



# Keystone Fellowship Mission Trip Application

We have two exciting opportunities to come alongside dynamic local churches around the world. Please check the one you are interested in. I look forward to serving along side of you. If you have any questions, please feel free to contact me @ RSheely@keystonefellowship.com.

*Pastor  
Rob*

## \_\_\_\_\_ **Guyana Mission Trip June 19-26**

We are assisting a local pastor to plant a church in a nearby village. We hope to encourage the local church, do children & adult outreaches, prayer walking and work in the local schools. Application deadline is February 23rd. Cost \$1340 + airfare.

## \_\_\_\_\_ **DR Mission Trip July 26-Aug 1**

We are partnering with Bold Hope to serve in bateyes, impoverished communities in the sugar cane fields of the Dominican Republic, by helping to run discipleship programs, vacation bible schools, skills training, clinics, sports ministry, or other programs that allow us to love families well. We will also help complete projects that benefit the entire community, such as building projects (working on community centers, pavilions, basketball courts, etc.), painting projects, or helping to fill the gap in a community with other specific projects. Students and families welcome! The cost is \$1,360+ airfare. DO NOT USE this form for this trip. APPLY at BoldHope.org.

## \_\_\_\_\_ **Middle East Mission Trip October 30 - November 7**

We will be supporting the local church as they reach out to refugees in their community. We will deliver food, listen to their stories, share the stories of Jesus, teach their local staff, serve in a women's center, refugee school, medical clinic and do small building projects. Application deadline is July 28<sup>th</sup>. Cost \$2,300.

### **Trip Application Details**

Please submit a trip application packet, including ALL of the following completed and signed documents:

- \* Volunteer Application Form
- \* Personal, Medical, and Emergency Contact Information
- \* Assumption of Risk & Release Form
- \* Code of Conduct Form
- \* Background Check Forms

To confirm your trip, please send your completed application, all related documents and \$50 check made out to Keystone Fellowship to:

Rob Sheely - Keystone Fellowship  
506a Stump Road, Montgomeryville 18936

# Personal Background

Why are you interested in going on this mission trip?

Please briefly share how you became a follower of Jesus and something about where you are currently on your spiritual journey?

Is there someone at Keystone who could be a reference for you?

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please share your line of work, special skills, talents, ministry or general experiences

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If you speak any foreign languages, which one (s)?

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Have you previously participated on a mission trip? Y N

If so, please list approximate dates, locations and what you type of work you did on them.

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Is there anything else we should know about you or questions you have for us?

NAME		Application Date:
Last Suffix	First	
Home Address:		Age:
City/State/Zip:		Date of Birth:
Home Telephone #:	Cell #:	Gender:
		Male      Female
Email Address:		Marital Status:
		Single      Married
Health Insurance Company:		Insurance Policy Number:

If under the age of 18\*:

Father/Guardian's Name:		Phone Number:
Last MI	First	
Address/City/State/Zip:		
Mother/Guardian's Name:		Phone Number:
Last	First	MI
Address/City/State/Zip:		

\*anyone under 18 MUST be accompanied by a parent or guardian

# Medical and Emergency Contact Information

## Medical Information:

Do you have any medical conditions we should be aware of?

Do you currently take any medications that we need to be aware of? Please list:

Do you have any (food, medicine, environmental, animal) allergies? Please list:

Primary Physicians name and phone number:

## Information for Emergency Contact #1:

Name:

Phone:

Email:

Relationship:

## Information for Emergency Contact #2 (if available):

Name:

Phone:

Email:

Relationship:

# Assumption of Risk and Release of Liability, and Indemnity Agreement

ATTENTION: This form affects your legal rights; please read carefully.

In consideration of being allowed to volunteer and/or stay with Keystone Fellowship I, (Name) agree that: I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Keystone Fellowship and any and all of its volunteers, employees, board members, contractors, partners, donors, and associates due to any and all claims including the negligence of the group mentioned above, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in mission trip.

ASSUMPTION OF RISK: Participation in the mission trip carries with it certain significant, inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

The risks associated with the mission trip include, but are not limited to: loss of property, serious bodily injury, death, kidnapping, being held for ransom money, mental or emotional trauma, and contraction of possibly fatal pathologies.

The risks include, without limitation, living and working in dangerous circumstances, with limited access to medical care and proper sanitation, working with or around dangerous equipment, which may break, fail, malfunction, or otherwise cause injuries.

The risks include, without limitation, riding in or on vehicles (motorbikes, truck, car, modified school bus) or using transportation arranged by our Jordanian hosts.

I am mentally sound and physically capable of volunteering with Keystone Fellowship in foreign country.

I have made health and evacuation insurance arrangements and I recognize that Keystone Fellowship is not responsible for the costs of my health care or evacuation.

