

PERMANENT CONTACT PERSON

| | | | | |
|---------|-------|-------|--------|----------------|
| Name | Last | First | Middle | Relationship |
| Address | | | | Home Phone |
| City | State | | Zip | Business Phone |

CHURCH RECOMMENDATION

The _____ Church of _____ whole-heartedly recommends this person making application for Honduras mission ministry to the sponsoring church/churches as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Pastor's signature _____ Date _____

RESPONSIBILITY RELEASE

If I accept a term of volunteer service, I wish to make clear my understanding that Red Bank Baptist Church and it's officers, employees or agents, and all leaders and members of my volunteer mission team (collectively referred to as the "church and it's agents") do not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come: and I, for myself, my heirs, executors, administrators, distributees and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said churches and their agents and hold them harmless from any claim or demand which I or they might conceivably assert against them for any reason.

Signature _____ Date _____

MY COVENANT

I covenant to make spiritual preparation for this assignment, to read carefully the orientation materials and to seek the heart of a servant as I serve the Lord abroad. My conduct, in word and deed, will honor the Lord Jesus Christ. The words of my mouth and the meditations of my heart will be pleasing in His sight. I will employ my skills, talents and spiritual gifts in the building and expansion of the Kingdom of God in the place where I will serve - - as God gives me inner strength and wisdom.

Signature _____ Date _____

NOTE

Transportation will be provided to and from Tegucigalpa Airport each Friday and Saturday. Each team member will provide own transportation to and from departure city.



Honduras Construction
Mission
Orphanage Emmanuel
Guaimaca, Honduras
February 2010

INFORMATION FORM

for Volunteers in Missions

Complete and return to:

Dr. Don Reynolds

4611 Hixson Pike
Chattanooga, TN 37343
(423)886-4390 Home
(423)877-1368 Work
(423)870-1725 FAX

OR

E-Mail Address: drdonrey@aol.com

Office of Sponsoring Church:

Red Bank Baptist Church

4000 Dayton Blvd.
Chattanooga, TN 37415
(423)877-4514 Office
(423)877-4142 FAX

E-Mail Address: ksmith@redbankbaptist.org

| | | |
|------|--------------|-------|
| Cost | 1 Week | \$500 |
| | 2 Weeks | \$625 |
| | 3 Weeks | \$750 |
| | Plus Airfare | |

Deposit of \$200 must accompany application.

Please make checks payable to:
Red Bank Baptist Church (Acct. #ORPH02)
Balance due December 15, 2009



**ORPHANAGE EMMANUEL
GUAIMACA, HONDURAS**

Dear Friends,

Orphanage Emmanuel is located in Guaimaca, a rural town in the heart of Honduras. The staff of Emmanuel cares for orphaned and underprivileged children from all parts of the country with backgrounds just as diverse as where they are from. Founded in 1989, the orphanage has been directed since its inception by David and Lydia Martinez, missionaries from California. Created with 5 children on the land of an abandoned cattle ranch having just three small houses, the orphanage now cares for over 400 children of various ages and encompasses over 60 buildings including a church, houses for all the children, a school system, trade skills shops, and an agricultural facility. We currently have a staff of about 20 people of multiple nationalities.

The vision of Orphanage Emmanuel is to care for the children within its gates, and to lift up Jesus Christ as the Savior of all men in hopes that when the children leave from our presence that they will do the same. We strive to provide all the physical, emotional, educational, and spiritual nourishment the children need to develop into good citizens for their God and country. It is to God that we give the glory, as the sustained ability to care for the children comes only from Him as He provides for the children through the words and actions of people.

As we continue to grow, we are experiencing more and more families wanting to come on staff at Emmanuel. We also have staff families that have been small in the past that are now adding more children to their households. Because of this, we are looking to improve staff quarters by the construction of four new houses that will accommodate families of four people or larger.

Sincerely,

David

David C. Martinez
General Director
Orphanage Emmanuel Guaimaca, Honduras

Please consider joining our team for the 2010 Orphanage Emmanuel mission projects. Complete this application and return to Dr. Don Reynolds or the church office with your \$200.00 deposit check payable to Red Bank Baptist Church (acct #ORPH02). Balance is due December 15, 2009.

PLEASE NOTE: Each team member will purchase his/her own airline ticket to TEGUCIGALPA (TGU) HONDURAS and transportation to departure city. The ORPHANAGE will provide transportation to and from TEGUCI-GALPA AIRPORT ONLY on Friday and Saturday (FEB 5,6,12,13,19,20,26,27). Please schedule your arrival and departure on this schedule.

Make a real difference in the lives of the children AND YOUR OWN by joining our team.

**Short-Term
Volunteers
Information Form**

NOTE: Name on this application must match your passport.

PLEASE PRINT

| | | | | | | | | | | | | |
|---|--|---|-----------------|--|------------------|------------------------------|----------------|--|--------|---|-----------|--|
| Name Last | | First | | Middle | | Name by which you are called | | Sex | | ATTACH PHOTO OR SNAPSHOT | | |
| Address | | | | | | Street/Box | | City | | | State Zip | |
| Date of Birth | | Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # _____ | | | Country of Issue | | Date of Exp. | | | | | |
| Name of Spouse | | | Your Cell Phone | | Home Phone | | Business Phone | | E-mail | | | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | Size for Team Shirt M F | | For insurance purposes - name of beneficiary | | | | | | | | |
| High School/College/Seminary/Professional or technical school | | | | | | Major | | Graduated Yes/No | | | | |
| Employer | | | | | | Retired | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> (3 wks) - 2/5 or 6 - 2/26 or 27, 2010 <input type="checkbox"/> (2 wks) - 2/5 or 6 - 2/19 or 20, 2010 <input type="checkbox"/> (2 wks) - 2/12 or 13 - 2/26 or 27, 2010 <input type="checkbox"/> (1st wk only) - 2/5 or 6 - 2/12 or 13, 2010 <input type="checkbox"/> (3rd wk only) - 2/19 or 20 - 2/26 or 27, 2010 <input type="checkbox"/> Ark/GA Teams - 2/12 or 13 - 2/19 or 20, 2010 | | | | | | | | IMPORTANT: List the work you are best qualified to perform in order of preference. (Do Not Leave Blank) _____ _____ _____ | | | | |
| | | | | | | | | Foreign Languages Spoken <input type="checkbox"/> Limited <input type="checkbox"/> Fluent _____ | | | | |
| Airline Flight Information | | | | Departure Flight | | | | Return Flight | | | | |
| Continental Airlines <input type="checkbox"/> | | | | Date | | No. | | Date | | No. | | |
| American Airlines <input type="checkbox"/> | | | | | | | | | | | | |
| Church Name | | | | | | Street Address | | | | | | |
| City | | | | State | | | | Zip | | | | |
| Pastor's Name | | | | | | | | | | | | |
| List all medical problems, disabilities, allergies and all current medications. | | | | | | | | | | | | |
| General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | | | | | | | | | | |
| NOTE: Any team payments remaining after all expenses will be used for future orphanage support. | | | | | | | | | | | | |

DETACH AND RETURN THIS PORTION. KEEP FIRST SHEET FOR CONTACT NUMBERS.