvement in the 2012 trip.

- **Saturday & Sunday, March 3 & 4** – Information meeting to cover trip details and fundraising will be held Saturday night in room 206/207 and Sunday after second service in the Choir Room. Please read through the fundraising part of this application and come ready to ask questions.
- **Wednesday, March 21** - Completed, notarized application with \$300 non-refundable registration fee due.
- **Wednesday, April 4** – Out-of-town sponsor form FREE mail-out deadline. We will mail these forms or letters for you if received on or before April 4.
- **Thursday, March 29** – Ghana fundraising sponsor call-out, 6-9pm. Use of church phones and database for fundraising.
- **Saturday, April 14** – Ghana service project, 8am to 12pm. This is mandatory for everyone participating in Ghana fundraising. All team members are encouraged to participate in this team building project. More details on this work day will be given.
- **Monday, April 16** – All fundraising money and forms and pledge forms are due
- **Wednesday, May 2** – Final amount due that was not raised in fundraising. Payments due for those paying for their trip in full.

**Trip ministry practices:** Sundays, 1:30-4:30pm. This is a time for the mission trip team to come together to worship and pray together as a team. Updates and important information are given to the team during this time. These dates are tentative and may be subject to change.

**Dates: April 1, April 29, May 6, May 27, June 3, June 10, June 24, July 1**

Team members will be consulted as to the scheduling of extra practice times. If for some reason you are unable to attend one of the practices, please let us know by emailing Ashley [agonzalez@magchurch.org](mailto:agonzalez@magchurch.org) or Caroline [caroline@magchurch.org](mailto:caroline@magchurch.org) or calling 703-368-2895.

### ITINERARY\*

- **Thursday, July 5:** Depart for Accra, Ghana at 10:44 PM!
- **Friday, July 6-:** Arrive in Accra at 1:30 PM. Orientation & BBQ at the Whitcomb's
- **Saturday, July 7:** VBS at orphanage; construction begins on transitional housing  
Invitation to Saturday night service; group attends service
- **Sunday, July 8:** Sunday services; VBS and construction in the afternoon, free evening
- **Monday, July 9:** VBS, construction, street rally at night
- **Tuesday, July 10:** School rallies, construction
- **Wednesday, July 11:** Fun Day: Kakum National Park Canopy Walk & Elmina Castle slave fort;  
afternoon spent at relaxing at beach resort (lunch & dinner at resort.)
- **Thursday, July 12:** School rallies, street evangelism, construction
- **Friday, July 13:** School rallies, street evangelism, construction
- **Saturday, July 14:** Wrap-up on construction, street evangelism, Saturday service
- **Sunday, July 15:** Final day. Sunday service, free time to shop at outdoor market, preparation for departure. Depart Accra at 11:15 PM, overnight flight
- **Monday, July 16:** Arrive at Dulles at 6:25 AM

\*Some additional dates throughout our preparation time may also be scheduled for prayer, tweaking of our trip presentation, or voluntary attendance to sub-team projects.

## Application Instructions

- 1) **Completely filling out** the attached application is a crucial step in being accepted for the 2012 Ghana Mission Trip. **Incomplete applications will not be accepted and will be returned to you.**
- 2) A check or money order for the non-refundable deposit of \$300 is required to accompany this application. This is in addition to the service project requirements. **Please make checks payable to Manassas Assembly of God.**
- 3) Upon submitting the completed application and deposit, your application is then subject to review and approval by the pastoral staff. Your \$300 deposit will be returned to you if your application is not accepted for this trip.
- 4) All trip applicants are required to attend ministry practices. Check the Trip Preparation Agenda for required practices and detailed schedule. Sub-teams may require additional practices.

### Check Off List 2012 Ghana Mission Trip July 5-16

#### **Please review and initial all items to ensure application is complete**

Application must be completed neatly and signed. Please note only complete applications will be accepted.

- \_\_\_ 2012 Ghana Trip Application contact sheet with financial requirements (pg 7-8)
- \_\_\_ **Notarized** Consent to Travel form for those under 21 (pg 9)
- \_\_\_ Activity Participation Agreement (pg 11)
- \_\_\_ Emergency Medical Information and Treatment Authorization (pg 12)
- \_\_\_ Code of Conduct (pg 13)
- \_\_\_ A copy of your passport. If you do not have a passport or need to renew your passport, **please apply immediately.**
- \_\_\_ Copy of your insurance card. If you do not have health insurance, please make note on the application.
- \_\_\_ Copy of your Travel Vaccination form (**originals will be needed for the trip**)
- \_\_\_ Non-refundable deposit of \$300 paid by check or money order to **Manassas Assembly of God.**

**Final deadline for acceptance of application is Wednesday, March 21, 2012.**

We are asking that you would turn in pledge sheets, checks/cash with completed pledges sheets as you go.

