



***House of Moses Mission Packet
2017***

MISSION COMMUNITY:

We are excited for your journey to Haiti. We know for some, it has been an easy decision while others will be drug to the airport. Whatever prior description fits you, we know that God wants to use Haiti in you as much as you in Haiti. The many times we have traveled to Haiti we have always left more impacted. There will be so many new people you will meet and grow to love, while there will be many more that will carry you in their hearts forever. Our deepest desire is for you to touch, taste, smell, hear, and see Haiti among the Haitians and in their culture. We also want you to know that we will be praying with you. One of our prayers for all communities that travel is this:

Father God: As this journey begins for this community traveling to Haiti, show them the journey's purpose you have them on. We know each person was created uniquely different by you and in that we know that each person brings a unique experience with them. Within this experience, you will use them as they are serving in Haiti, but you will also use Haiti to dig deep into the places of their lives that you are still refining. God thank you that you love us enough not to leave us where we are but your desire (for your glory and our good) is to make us holy as you are holy. God thank you that this community has stepped out in faith to travel to Haiti. We pray for a beautiful experience. We pray that all the details that have to come together will come together by faith and with joy. God there is nothing greater than when your people are walking by faith. Thank you for this faith-walk this community is on. God we love you! In the powerful name of Jesus we pray!

In and through the power of Christ! John and Christi Barnes House of Moses



TEAM INFORMATION

(Please have each TEAM Member complete the following.)

Team Member

Name: _____

Occupation: _____

Extra abilities: _____

Please list any physical limitations: _____

How many Mission Trips have you been on? _____

How many times have you been to Haiti? _____

How may we pray with you?

Team Member

Name: _____

Occupation: _____

Extra abilities: _____

Please list any physical limitations: _____

How many Mission Trips have you been on? _____

How many times have you been to Haiti? _____

How may we pray with you?

FACTS about Haiti

Background:

The native Taino Amerindians - who inhabited the island of Hispaniola when it was discovered by COLUMBUS in 1492 - were virtually annihilated by Spanish settlers within 25 years. In the early 17th century, the French established a presence on Hispaniola. In 1697, Spain ceded to the French the western third of the island, which later became Haiti. The French colony, based on forestry and sugar-related industries, became one of the wealthiest in the Caribbean but only through the heavy importation of African slaves and considerable environmental degradation. In the late 18th century, Haiti's nearly half million slaves revolted under Toussaint L'OUVERTURE. After a prolonged struggle, Haiti became the first black republic to declare independence in 1804.

According to a report with on www.foxbusiness.com Haiti is the poorest country in the world:

Population: 10,123,787

Poverty rate: 77 percent

The World Bank notes that more than half of Haiti's population lives on less than \$1 a day, while about 80 percent of the country lives on less than \$2 a day. The country's estimated unemployment rate as of 2010 was 40.6 percent. The impoverished nation is in a state of rebuilding since a devastating earthquake hit the country in 2010. According to a USAID report, the death toll from the earthquake was between 46,000 and 85,000, while the official figure by the Haitian government estimated the death toll at 316,000. The World Bank estimates that damages from earthquake totaled \$8 billion, or about 120 percent of gross domestic product.



Packing List

Medicine

- Personal prescriptions

Optional Medicine

- Allergy Medicine
- Ibuprofen
- Imodium AD
- Motion sickness medicine

Personal Items

- Backpack / small bag
- Bandanas, hats, or scarves
- Bath towel and washcloth
- **Twin sheets and pillowcase**
- Extra trash bag for dirty clothes
- Bible
- Notebook
- Bug spray with DEET
- Hand sanitizer/Wet wipes
- Camera
- Earplugs for light sleepers
- Passport holder/money belt recommended
- Sandals
- Flip flops
- Sunglasses
- Sunscreen
- Toiletries
- **Water bottle**
- Working/walking shoes

Food and Supplies:

- Fruit in cans or plastic cups
- Granola breakfast/power bars
- Hard candy
- Snacks
- Powder Gatorade/Crystal Light

Money (Optional)

- Cash only (\$50 - \$75 is average)
- Tithe for local Haitian Church
- Bring \$1 bills for snacks and sodas
- Souvenirs
- Laundry \$2 small load \$5 large load
- HoM t-shirts \$10 each optional

(You will have this option in country and the shirts will be printed in Haiti)

Other Items to Bring or to Remember

Men's Clothing

- Work Jeans
- Shorts*
- T-shirts (two per day)
- Work clothes
- Swimming Trunks
- Khakis and Polo for Church

Women's Clothing

- Work Jeans
- Shorts/capris (knee length)*
- T-shirts (2 per day)
- Work Clothes
- Bathing Suit (one piece or tankini)
- Dress for Church

* Due to cultural considerations ALL shorts (male and female) must be at least knee length. No midriiffs or spaghetti strap shirts.
Please keep safety and modesty in mind as you pack for the trip.

*Leave at home: Hair dryers, curling irons, straightener, designer clothes, expensive jewelry. Cell phones & iPods – limited use, please.

