



GO Team Application Packet

July 12-23, 2012



bethany naz.org 405.789.2050



REDUCING HIV/AIDS THROUGH SPIRITUAL, COMPASSIONATE & EDUCATIONAL RESOURCES

Dear GO Team Member,

This is a significant time. Over the last 100 years, many people have invested in the missions of Bethany First Church and the Swaziland church. You are a part of a team that in many ways marks a new day for both of these organizations. We believe this is a God ordained time for the Swaziland Partnership; a coming together for a common purpose.

When we first began this journey of looking at Swaziland and the HIV/AIDS crisis, most of us were ignorant and apathetic about what was happening in our world. Now we have some knowledge and compassion. We don't have all the answers, but we know we must do something.

Nazarenes have played an important role in the history of Swaziland. They not only brought the Gospel, but have been instrumental in developing the educational and health care systems for the nation. The Swazi church is working as hard as they can and could use a boost to help accomplish all that's on their hearts. Today we have a new opportunity to help the nation as they face the devastating crisis of HIV/AIDS. The Swazis are ready for partnership. That's why your participation is so vital.

Thank you for your willingness and personal sacrifices to be part of this GO Team. May God's hand be on all your endeavors on behalf of the Swazi people.

Grace and peace,

Barbi Moore

Director of Global Outreach

Project Flier: Swaziland July 2012 GO Team

The Swaziland partnership is a cooperative effort between the Swaziland Church of the Nazarene, Swaziland Nazarene Health Institutions, NCM Africa, Nazarene Compassionate Ministries, Inc., Bethany First Church of the Nazarene (BFC), and Southern Nazarene University. Our goal is to reduce the incidence of HIV/AIDS in Swaziland through the development of key spiritual, compassionate and educational resources.

- Scope of Project** Come join a Swaziland GO Team in July 2012. As a member of the volunteer delegation you will have the opportunity to:
- a. Spend the day with the HIV/AIDS Task Force
 - b. Work with the children at the Ntondozi Child Development Centre
 - c. Dedicate the new Gerald Gasset Memorial Dental Clinic
 - d. Build the new Jubilee sanctuary at the Siteki English Church
 - e. Spend the day in a rural health clinic with The Luke Commission
 - f. Enjoy a one-day safari in Kruger National Park
 - g. Make friendships that will last a lifetime

Project Dates July 12-23, 2012

Travel Cost* \$3,600.00

Parameters of the Trip The full package price includes roundtrip economy-class airfare on Delta Airlines from Oklahoma City to Atlanta to Johannesburg, South Africa. Bus transport to Manzini, Swaziland.

The travel package includes the following: all meals, lodging (double occupancy), ground transportation, group interpreters, sightseeing excursion to Kruger National Park, special receptions, tips, taxes, and medical-evacuation insurance.

The travel package does NOT include the following: passport fees, medical/dental licensure fees, phone or laundry charges, private transportation, personal spending money or items of a purely personal nature.

Your application form and a \$350 deposit are due by February 13, 2012, to the reception desk at the north entrance of BFC, or by mail. You will be notified by February 17th as to your acceptance on the July 2012 GO Team. The team is limited to 40 people, and a wait list will be established for pre-approved applicants in excess of that number. Any cancellation openings will be filled from the Wait List. **

Registration Schedule	Activity	Due Date
	Payment due of \$1,200	March 14, 2012 (this payment is in addition to the \$350 deposit)
	Payment due of \$1,200	April 25, 2012
	Balance Due	June 12, 2012
	Make checks payable to BFC, marked for Swazi Trip July 2012, and send to Pat Burton at BFC.	
	Online giving now available at www.bethanynaz.org Note: The <u>net amount</u> after fee for echeck or credit card payments will be credited to your Swazi account.	
	<i>If cancellation is necessary, \$350 may be non-refundable to pay airfare cancellation/change charges.</i>	

Contact Information	Bethany First Church of the Nazarene	The Travel Center
	Pat Burton	Sheri Gilliland
	6789 NW 39 th Expressway	8324 NW 69 th Street
	Bethany, OK 73008	Oklahoma City, OK 73132
	(405) 789-2050 ext 888	(405) 789-7716
	pburton@bethanynaz.org	sheri@travelcenterinc.org

*Cost is subject to change based on inflation at a limit of 5% of the total trip cost.

**Wait list applicants will be listed by date application received. Openings will be filled in that order. See Wait List Policy in this packet.