Completed fundraising forms and collected pledges/donations are due before or on **April 16.**

Complete payments not raised by fundraising must be paid in full by **May 2, 2012**



## Application – Ghana 2012

### Contact Information

Name: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_ Age: \_\_\_\_\_


Birthplace: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Male  Female

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ (we communicate through email)

Your Legal Name: \_\_\_\_\_  
(As it appears on your passport)

Do you have a passport? Yes  No  Tee Shirt Size: \_\_\_\_\_  Facebook: Yes  No   
(If yes, include a copy of your passport, if no you must apply **ASAP**. Turn in a copy to office when it arrives.)

### Family Information

Father's name: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ (we communicate through email)

Mother's name: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact phone: (\_\_\_\_\_) \_\_\_\_\_ (If under 21) Do you live with both parents? Yes  No

If no, who is your primary guardian? \_\_\_\_\_

### **Financial Obligation:**

I/we have read the application information and understand what is required and I/we understand the financial responsibilities of this trip. I/we understand that all financial obligations must be met before leaving on this trip. I/we understand the \$300 deposit is non-refundable. I/we understand the Ghana fundraising plan. If all funds are not raised through fundraising, I/we will pay all balances due by May 2, 2012. I/we understand that I/we am liable for Ghana fundraising shortfalls and/or non-payment of significant pledges. If I/we don't participate in the Ghana fundraising I understand that the full payment of my missions trip is due no later than May 2, 2012.

Please check your option:

\_\_\_\_ Option 1: You do the fundraising and MAG collects the money.

\_\_\_\_ Option 2: You do the fundraising and collect the money yourself.

\_\_\_\_ Option 3: You pay for the trip.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/legal guardian if under 21

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

**To be completed by applicant:**

1. How many years of schooling have you completed? \_\_\_\_\_

2. Do you speak any foreign languages? Yes  No

If yes, please list and note how fluent. \_\_\_\_\_

3. Please note areas of ministry that you are interested or have any special talents or special training and are best qualified. Examples are: medical/health or first aid/CPR training, musician, singer, martial artist, juggler, ventriloquist, children's ministry, clowning, miming, puppeteers, construction etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual Information**

1. Home church: \_\_\_\_\_

2. Please check all that apply to you personally:

- Salvation (Date): \_\_\_\_\_
- Water baptism (Date): \_\_\_\_\_ • Baptism in the Holy Spirit (Date): \_\_\_\_\_

2. Please describe your involvement in your local church. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Why do you want to participate in this missions outreach? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have previous Missions experiences: Yes  No

5. If yes, what year(s) did you participate and where did you go? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2012 Ghana Mission Trip – July 5-16**  
**Consent to Travel form for those under 21**  
**(must be notarized)**

I/We \_\_\_\_\_ and \_\_\_\_\_ being the parents or legal guardians of \_\_\_\_\_, a minor of \_\_\_\_\_ years of age, consent and agree that said child may participate with the 2012 Ghana Trip from July 5-16, 2012. I/We understand that those in charge will take reasonable responsibility to care for my/our child during this time. However, I/we further understand that there is some risk in a trip where my/our child travels. I/We understand that there is always a possibility of accident, injury, or sickness. I/We are willing to assume these risks so that our child may be a part of this trip.

**Medical Treatment Authorization and Release**

\_\_\_\_\_ has my permission to participate in any activities of the 2012 Ghana Trip, including field trips, travel, sporting events, and any other normal activities. I understand that I will be notified in case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I/We and \_\_\_\_\_ being the parents or legal guardians of \_\_\_\_\_, so further give my/our consent for the director or properly appointed staff members of this trip to secure the administration of medical treatment or medication for the above named child. I/we do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician as deemed necessary for our child. *(On the Activity Participation Agreement, list any medication or treatment that should not be given to your child because of dangerous reactions.)*

**Disciplinary Agreement**

I/We understand that, while the above named child participates in any regularly sponsored trip activities, he or she is responsible to abide by the rules set forth by the sponsoring organization, its leaders, and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event my/our child is dismissed from the program, I/we, the undersigned, agree to assume the cost of returning the child to his or her home. I/We also agree to forfeit any possible refund. (We understand that such action would only be taken under extreme circumstances and only after direct consultation with the child's youth pastor and parents or guardians.)

