

# Such Is The Kingdom Ministries, Inc.

APDO 59 ♦ La Esperanza, Honduras ♦ P.O. Box 628 ♦ Doerun, GA 31744



Dear Team,

We are so excited that you will be coming down to serve the Lord along side our ministry. We have comprised a list of items that are either necessary to bring or will make your stay more enjoyable.

- Photocopy of passport (in case passport is lost)
- Flashlight (candles)
- Bath towels
- Any medications you are taking in it's original container
- Camera and plenty of film
- Insect Repellant
- Handwipes (preferably individual packs)
- Light jacket or sweater
- Rain gear (dependant upon season)
- Money for gifts or soverniers
- Large trash bag (for dirty clothes)
- Clothes for entire stay (There is no washing machine at the missions house, although facilities are available to hand wash items.)
- Special items specific to your teams type of ministry (work gloves, boots, etc.)
- Fanny pack for women
- Sturdy walking shoes
- Sunscreen and hat
- Recommended Clothing:

Dry/Cold Season is typically November through May

- Sweaters
- Long Sleeves

Rainy/Cool Season is typically the end of May though October

- Light jacket or sweater
- Rain gear
- Mud boots

It is always a good idea to dress in layers. For Women: Jeans and pants are fine to wear on the project. However, long skirts are appropriate off the property.

Additional Information:

- Team members are required to attend an orientation meeting upon arrival.
- There is electricity on the project.
- Water in all of Honduras is not suitable for consumption. Please use the filtered water for drinking, cooking and teethbrushing.
- The directors do have a cellular phone for emergency calls. You will need to make arrangements with them directly regarding usage and charges.
- In all parts of Honduras the sewage system is not adequate to accomodate toilet tissue. Please throw tissue and sanitary napkins in trash cans to prevent problems.
- Teams will stay in the missions house. Currently there are only two sleeping areas (male and female). Married couples, keep praying that we will be able to get a family facility in the works soon.
- Teams will be eating their meals with the girls during their regularly scheduled times.
- We expect everyone to present a Christian witness and act accordingly with all the girls on the project, local people and fellow team mates. Exercise caution with male/female relationships. Men should have another team member with them when entering one of the girls homes. Young men must be accompanied by an adult chaperone when entering a girls home.
- Profanity or alcoholic beverages will not be allowed on the farm.
- Spending money can be changed outside the airport. The rate will vary but is approximately \$1.00 to £18 (lempira)
- Conserve water use when possible. Many in this area go without water during the dry season. There are hot showers in the team house. Quick showers are encouraged to ensure hot water for all team mates.
- Teams desiriing to give gifts or money to the girls will give it to the director and designate who it is for. These are usually given on the girl's birthday.

Contact your team leader for further information.

Blessings,

The Staff of Project Talitha Cumi

**Such Is the Kingdom Ministries, Inc.**

**Mission Project Release of Liability**

In signing this form, I, \_\_\_\_\_, agree not to hold Such Is the Kingdom Ministries, Inc., its officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their mission projects.

I realize and acknowledge that my participation on a mission project includes many risks and possible dangers. I am well aware that my travel exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation in the project, and I unconditionally agree to hold Such Is the Kingdom Ministries, Inc., its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission project.

I have carefully read the foregoing, and I understand that my signature herein holds Such Is the Kingdom Ministries, Inc., its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay, or irregularity in schedule.

Signed \_\_\_\_\_ and dated this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_

Parent Signature (if under 18 years of age)

Witness: \_\_\_\_\_

*For we are laborers together with God. I Corinthians 3:9*

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## MEDICAL PERMISSION AND RELEASE FORM

I, \_\_\_\_\_, hereby give consent to be treated in case of medical emergency.  
(full name)

SSN: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

My permission is granted to Such Is The Kingdom Ministries through its staff, personnel, representative of team, employee, or agent to provide any and all necessary medical attention in case of sickness or injury to me. I understand that should a medical emergency arise, ANY medical treatment, including administering medicines, as deemed necessary by competent medical personnel, is authorized.

I understand that this is a permanent MEDICAL PERMISSION AND RELEASE FORM, which may remain on file in the ministry office and used whenever needed until revoked by the undersigned.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the trip and Such Is The Kingdom Mninstries from any and all claims, demands, actions or causes of action past, present and future arising out of any damage or injury while participating in this activity.

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

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STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

*Include a list of allergies and current medication or special instructions regarding an existing medical condition. Include any insurance information.*

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## CHILD'S MEDICAL PERMISSION AND RELEASE FORM

I (we) \_\_\_\_\_ have hereby give consent to have  
(Parent's name)

my (our) child \_\_\_\_\_ SS# \_\_\_\_\_  
(child's name) (child's number)

treated in case of medical emergency.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My permission is granted to Such Is The Kingdom Ministries through its staff, personnel, representative of trip, employee, or agent to provide any and all necessary medical attention in case of sickness or injury to my child. I understand that should a medical emergency arise I will be notified, but that, if I cannot be reached by telephone, ANY medical treatment, including administering medicines, as deemed necessary by competent medical personnel, is authorized.

I understand that this is a permanent MEDICAL PERMISSION AND RELEASE FORM, which may remain on file in the ministry office and used whenever needed until revoked by the undersigned.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the trip and Such Is The Kingdom Ministries from any and all claims, demands, actions or causes of action past, present and future arising out of any damage or injury while participating in this activity.

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

*Include a list of allergies and current medication or special instructions regarding an existing medical condition. Include any insurance information.*