July 2012 GO Team Itinerary

Thursday, July 12

Depart for Johannesburg, South Africa

Friday, July 13

Arrive in Johannesburg; spend the night

Saturday, July 14

Early morning departure by bus to Manzini, Swaziland

Sunday, July 15

Attend morning services

Meet Swazi leaders

Monday, July 16

Tour Raleigh Fitkin Memorial Hospital

Spend the day with the HIV/AIDS Task Force

Tuesday, July 17

Construction Team working on a church building or renovation of a clinic or nurses' housing

Compassion Team providing a Vacation Bible School and working with at-risk children

Medical/Dental Team at Raleigh Fitkin Memorial Hospital to provide training *

Wednesday, July 18

Construction Team continues working on project

Compassion Team at the Ntondozi Child Development Centre

Medical/Dental Team with The Luke Commission – providing healthcare in the rural areas of Swaziland

Thursday, July 19

Construction Team continues working on project

Compassion Team to visit the Nijiki Community Garden; meet women and children of the Nijiki co-op

Medical/Dental Team to work in a Nazarene rural clinic

Friday, July 20

Celebration at construction site for GO Team and local partners

Saturday, July 21

Depart for a day in Kruger National Park; Sunset Safari Drive; overnight in Kruger

Sunday, July 22

Depart for Johannesburg and flight home

Monday, July 23

Arrive home

**There will be medical and education components to this trip depending on the skills set of the team.*



Team Member Application

July 2012

Complete and return to Global Outreach/Team Coordinator

Applicant must be at least 13 years of age, and those applicants 13 or 14 years of age must be accompanied on the trip by a parent.

(Please Print)

Name/Title (Dr., Mr., Mrs., Ms.): _____
(First) (Middle) (Last) (Credentials)

Circle: Male Female Date of Birth: _____ Citizenship: _____

Name to display on I.D. Badge: _____

CONTACT INFORMATION: Can we share this information with fellow team members? Yes _____ No _____

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Fax: () _____ Email Address: _____

PROFESSIONAL INFORMATION:

Occupation/Title (Please be specific): _____ Employer: _____

Healthcare professionals please list your discipline(s): _____

Special interests/abilities (e.g. photography, language, etc.): _____

Passport Number: _____ Expiration Date: _____

(Please attach a clear copy of your signed passport, both picture and signature page)

TRAVEL INFORMATION:

Special Airline Requests (vegetarian meals, seat assignments, etc.): _____

Physical limitations/allergies requiring special attention: _____

*If applicable for possible use - Frequent flier miles - Airline _____ flier miles # _____

SUMMARY OF HEALTH PROFILE:

We do not want to place anyone in a work situation where they are uncomfortable or may be placed in inappropriate danger. Do you have any fears, disabilities or physical conditions that need to be recognized? (Joint problems, limitations, exposure to sun, heart, medications, fear of heights, etc.) If so, please explain.

Are there any food or diet considerations we should know about you (diabetic, vegetarian, allergies, etc.)?

I understand and acknowledge that participation as a GO Team delegate may require physical stamina with the ability to walk considerable distances, carry luggage and stand for periods of time without the need of assistance and that the following statements are a true representation of my health to the best of my knowledge. With this information in mind, I would rate my physical condition as follows:

Physical Condition: Good ___ Fair ___ Poor ___

I am under a doctor's care for the following:

(If selected to be a GO team delegate, you will be asked to complete a more comprehensive health form.)

Previous International Experience: _____

Why do you want to participate in this trip? _____

I know of no physical or emotional reason why I/my child should not participate in this program. I realize and acknowledge that my/my child's participation on a mission trip to a foreign country exposes me/my child to risks and dangers, such as accidents, disease, war, political unrest, injury from construction projects and other calamities and I personally assume those risks. I release and hold Bethany First Church of the Nazarene harmless of any danger, accident, injury, death, or personal property loss that might occur to me/my child while participating as a part of the Swaziland GO Team. I hereby agree that I will be bound by this release and I agree to defend, hold harmless, and indemnify Bethany First Church of the Nazarene, a corporation, its agents, employees, officers, Team Leaders, and instructors for any disaffirmation of this release by me or my family.

