

**Mission Rio Grande Registration Form**

Lutheran Church of Hope  
925 Jordan Creek Pkwy  
WDM, IA 50266  
Phone: 515-222-1520  
Questions? E-mail: [missions@hopewdm.org](mailto:missions@hopewdm.org)



\_\_\_\_\_ FULL NAME (as it appears on driver's license)

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

\_\_\_\_\_ City, State, Zip:

\_\_\_\_\_ Home Phone: (    )

\_\_\_\_\_ Work Phone: (    )

\_\_\_\_\_ Cell Phone: (    )

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

\_\_\_\_\_ Marital Status S M

\_\_\_\_\_ Birth Date (mm/dd/yy)

\_\_\_\_\_ Age:

\_\_\_\_\_ Gender:

\_\_\_\_\_ Health Insurance Carrier:

\_\_\_\_\_ Phone: (    )

\_\_\_\_\_ Policy #

\_\_\_\_\_ (Please attach copy of insurance card to form)

*Lutheran Church of Hope purchases missionary insurance on your behalf during the trip dates. **Please specify the individual(s) name and phone number you would like listed as the beneficiary on the policy.***

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

\_\_\_\_\_ Phone: (    )

\_\_\_\_\_ Emergency contact during trip:

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

\_\_\_\_\_ Relationship:

\_\_\_\_\_ Phone: (    )

\_\_\_\_\_ Please indicate your general health:

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Poor

\_\_\_\_\_ Do you have any special needs (diet, lodging, lifting or stair climbing restrictions, etc.): \_\_\_\_\_

\_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_ Do you have any allergies (environmental, food, medication)?

\_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot (must be within past 10 years) \_\_\_\_\_

\_\_\_\_\_ Indicate T-shirt Size:            S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ XXL\_\_\_\_\_

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Lutheran Church of Hope, every reasonable effort will be made to contact the person(s) listed on this form. If unsuccessful in contacting the person(s) listed, consent/permission is given for treatment by competent medical personnel.

Further, unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on the trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). If possible, the adult contact person for your group should make the final decisions in cooperation with medical personnel.

I understand that Lutheran Church of Hope does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

**Signature:** \_\_\_\_\_

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

**Please see covenant letter on reverse side for your review and signature.**

## MISSION RIO GRANDE MISSIONARY COVENANT

As missionaries we have been given a great privilege to model a life connected to Jesus Christ. It is a life deeply rooted in grace (2 Cor 12:9), because none of us are perfect. It is a life in pursuit of loving Him (Matt 22:36-38). It is running the good race by staying connected to the vine (John 15:4). This covenant is meant to encourage you, as one of Hope's missionaries, to be a person who inspires others to pursue genuine life transformation by being in passionate pursuit of it yourself. God desires for us all to live in the freedom found in Jesus Christ.

As a Hope Missionary Team Member please pray and give careful consideration to the following guidelines:

1. I will share the everlasting love of Jesus Christ.
2. I will strive to be "Christ Like" in my attitudes and actions.
3. I will remain with groups suggested by leadership.
4. I will not possess nor consume alcohol while staying at Cristo Rey.
5. I will stay within the confines of the Cristo Rey building each evening after 6:00 p.m. until 6:00 a.m.
6. I will heed the strong recommendation from Lutheran Church of Hope to not cross over the border into Mexico. I understand my personal safety cannot be guaranteed and I will not be covered by the missionary insurance if I choose to leave the United States at any time.
7. I will pray for all those on the Mission Rio Grande team and for those we are going to serve.

If you feel unable to live according to these guidelines at this time we encourage you to continue growing and wait until you can sign this covenant in good faith.

If you have any questions, please bring them to Brad Krehlik, Missions Director at 515-222-1520 ext. 163.

In Christ,

*Brad Krehlik, Missions Director*

**I covenant to pursue a life of freedom according to the Mission Rio Grande Missionary Covenant Guidelines.**

**Signed:** \_\_\_\_\_

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