Project are run by volunteers, who may not have professional experience or professional grade assessment abilities. It is my responsibility to be continually assessing possible risks as well as my own ability to perform the tasks offered to me, and it is my responsibility to expressly communicate any and all limitations and concerns I hold, as well as risks I am aware of. I have been briefed of the risks, with the understanding that every eventuality cannot be foreseen and warned against.

I also agree to INDEMNIFY AND HOLD Keystone Fellowship HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement with Keystone Fellowship and to reimburse them for any such expenses incurred.

SEVERABILITY: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (Print)

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

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

IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ACKNOWLEDGEMENT ON YOUR BEHALF:

Name of Participant (print):

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Name of Parent/Legal Guardian (print):

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Signature of Parent/Legal Guardian:

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

## Code of Conduct

As a member of a Keystone Fellowship team, you are expected to conduct yourself according the following set of rules:

1. Be on time and attend all team meetings.
2. You may never go anywhere without another team member. In certain instances, females must be accompanied by at least one male. Make sure a leader is aware of your whereabouts at all times.
3. No inappropriate physical contact among team members or with the nationals.
4. Dress must be appropriate at all times.
5. Possession or use of illegal drugs is forbidden.
6. Respect the local people and their culture at all times; often, we can offend deeply without having any intentions of doing so.
7. Do not make promises to the locals or workers on the field; this can lead to disappointment and bitterness. We are building trust and are developing relationships that could be hurt by broken promises or misperceptions.
8. Do not give locals any gifts without first asking Keystone leader or local staff leader.

I, the undersigned, understand that trips like this can be difficult and agree to adhere to the Code of Conduct. I understand that if I am unable to follow the rules I may be required to fly home early, at my own expense.

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

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

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



# NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION/CONSENT FORM

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Keystone Fellowship.

I understand that, if I am approved for volunteer service by Keystone Fellowship, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Keystone Fellowship, such may be necessary. Background investigations expire after three years.

I also understand that Keystone Fellowship contracts with a private vendor to complete a Social Trace, National Criminal and Sex Offender Search, and National Sex Offender Registry Re-Check. Paperwork will also be completed by the volunteer for Pennsylvania State Police Search, Pennsylvania Child Abuse Registry Search, and submitted by Keystone Fellowship. In addition, if I have not been a continuous resident of the State of Pennsylvania for the past 10 years, I understand that I will also need to submit fingerprints for FBI screening.

I hereby release and discharge to the extent permitted by law, Keystone Fellowship, its employees, any individual or agency obtaining information for Keystone Fellowship, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Keystone Fellowship.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

## AUTHORIZATION

_____	_____ / _____	
Print Name (last, first, middle) phone #	Social Security Number	cell

_____	_____	_____
Date of Birth (MM/DD/YYYY) Address	Drivers License Number & State issued	Email

Any other names I have been known by: \_\_\_\_\_

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

Previous Addresses (Last 10 Years) \_\_\_\_\_

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Signature

Date

- ☐ By checking this box, I affirm that I have been a continuous resident of Pennsylvania for the past 10 years. (If you have not lived in PA continuously for the last 10 years, please fill out the opposite side of this form.)
- ☐ By checking this box, I affirm that I have not been convicted of a felony or sex offense under §6344.

Further information needed if FBI fingerprinting is required:

City of Birth:

State of Birth:

Race:

Eye color:

Hair color:

HT:

WT:

Country of Citizenship:

Phone Number:

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

## PURPOSE OF CERTIFICATION (Check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input checked="" type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input checked="" type="checkbox"/> Other: <u>Keystone Fellowship church</u><br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br>_____<br>SIGNATURE OF OIM/CAO REPRESENTATIVE<br><br>_____<br>OIM/CAO PHONE NUMBER |
|---|---|

AGENCY/ORGANIZATION NAME:

Keystone Fellowship

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

n/a

- ☒ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1 Keystone Fellowship
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2 307 E. Broad Street
CITY	CITY	CITY Souderton
COUNTY	COUNTY	COUNTY Montgomery
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE PA
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE 18964
COUNTRY	COUNTRY	COUNTRY USA
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION Trish Foster

## CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name  
release my Pennsylvania Child Abuse History Clearance information directly to ( Keystone Fellowship ).  
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)  
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by  
( Keystone Fellowship ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held  
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the  
aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated**  
Applicant's Name  
**on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy  
of my Pennsylvania Child Abuse History Certification directly from ChildLine;** however, I may request a copy of  
my Pennsylvania Child Abuse History Certification from ( Keystone Fellowship ) upon written request.  
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further  
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application  
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse  
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name: Keystone Fellowship

Agency Street Address: 307 E. Broad Street

Agency City, State, Zip Code: Souderton PA 18964

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Date

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Applicant's Signature

**As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.**

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Date

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Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15