Applicant Signature _____ **Date:** _____

Signature of Parent/Guardian (if delegate under age 18)

Please return this form to:
Bethany First Church of the Nazarene
Attn: Pat Burton, Global Outreach /6789 N.W. 39th Expressway / Bethany, OK 73008
Phone: 405.789.2050 ext 888 Fax: 405.789.3684

PERSONAL SKILLS

July 2012

Name: _____ Date: _____

Please provide a brief description of your background, skills and interests below:

MEDICAL/Dental: (Indicate Specialty)

Dentist _____

Dental Hygienist _____

Miscellaneous Medical _____

Nurse (specify) _____

Physician (specify) _____

Physician Assistant _____

Pharmacist _____

COMPASSION:

Children's Worker/Youth Worker _____

Sports Camp _____

Crafts _____

Vacation Bible School _____

Social Worker _____

CONSTRUCTION:

Aluminum/Vinyl Siding _____

Architect _____

Block/Brick Layer _____

Cabinetmaker _____

Carpenter _____

Cement Worker/Finisher _____

Cleaning _____

Electrician _____

Engineer (specify) _____

Framing (including layout) _____

Heating/Air Conditioning _____

Iron Worker _____

Mechanical _____

Painter _____

Plumber _____

Roofing (specify types) _____

Welder _____

EDUCATION: (Please Specify)

Professor/Teacher _____

Agriculture _____

Micro-Finance _____

Hospital Administrator _____

Other _____

OTHER:

Photographer _____

Office Work _____

Singer/Instrumentalist _____

Bookkeeper _____

Computer Hardware/Software _____

Supervisor/Leadership _____

Videographer _____

Cook _____

Please list any additional certification(s) you may have, or other areas of interest not indicated above.

Bethany First Church of the Nazarene

GO Team Fundraising Policy

Bethany First Church of the Nazarene (BFC) is committed to making a difference in the world by partnering with the Church of the Nazarene in Swaziland to update, build and standardize clinics, provide adequate nurse housing and medical training to assist the HIV/AIDS Task Force as well as supplement other spiritual growth ministry opportunities.

Bethany First Church of the Nazarene is committed to a wide level of involvement, by enabling participants to raise needed funds through personal friends and family.

- Bethany First Church of the Nazarene will allow GO Team participants to contact personal friends and family for the purpose of fundraising.
- The BFC Business Office will maintain records of contributions received for each participant. The church will send a receipt to the donor acknowledging the contribution for tax-reporting purposes.
- Only funds for the published price of the trip may be solicited. Fundraising for extras, such as souvenirs, snacks, etc., is prohibited. Contributions received in excess of the published price will be used, as needed, for Swaziland projects. All monies received from donors will be held for one year from the date of the applicant's published GO Team. If unused, those donations will be applied to the BFC Swaziland project fund for use as needed. Fundraising letters should contain a specific date for contributions to be received by the church offices. ***The date should be the same as the last payment due date referenced on the application project flier.***

GO Team participants are to ask potential donors to make checks payable to BFC and include a note with the donation stating where the funds should be directed. While donors may suggest the project or individual for which a donation may be allocated, all gifts are under the sole control of Bethany First Church of the Nazarene, Swaziland Partnership.

- GO Team participants should have checks mailed or delivered directly to BFC, Attention: Pat Burton, Global Outreach. The church address is 6789 NW 39th Expressway, Bethany, OK 73008.
- Donors may also give on-line through a credit card or direct deposit from a bank account. For on-line giving please direct donors to our website, <http://www.swazipartners.org>. Note: The net amount after fee for e-check or credit card payments will be credited to your Swazi account.
- Any fundraising project, other than direct solicitation and letter writing, must be approved by the BFC Finance Committee before beginning the project. Please submit your request in writing one month before the scheduled project to assure appropriate time for approval. All written requests should be submitted to Barbi Moore, Director of Global Outreach, Bethany First Church of the Nazarene.

Bethany First Church of the Nazarene

Fundraising Letter Information

As you prepare to raise funds for your involvement with a BFC Swaziland GO Team, you may decide to send a letter to family and personal friends requesting financial and/or prayer support. We have listed below some points to consider when creating your fundraising letter.

- Carefully read and follow the BFC Fundraising Policy.
- It is best to limit your letter to one page.
- You might want to create your introductory paragraph by telling how you came to prayerfully consider being a part of the BFC GO Team Mission to Swaziland to help with the HIV/AIDS crisis and the many orphaned or at-risk children that have resulted from this crisis.

