

Application for 2015 Dental Mission to Guatemala

With Dr. T. Bob Davis, March 7-14, 2015

Please complete and send in the following immediately:

- **Mission Member Information – pages 2-3**
- **Signed Code of Conduct Agreement – page 4**
- **Signed Acknowledgement of Truths and Purposes Held by This Mission – page 5**
- **Signed Fundraising Contract and Travel Release Form – pages 6-7**
- **Initial Deposit Coupon and Payment:** to hold your space, send in the coupon below with your \$600 NON-REFUNDABLE DEPOSIT. The price for this trip is **\$1,000** + airfare (purchased individually). ***SEE OPTION BELOW
 - **Deposit and Application Deadline – December 5, 2014 = \$600.00**
 - **Remaining balance due – January 31, 2015 = \$400.00**
- **Photocopy of your passport.** Send in a copy of the portrait and signature page(s) from your passport. Your passport must be valid for at least 6 months after you travel. If you are in the process of obtaining your passport, please send us all other application materials immediately and send the photocopy as soon as possible. If you are within the three months of the departure date and do not have one, please contact Dr. T. Bob immediately.
- **Dentists, Physicians, and Hygienists please provide Photocopy of Professional License.** We need a copy of this item if you plan to practice during the mission trip.
- **A copy of your airplane ticket** or the confirmation email from the airline with the payment and flight numbers clearly stated. We also need the confirmation codes for our records.

** BE SURE TO MAKE & KEEP COPIES OF EACH OF THE ABOVE FOR YOUR RECORDS.

IF YOU CAN, SUBMIT THE ABOVE INFORMATION AND MAKE PAYMENT ELECTRONICALLY:

- Use the “**Make Donation**” button on <http://www.tbobdavis.com/next-dental-mission-trip/> for your \$600 non-refundable deposit
- Use Word to fill in the Application below, scan the requested documents above, and **email** everything plus the Initial Deposit Coupon info below to tbob@tbobdavis.com

OTHERWISE, PLEASE MAIL THE PAGES LISTED ABOVE AND THE COUPON BELOW TO:

T. Bob Davis Productions, 11925 Loch Ness Drive, Dallas, TX 75218
Cell phone: (214) 236-1652

Cut here and include the coupon below with your \$600 non-refundable deposit check to hold your space for the mission trip. [Only one (not multiple) check will be accepted – no cash.]

Initial Deposit Coupon

Name (as stated on your Passport):

Last: _____ First: _____ Middle: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home #:(_____) _____ Work #:(_____) _____ Cell #:(_____) _____

*Complete and mail this Deposit Coupon with your **non-refundable deposit** and your Application. Call Dr. T. Bob with any questions – (214) 236-1652*

*****Reduced cost of expenses of \$900 until December 5, 2014. Then the expenses go back to \$1000. To qualify for the lower rate all \$900 must be paid by December 5. Scheduling airfare quickly at the \$700 range will probably save another \$ 100-250. That would make the trip only \$1600 rather than the proposed \$2000 or even more depending on airfare.*****

2015 Guatemala Mission Member Information

Name (as stated on your Passport):

Last:_____ First:_____ Middle:_____

Physical Address:_____

City:_____ State:_____ Zip:_____ Email:_____

Home #:(____)_____ Work #:(____)_____ Cell #:(____)_____

Gender: Male or Female, Birth Date (mm/dd/yy):____/____/____

Marital Status: Single Married – Name of Spouse:_____

Occupation:_____ Employer:_____

Anyone related to you traveling on this trip? Yes No

If yes, list those traveling with you:_____

If you are under the age of 18, who is your chaperone? _____

I heard about this trip from: Trip Leader Classmate My Physician/Dentist Web
 Magazine Friend/Relative Pastor/Church Other_____

I am applying for the following position:

Dentist - Specialty_____ Physician - Specialty _____

Evangelism Participant Dental Other_____

****Note to all dentists and hygienists, please include a copy of your license and if this is your first trip with T. Bob a short resume/CV with your application.**

Dental Classification: DDS, DMD, MD, HYG, ASST, TRANSLATOR

Student Classification: D1, D2, D3, D4, H1, H2, PRE-DENT

School Currently Attending: Baylor, Houston, college, high school

Name of School_____

Are you a member of a Dental Organization? (check all that apply)