Full Legal Name of Parent: \_\_\_\_\_ I am the  parent  legal guardian

Full Legal Name of Parent: \_\_\_\_\_ I am the  parent  legal guardian

With full sole legal custody of (child's full name): \_\_\_\_\_,  
a minor \_\_\_\_\_ years and \_\_\_\_\_ months of age, and do hereby give my/our permission for this student to be in the country of **Ghana** for the dates of **July 5-16 2012**

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Parent or Guardian Parent or Guardian

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

State of \_\_\_\_\_ County of \_\_\_\_\_

I hereby certify that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared \_\_\_\_\_ to me known to be the person who executed the forgoing instrument and acknowledged before me that (they/he/she) executed the same. Witness my hand and official seal in the county and state last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 2012AD.

**My Commission expires:** \_\_\_\_\_,  
**Notary Public**





11500 New Life Way, Bristow, VA 20136, 703-368-2895

## ACTIVITY PARTICIPATION AGREEMENT

### Activity Information

(To be completed by the activity sponsor)

Name of sponsoring organization: Manassas Assembly of God

Address: 11500 New Life Way, Bristow VA 20136 Telephone: 703-368-2895

Description of activity: Mission Trip to Ghana, Africa

Date(s) of activity: July 5-16, 2012

### Participant Information

(To be completed by participant or an authorized guardian)

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Please Print

Parent or Guardian (if minor) \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Doctor: (Name) \_\_\_\_\_ Number \_\_\_\_\_

### Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or parent/guardian if participant is a minor)

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

(Please Print)

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

### Emergency Medical Information and Treatment Authorization

The applicant, parent or guardian is responsible to inform us if this information changes.

Does the participant take any regular medications? YES NO

If YES, please list medications and administration instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant have allergies? YES NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have or has he ever had any of the following?

|                 |     |    |                        |     |    |
|-----------------|-----|----|------------------------|-----|----|
| ADD/ADHD        | YES | NO | Hemophilia             | YES | NO |
| Allergies       | YES | NO | Kidney Disease         | YES | NO |
| Asthma          | YES | NO | Measles                | YES | NO |
| Broken Bones    | YES | NO | Mumps                  | YES | NO |
| Chicken Pox     | YES | NO | Physical Handicaps     | YES | NO |
| Color Blindness | YES | NO | Respiratory Conditions | YES | NO |
| Diabetes        | YES | NO | Seizure Disorders      | YES | NO |
| Hay Fever       | YES | NO | Sleep Walking          | YES | NO |
| Heart Disease   | YES | NO |                        |     |    |

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of participant's last: Physical Exam \_\_\_\_\_ Tetanus Shot \_\_\_\_\_

Can the participant swim? YES NO What skill level? \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Is there any information or medical conditions that might be useful for us to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Medical Treatment Authorization and Release

I understand that in the event medical intervention is needed, every attempt will be made to contact the parent/guardian or emergency contact listed on the activity participation agreement. In the event they cannot be reached, the participant (or parent/guardian if participant is a minor) authorizes the calling of a doctor and/or provide necessary medical services in the event of injury or illness. I understand the church will not be responsible for medical expenses incurred, but such expenses will be the responsibility of the participant (or parent/guardian if participant is a minor).

I \_\_\_\_\_, being the participant or the parent/guardian of \_\_\_\_\_, give my consent for the director or properly appointed staff members of this trip to secure the administration of medical treatment or medication for the above named. I/we do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician as deemed necessary.

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

(Participant or parent/guardian if participant is a minor)

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

(Please Print)



11500 New Life Way, Bristow, VA 20136, 703-368-2895

## Code of Conduct

As a MAG team member, I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but also the Assemblies of God World Missions, the General Council of the Assemblies of God, the United States as a whole, and most importantly, Jesus Christ.

I understand the Assemblies of God official statement of abstinence from alcohol, tobacco, and controlled substance use and/or abuse. In respect to God, the Assemblies of God and its missionaries, and the national church that I will be ministering to, I will refrain from:

- The purchase and/or use of *any* kind of alcoholic beverage
- The purchase and/or use of *any* tobacco products
- The purchase and/or use of *any* other controlled substance  
(Does not include the use of personal medications as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismol, etc.)

I \_\_\_\_\_, have read and understand the above policy. I promise to forego my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.

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

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