

Application Brief & Forms for 2020 Dental Mission to Guatemala

With Dr. T. Bob Davis, March 13/14th – 21st, 2020

Initial Contact for Trip to Start Process:

Please complete and send in the following immediately.

- **Cover Letter**, This cover letter would include your name, brief description of yourself, brief description of how you heard about the trip, and brief explanation of why you are going.
- **Signed Code of Conduct Agreement – page 2**
- **Signed Acknowledgement of Truths & Purposes Held by This Mission- page 3**
- **Signed Fundraising Contract – page 4**
- **Signed Travel Release Form – page 5**
- **Photocopy of your passport.** Send a current and legible 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 notification of anticipated date of issue along with set of agreements to Dr. T. Bob.
- **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.

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

Expenses –

- \$750 for Doctors who have been on at least 4 previous trips as Doctor, Student or Volunteers, when paid by Thanksgiving Day (a 44% reduction).
- \$900 for Doctors, Students, and Volunteers who have been on 1-3 previous trips as Doctor or student, when paid by Thanksgiving Day (a 33% reduction).
- \$975 for Doctors, students, spouse, children, hygienists, assistants, and all other personnel who are ***first timers***, if paid by Thanksgiving Day (a 28% reduction).
- \$1150--- ALL FEES REVERT TO \$1150 FOR ANYONE IF PAID AFTER THANKSGIVING DAY UNTIL THE DEADLINE, JANUARY 18TH, 2020
- \$1350--- LATE FEES APPLIES WITHIN 8 WEEKS OF START DAY OF TRIP FOR THOSE WHO PREFER LATE DECISIONS AND HIGHER COSTS --- HA! January 18th, 2020.
- Fees are non-refundable after January 18th, 2020. To insure the lowest total cost for the trip, an early airline ticket purchase and on-time Thanksgiving Day payment of expenses can save 20-30% overall.

Airfare –

- Group Airfares Roundtrip from Houston/GUA and Dallas/GUA are available to purchase through Dr. Davis on Venmo until Thanksgiving Weekend.

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.

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. I realize that my single payment check should be made payable to "T. Bob Davis Productions" and should 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 **total fee**. Gifts to T. Bob Davis Productions mission trips become the sole property of T. Bob Davis Productions for the purpose of 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 January 18th or held over for future trips I might participate in, and instead will go to cover other costs of the trips.

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: __/__/____

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 also grant permission to **Dr. T. Bob Davis** for the use of any photographs, written/verbal communications, or electronic media images in any dental-related presentation/promotion/continuing education of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Dr. T. Bob Davis in writing. The revocation will not affect any actions taken before the receipt of this written notification.

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 2020.

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

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

EMERGENCY CONTACT FROM HOME TO MISSION TEAMMATE:

Many US wireless carriers have service in Guatemala. Check with your carrier for availability and rates so if your family needs to contact you in an extreme emergency back home, they do not have to locate nor depend on new numbers. That being said, one of the values of being away is the total commitment to the mission and what God has in store for you. It is counter productive to be on the phone to back home during the time there. Data use will become astronomical in cost! Fraud can be an issue with using the phone there. I will have my cell phone, Dr. T. Bob Davis, (214) 236-1652 and can be reached in a true emergency, most times and places we will be, given the limited cell service in some areas of the mountains.

The following will apply to emergency calls to Dr. T. Bob's cell:

In case of death or unquestionable emergency that requires team member to return home urgently, prior to scheduled return, please be prepared with the following information before calling;

1. An airline flight that is ready and held for your (not included in the cost of the mission fee) purchase after notifying Dr. T. Bob and getting his arrangements for transportation from our Clinic to GUA airport committed.
2. Your condition details for Dr. Davis to clearly agree to and arrange for such a sudden change.
3. Text cell phone release of T. Bob Productions from liability once team member departs Clinic/mission group.
4. Call Dr. T. Bob on his cell 214-236-1652. Generally speaking, from a USA cell phone, you do not have to dial any long distance pre-fixes from your cell phone. Our GUA time does not change to Daylight Savings Time like USA. Our week time will be equivalent to Mountain Savings Time, one hour earlier than Texas time. For example, if you call from Texas at 7 am it will be 6 am in GUA; call at noon Texas time it will be 11 am in GUA. Please avoid calls during the middle of the night as the whole dorm will be awakened, from Midnight Texas time (11pm GUA) until 8 am Texas time (7 am GUA). There is nothing we can do during the night there as all the country is closed down!
5. Should the emergency occur on the last day or so of the trip, it may be in everyone's best interest to save the notification for the teammate's arrival back home, where much better conditions exist for

Clinic Address:

Sector 3 Lote 28 Zona 0 Aldea Llano de la Virgen. San Raymundo. Guatemala. 01060.

Latitude & Longitude: 14°46'18.9"N 90°36'05.3"W (14.771909, -90.601480)

Tel.: 011-502-4570-5004

NOTICE: ALL TEAM MEMBER'S EMERGENCY CONTACT(S) SHOULD COPY THIS EMERGENCY INFO AND GIVE TO FAMILY WHEN SUBMITTING THEIR APPLICATION-