The following sample paragraph may help you give the reason for your letter:

*"I'm in the process of talking to friends and family about becoming involved in this ministry through financial support and prayer. In order for me to participate, I will need to raise (**published price of trip**) so that I might be able to give two weeks out of my year to invest in others. This cost includes travel expenses, insurance, on-site costs and ministry expenses. I would enjoy having the opportunity to talk with you about this upcoming ministry and answer any questions you might have."*

- From the project flier that is part of this Application Packet, you may want to mention some of the areas listed under "Scope of Project" that you would be participating in during the trip so a potential donor can understand how you would be participating and where. Everyone touches lives through compassion and sharing the love of Christ. This could be a life-changing experience for you.
- Please include the following paragraph to make sure funds are sent correctly so that you will receive credit:

Should you choose to give financially to this ministry, here are the details you will need to know. You may make a gift donation by credit card or direct deposit by accessing our website, <http://www.swazipartners.org/give>. *Note:* The net amount after fee for e-check or credit card payments will be credited to my Swazi account. All checks should be sent to Bethany First Church and the church will send a receipt acknowledging your contribution for tax-reporting purposes. Checks should be payable to Bethany First Church of the Nazarene (BFC), attention: Pat Burton, Global Outreach. The church address is 6789 NW 39th Expressway, Bethany, OK 73008. On the memo line of your check, please write "Swaziland Partnership" and include a note with your donation stating where the funds should be directed. While donors may suggest the project for which a donation may be allocated, all gifts are under the sole control of BFC, Swaziland Partnership. If your gift is to be anonymous, please include that preference with your note. Contributions in excess of the published price will be used for Swaziland projects. Financial gifts should be received by the church no later than (**insert the date of the last payment due referenced on the trip application project flier.**)
- Be sure to end your letter thanking the addressee for thoughtfully considering your request for financial and/or prayer support.
- Include your name, address and telephone number in the closing.
- Maintain a list of names and addresses you are mailing letters to, and always be careful to send a thank you to those who respond to your request.



GO Team Wait List Policy

The BFC Swaziland Partnership wishes to extend the opportunity to participate in a Swaziland GO Team mission experience to as many people as possible. In order to responsibly provide for the members of a team, it is necessary to limit the number of people who can participate on each trip to 40 people (not including Global Outreach staff and On-site Coordinators.) To maximize those opportunities, a Wait List has been established to allow for occasions when we have an opening due to cancellation.

Each published BFC GO Team has an application/deposit deadline. As completed applications and deposits are submitted they are date and time stamped. All applications to be considered need to be received by the registration deadline. A team of staff will review the applications and select the team. Once the Team limit has been reached, the remaining pre-approved applications will be placed on the GO Team Wait List in the order of received application/deposit. All Wait List applicants will receive a refund of the application deposit .

If a cancellation occurs we will contact the first person on the wait list. If that person declines, we will continue to contact applicants by number order until the opening has been accepted. The contacted applicant will have 24 hours to make a decision to accept or decline the offer if time is needed.

Once accepted, the new delegate will have the same payment deadlines as the other team members, including the need to pay the deposit if already refunded. If the final payment deadline has passed, then full payment is due within 5 business days. The new delegate will be required to pay for any additional fees (i.e. airfare ticket name transfer if ticketing has been finalized, etc.). All required trip forms must be completed and returned to the Global Outreach office or BFC designee within the week of acceptance unless time allows for an extension if requested. Failure to do so may result in disqualification and offering the opportunity to another Wait List applicant.

It will be the responsibility of the new delegate to review all trip materials paying special attention to the Travel Medical Advice, since some listed items may require time to accomplish. A valid passport with 2 blank pages for stamping is required for travel and may take time to obtain. Depending on the length of time available prior to the trip departure date, the new delegate must be prepared to take care of all trip requirements quickly to meet required deadlines.

The BFC Global Outreach staff or designee will provide the necessary GO Team information and forms for timely processing, and be happy to help with any questions.

BETHANY FIRST CHURCH OF THE NAZARENE

RELEASE OF RECORDS

It is the policy of the BFC Swaziland Partnership to do a background check on all adult members of any team that includes delegates under 18 years of age.

Department or Ministry: _____

Name: _____
Last First Middle

Alias Name/Maiden Name: _____

Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Social Security # (REQUIRED): _____

Birth Date (REQUIRED): _____
Month/Day/Year

Race: _____ Sex: ___ Male ___ Female

Driver's License #: _____ State: _____ Expiration Date: _____

I, _____, give permission to the Business Administrator of Bethany First Church of the Nazarene to do a background check about any possible criminal history I might have. I understand that this information will be held in confidence and not released to any outside sources.

Please answer yes or no to the following questions. If your answer is "yes," please explain.

- Has a civil lawsuit alleging actual or attempted discrimination, harassment, exploitation, physical abuse, child abuse, or moral misconduct ever been filed against you, whether or not it resulted in a judgment being entered against you, was settled out of court, or was dismissed?

No Yes (please explain) _____

- Have you ever terminated your employment or service in a volunteer position or had your employment or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted discrimination, harassment, exploitation, physical abuse, or moral misconduct?

No Yes (please explain) _____

- Is there any fact or circumstance involving you or your background that will call into question you being entrusted with the responsibilities for which you are applying?