ADA, AGD, ADI, ACD, ICD, CDS, CMDA, CDF

Specialty Area of Interest in School: _____

T-Shirt Size: S M L XL XXL, Men's or Women's

Passport Information: (please send a copy of your passport's portrait/signature page)

****If you do not have a passport, please leave this portion of the application blank and apply for one immediately.**

Passport Number:_____

Date of Issuance:(mm) ____ (dd)____/(yy)_____ Date of Expiration:(mm)____ (dd)____/(yy)_____

Citizenship: USA Other_____, Place of Birth:_____

Field Ministry:

I have been on a trip with Dr. T. Bob Davis:

Yes - List the years _____ No

I have been on a dental mission trip Yes No If Yes, list years and organization

I am proficient in the following languages (i.e. I can translate conversationally for my teammates):

Spanish Brazilian Portuguese Argentine Spanish Other _____

Medical Information:

Do you have any particular health problems or physical limitations? Yes No

Describe: _____

Are you (or will you be at the time of the trip) on any medication(s)? Yes No

Please list: _____

Are your vaccinations up to date? Yes No If No, Why? _____

Recommended vaccines include Hepatitis A, Hepatitis B, Typhoid, Tetanus-diphtheria and measles. See The CDC website for further information on preparing for a trip to Guatemala:

<http://wwwnc.cdc.gov/travel/destinations/guatemala.aspx#vaccines>

Emergency Contact: (please do not list anyone who will be traveling with you on the trip)

Name: _____ Relationship to You: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home #:(____) _____ Work #:(____) _____ Cell #:(____) _____

Beneficiary for insurance policy we will purchase for you:

First: _____ Last: _____

Relationship to you: _____ Beneficiary Phone Number:(____) _____

Beneficiary Address: _____

Authorization:

I have read and understand the preceding information. The information I have given is accurate and true to the best of my knowledge. My enclosed signature (and signature of my parent or legal guardian because I am under the age of 18) signifies my approval of participation T. Bob Davis Productions mission trips.

Applicant's Signature: _____ Date:(mm)____(dd)____/(yy)____

Parent Signature (If under 18): _____ Date:(mm)____(dd)____/(yy)____

Code of Conduct Agreement:

I realize that the following elements are crucial to the effectiveness, quality, and safety of our mission trip together. As a member of the team I agree to:

- Remember that I am a guest working at the invitation of a local ministry.
- Remember that I have come to learn as well as to teach. I may run across procedures that I feel are inefficient, or attitudes that I find closed-minded. I will resist the temptation to inform our hosts about “how I do things.” I will be open to learning other people’s methods and ideas.
However, we will be teaching our hygiene and dental care concepts.
- Respect the host’s view of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to witness and experience faith lived out in a new setting.
- Develop and maintain a servant’s attitude towards all nations and my teammates.
- Respect my team through cooperative participation. I will attend all group meetings.
- Respect my team leader(s) and his or her decisions. I will be on-time to all meetings.
- Refrain from gossip. I may be surprised at how each person will blossom when freed from the concern that others may be passing judgment.
- Refrain from complaining. I know that a mission trip can present numerous unexpected and undesirable circumstances, but the rewards of conquering such circumstances are innumerable. I will be positive and supportive.
- Respect the labor that is going on in the country with the particular church(s) or person(s) with whom we are working. I realize that our team is here for just a short while, but that the local church is here for the long-term. I will respect their knowledge, insights and instructions.
- Refrain from negative political comments or hostile discussions concerning our host country’s politics.
- Remember not to be exclusive in my relationships. Even if my spouse or boyfriend/girlfriend is on the trip, we will make every effort to interact with all members of the team, not just one another.
- Refrain from any activity that could be construed as a romantic interest towards a national. I realize that certain activities that seem innocent in my own culture may be inappropriate in others.
- Wear modest clothing throughout the trip. I understand that some clothes acceptable in the US may not be culturally acceptable in other countries. This includes refraining from eccentric fingernail polish, lipsticks or hair colors.
- Have responsible eating habits. I understand that the food may be different from what I am accustomed to. I understand that I should eat every meal in ample amounts as my body will respond more healthily when cared for nutritionally under mission conditions.
- Drink/sip plenty of water throughout the day and evening to stay hydrated.
- Scrubs are appropriate dress for clinic time and around the campus. The ministry site has scrubs so you do not need to pack your own unless you want/prefer/need.
- Abstain from the consumption of alcoholic beverages, the use of tobacco, or the use of drugs.
- Avoid any un-Christ-like behavior while on the trip. I will represent God and His people well.
- Should significant conflict arise or appear imminent between a team member and Dr. T. Bob Davis, his leadership, other team members, mission hosts, or local community people, Dr. T. Bob has the expressed agreement to send such offender back home at offender’s additional expense but at Dr. Davis’s timing and conditions. Safety of all participants and group as a whole

is foremost in such decisions, while effectiveness and cooperation are significant considerations.

I agree to abide by the Code of Conduct stated previously:

Applicant's Signature: _____ Date:(mm)____(dd)____/(yy)____

Printed Name: _____

Acknowledgement of Truths and Purposes Held by This Mission

The Bottom Line For This Trip: This is dentistry offered in the kindness and grace of our Lord Jesus, for the hope of sharing His love unto eternal life. And this being a Christian trip, we must acknowledge certain Truths:

Statement of Faith: We believe that Christian unity must be based on the essential absolute truths of the Bible which are Holy Spirit-breathed.

God: We believe that the Godhead eternally exists in three persons-the Father, the Son, and the Holy Spirit – and that these three are one God.

Jesus: We believe in the deity of Jesus Christ, and in His virgin birth, sinless life, miracles, death on the cross to provide for our redemption, bodily resurrection and ascension into heaven, present ministry of intercession for us, and His return to earth in power and glory.

Holy Spirit: We believe in the personality and deity of the Holy Spirit, that He performs the miracle of new birth in an unbeliever and indwells believers, enabling them to live godly lives.

Bible: We believe in the divine inerrant verbal inspiration of the Scriptures, as the revelation of God. We believe the Bible to be the sole authority and sufficiency with regard to Christian faith and practice.

Man: We believe that man was originally created in the image of God; Adam fell through sin and as a consequence of his sin, lost his spiritual life. Every person is born into the world with a nature that is essentially and unchangeably sinful, apart from divine grace provided from God through Jesus Christ.

Salvation: We believe that, due to universal death through sin, no one can enter the kingdom of God unless they accept Jesus Christ as their personal Lord and Savior through faith.

"If you declare with your mouth, "Jesus is Lord," and believe in your heart that God raised him from the dead, you will be saved. For it is with your heart that you believe and are justified, and it is with your mouth that you profess your faith and are saved." Romans 10:9-10

We Seek Unity Based On Truth: We strive to live by and serve as a catalyst for this spiritual, Biblical unity – *"standing firm in one spirit, with one mind, by contending side by side for the faith of the gospel."*

Our Goal is to Know God and Make Him Known: It is written, *"As you go, therefore, make disciples of all nations, baptizing them in the name of the Father, and of the Son and of the Holy Spirit."* This Great Commission is bigger than any one part of the Body of Christ. God wants to use the entire Body of Christ to redeem mankind unto Himself. Each member is called to harmoniously perform well his/her God-given task - whatever it may be – to the edification of His Body and to His glory, through His good news of salvation from sin and death through His son, Jesus the Christ.

Again, The Bottom Line For This Trip: This is dentistry offered in the kindness and grace of our Lord Jesus, for the hope of sharing His love unto eternal life.

Please sign below where applicable:

I agree with these Truths and Purposes as stated previously, and willingly take upon myself the responsibility thereby indicated:

Signature: _____ Printed Name: _____ Date:(mm)____(dd)____/(yy)____

I do not personally agree with these Truths and Purposes as stated previously. However, I understand their integral nature within this mission, and I hereby knowingly agree to support that mission with cooperative participation and do nothing that would hinder or diminish the completion of that mission. I will discuss this choice when requested with my team leader and/or Dr. T. Bob, who retains the right of choice/acceptance of this application.