No Yes (please explain) _____

- Are you required to register with any state for any criminal or sexual offense?

No Yes (please explain) _____

- Have you ever used an illegal substance or abused alcohol or other substance?

No Yes (please explain) _____

- Have you ever been convicted of a criminal offense other than a minor traffic violation?

No Yes (please explain) _____

Signature of Applicant _____ Date _____

Informed Consent and Release of GO TEAM Member Based on Possible Interactions with or Providing Care to HIV and Tuberculosis Patients

HIV: As part of the GO TEAM mission, you may be exposed to a patient's blood or a body fluid in a manner which may pose a severe health risk to you for transmission of a blood-borne infection. Many individuals you encounter during the GO TEAM mission may not know whether they have a bloodborne infection, because people have not been tested or may carry these viruses without having any symptoms. We therefore are asking for your informed consent to participate in the mission, and for your release of liability, because you may be in the presence of persons with human immunodeficiency virus (HIV), the virus that causes AIDS.

TUBERCULOSIS: As part of the GO TEAM mission, you also may be exposed to patients with active pulmonary tuberculosis or latent tuberculosis infection (TB). Generally, HIV-infected persons are at higher risk of developing TB. Persons you encounter during the GO TEAM mission may not know whether they have TB. We therefore are asking for your informed consent to participate in the mission, and for your release of liability, because you may be in the presence of persons with TB. If you have prior incidence of latent TB infection, or a positive TST, or a history of a severe reaction to a TST, e.g., swollen, blistering, (vesiculated) reaction—either by self-report or clinically documented, please notify the GO TEAM leader immediately.

In the event you have any concerns about possible exposure to a blood-borne infection or TB during your participation in the GO TEAM mission, please notify the GO TEAM leader immediately. Please note that any personal HIV testing or baseline tuberculin skin test (TST) is voluntary and requires consent in writing (consent can be withdrawn for testing at any time.) There are a number of tests that can be done to show if you are infected with HIV. Your health care provider or counselor can provide specific information on these tests. Anonymous testing is available at selected sites. These tests involve collecting and testing blood, urine or oral fluid. Additional testing also will tell whether you are carrying HBV or HCV.

By signing below, you acknowledge that this is a legally binding document and that you have thoroughly read and understand this form and that the following statements you have made are all true:

I understand that I am being asked, as a condition of my participation in the GO TEAM mission, to consent to activities, events, circumstances, and situations where I may come in contact or close proximity with persons (a) whose blood or a body fluid may pose a risk for transmission of a blood-borne infection, including but not limited to, persons with human immunodeficiency virus (HIV), the virus that causes AIDS, and (b) who may have active pulmonary tuberculosis or latent tuberculosis infection (TB). I understand that the individuals I may encounter may not know whether they have an infection. If I believe I have been exposed to a blood-borne infection or active TB, I agree to immediately notify the GO TEAM leader and consent to testing and to provide a sample to determine the best treatment for me.

I understand that I am participating in the GO TEAM mission at my own risk, and acknowledge that neither Bethany First Church of the Nazarene, nor its employees, agents, representatives, nor any other participating member of the GO TEAM has made a warranty or representation, express or implies, regarding the safety of participating in the GO TEAM mission.

I hereby expressly release and agree to hold harmless Bethany First Church of the Nazarene, its officers, directors, employees, agents, representatives, and all other participating members of the GO TEAM, of liability for any loss, damage, injury, disease, or illness suffered or incurred in connection with any aspect of my participation in the GO TEAM mission. This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns.

Signature: _____

(individual or legally authorized parent or guardian)

Printed Name: _____

Date: _____

DOB: _____

Address: _____

If legal representative, indicate relationship to subject: _____

Subscribed and sworn to before me, a notary public, in and for the State of Oklahoma, this ____ day of _____, 2011.

Notary Public - My Commission expires _____
Commission # _____ [SEAL]

Bethany First Church of the Nazarene
Medical/Dental Professionals Participation Agreement
BLOODBORNE & AIRBORNE PATHOGENS
INVASIVE PROCEDURES

I, _____, as a member of the Swazi *medical/dental GO team*, agree to participate in the following level of invasive procedures.

- None
- Screening of patients - history, vital signs, other patient contact
- Phlebotomy, venous access
- Minor procedures - incision and drainage, dental
- Major procedures - theatre, obstetrical

My training and experience: _____

Signed _____ date _____

Approved by _____
Bethany First Church Director of Global Outreach date _____

Approved by _____
Bethany First Church GO Team Medical/Dental Team Leader date _____