Signature: _____ Printed Name: _____ Date:(mm)__(dd)__(/yy)___

Fundraising Contract:

By signing this contract, I plan to obtain the funds necessary to go on a T. Bob Davis Productions mission trip. All checks I receive will be collected by me and deposited in my account with only a single total expense check sent to Dr. T. Bob. With the size of this team, it is not possible for T. Bob Davis Productions to collect individual gifts, total them, credit them to your account ,nor act in anyway as bookkeeper for your account balance. However, T. Bob Davis Production will accept one down payment check and then another single final payment check when the total cannot be paid in one check. When paid in one check before Dec. 5, 2014, a discounted total expense fee of \$900 is optional. Any payments arriving after Dec. 5, 2014 will be at the new fee of \$1000. I realize that my payment checks should be made payable to T. Bob Davis Productions and that all checks are to be sent to **T. Bob Davis Productions, 11925 Loch Ness Dr., Dallas, TX 75218**. I understand that all funds will be administered as a personal "support account" set up in my name on the books of T. Bob Davis Productions and that this account will be established with the submission of my **initial non-refundable deposit or total fee**. Gifts to T. Bob Davis Productions mission trips become the sole property of T. Bob Davis Productions for the purpose of these mission trips. If, for any reason, I am unable to participate on the trip, refundable funds raised will not be refunded beyond the refund deadline of February 1st or held over for future trips I might participate in, and instead will go to cover other costs of this trip.

In the event that collective trip funds raised exceed the base trip costs, I understand that these funds will go toward other necessary trip costs and cannot be refunded, given to another trip participant, or held over for a future trip.

I have read the above, understand it and agree with its statements.

Signature:_____ Printed Name:_____ Date:___/___/___

Image Release:

I authorize all photo and audio/video images of me during and from the trip to have unlimited use by T. Bob Davis Productions for promotional, educational, and informational purposes but not for commercial profit or for sale in any form.

I have read the above, understand it and agree with its statements.

Signature:_____ Printed Name:_____ Date:___/___/___

Travel Release Form:

I, the undersigned on behalf of myself/my child desiring to visit foreign countries with T. Bob Davis Productions and participate in a mission trip organized by Dr. T. Bob Davis do hereby release and forever discharge T. Bob Davis Productions, Dr. T. Bob Davis and his respective partners, employees, officers, directors and representatives from any and all damages, liability and costs for any and all injuries, losses or damages I/my child might have on or in any way relating to such a trip including-without limitation-those relating to me/my child leaving the United States of America and visiting foreign countries, including my/my child’s stay in such foreign country and my/my child’s trip to and from any such country.

I am eighteen (18) years of age or older (if my child is under 18, I am signing on their behalf) and this RELEASE is binding on me and my executor, administrators, and heirs. I give Dr. T. Bob Davis and his representative(s) with me/my child on any such trip authority to request and authorize medical and/or hospital treatment for me/my child’s benefit in the event of any injury or sickness sustained by me/my child while on such trip including-without limitation – while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse Dr. T. Bob Davis for all costs and expenses incurred with respect to such treatment. If I am responsible for a minor on a trip, I am fully aware of any health concerns or medications and am prepared to take full responsibility for them. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in me/my child incurring costs, expenses and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death and/or damage to or loss of personal possessions resulting from-without limitation-inclement weather, transportation accident or terrorism. I hereby release and hold harmless T. Bob Davis Productions, Dr. T. Bob Davis, his officers, employees, agents and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child’s participation in this trip.

I understand this RELEASE and indemnification releases liability of the conduct liability of the conduct of Dr. T. Bob Davis and his agents, servants, or employees.

The parties to the RELEASE are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (Matt 18:15-20, 1Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this RELEASE shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedures for Christian Conciliation* of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Dallas, Texas. Judgment upon arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

I have read the above, understand it and agree with its statements:

Signature: _____ Printed Name: _____ Date: __/__/__

Minor Release:

I do hereby authorize my child _____ (child’s name) to travel with T. Bob Productions during 2014.

Signature of Father: _____ Printed Name: _____ Date: __/__/__

Signature of Mother: _____ Printed Name: _____ Date: __/__/__

Please answer the following questions so that we may understand you a little better.

What do you hope to achieve or have happen on this trip?

In your personal opinion, what do you understand it takes for a person to go to heaven?

Tell us a bit of what God has done in your life, or where you are in your spiritual journey:

Do you play a musical instrument? Yes No Instrument name: _____ Yrs Played: _____

Do you sing? Yes No Solo? Yes No Group? Yes No

Interested in participating in Worship Team? Yes No Lead Worship? Yes No

Do you play soccer? Yes No Want to be on our team? Yes No

Do you currently attend a church? No Yes Denomination: _____

Name of church: _____ Location: _____