24 COMMON Kreyol Words/Phrases

1. Bonjou!
Good morning! Hello!
2. Bonswa!
Good afternoon / Good evening!
3. Bònn nwi!
Good night!
4. Orevwa!
Goodbye!
5. Na wè pita.
See you later
6. Kijan ou ye?
How are you?
7. Mwen byen, mèsi. E ou menm?
I'm fine, thank you. And you?
8. Koman ou rele?
What's your name?
9. Mwen rele ...Kate.
My name is ...Kate.
10. Mwen kontan rekonèt ou.
I'm Pleased to meet you.
11. Eskize mwen mesye / Madanm.
Excuse me sir / Man'm
12. Konbyen sa koute?
How much is this?
13. Souple / tanpri
Please
14. Mèsi anpil
Thank you very much
15. Kote twalèt la ye?
Where's the toilet?
16. Pase bònn jounen☺
Have a nice day☺
17. Map sonje ou.
I will miss you.
18. Mwen pa konprann.
I don't understand
19. Mwen pa konnen.
I don't know.
20. Souple repete ankò
Please say that again
21. Souple, pale pi dousman.
Please speak more slowly.
22. Kijan ou di ...sa an Kreyòl?
How do you say ... this in Creole?
23. Kisa vle di?
What does that mean?
24. Eske ou pale Angle?
Do you speak English?





House of Moses Mission Trip Agreement Policy

We are excited to have you participate in a mission trip to Port de Paix. As a mission, your safety and well-being is very important to us. We are also obligated to protect the well-being and safety of other trip participants, our staff, and their families and the children/people that we serve through the House of Moses. Consequently, we have developed the following guidelines. Failure to obey these rules, may result in you not participating in all trip activities, or beings asked to return home early at your expense. Thank you for your cooperation.

- I will not bring or participate in the use of illegal drugs, alcohol, cigarettes, or chewing tobacco while serving at the House of Moses ministries. I understand if there is any reason to believe a participant has drugs or alcohol with them, the participant's bags may be checked.
- I will not leave HoM property after curfew.
- I will refrain from leaving the ministry facility or the ministry site where I am serving without a House of Moses Ministries staff person under any circumstances.
- I agree to be on time for all departures and events throughout the trip.
- I will respect the authority of the House of Moses staff.
- I understand I need to abide by my Trip Coordinator's guidelines regarding the use of cell phones and electronic devices throughout the duration of the trip.

If a participant is 18 years or older, he or she must sign, otherwise both the participant and his or her parent or legal guardian must sign.

Trip Participant name: _____
Please Print

Trip Participant Signature: _____

Parent/Guardian: _____
Please Print

Parent/Guardian Signature _____

Date: _____

House of Moses Ministries Mission Trip

Liability Release

In consideration of acceptance of the undersigned, by House of Moses Ministries for participation by the individual and/or the individual's child, including a child in his/her guardianship, in mission trips and related activities and events, the undersigned, does by these presents hereby forever release and discharge House of Moses Ministries, and its officers, directors, employees, principals, agents, insurers, successors, and assigns, from any and all liability, claims, demands, controversies, damages, actions, and causes of action, including but not limited to all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses arising out of, directly or indirectly involving any mission trip or related activity or event. The undersigned acknowledges they are releasing and waiving all claims, demands, actions, or causes of action of any type or nature on behalf of himself or herself, his or her heirs, executors, administrators, successors, and assigns.

The undersigned represents they fully understand the intent, meaning, and import of this Liability Release and have read this document in full and all questions, if any, have been fully answered prior to signing. The undersigned, by signing this Release, authorizes House of Moses' Ministries, to provide or furnish all necessary transportation, food, or lodging associated with any mission trip, activity or event. Further, undersigned does hereby acknowledge their status is of a licensee and discharge any owner, and occupier of real property from any and all liability, claims, demands, controversies, damages, actions, and causes of action arising out of the use of said real property.

The undersigned further hereby agrees to indemnify and save harmless House of Moses' Ministries and its officers, directors, employees, principals, agents, insurers, successors, and assigns from any liability incurred resulting from any negligent, willful, wanton, or intentional acts of the undersigned or the undersigned's child, including a child in his/her guardianship, including payment of all attorneys' fees. The undersigned hereby acknowledges the receipt of rules and regulations promulgated by House of Moses Ministries, and hereby, agrees to abide by the same and further agrees to adhere to the directions of those in authority and leadership for all mission trips, activities or events.

Medical Release

I/we individually and/or as parents and natural guardians of my/our minor child do hereby authorize, permit and consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor/adult under the general or special supervision and on the advice of any physician or dentist duly licensed on the medical staff of a licensed hospital, clinic or emergency care center whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, clinic or emergency care center.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or for me pursuant to this authorization. Should it be necessary for me/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

House of Moses' Ministries

I give permission for House of Moses' to use mission trip photos or videos of me and/or my child in any House of Moses materials.

I understand that any damage on my and/or my child's behalf will be my financial responsibility and agree to pay for any damages.

I agree that my child and/or I will not harm any child by teaching inappropriate language, coarse jesting, or by sexually or physically abusing them in any way. I understand that if I were to break any law regarding the endangering of the children served by House of Moses, the ministry will cooperate with authorities to the full extent of the law.

I understand that participation in mission programs offered with House of Moses is based upon a "participation by choice" philosophy. I agree to let one of the House of Moses' staff members know if I feel that a project or activity in which I am involved is beyond capabilities.

If trip participant is 18 or over, he or she must sign. Otherwise, a parent or legal guardian must sign.

Trip Participant: _____ Parent / Guardian: _____
Please Print Please Print

Trip Participant / Parent / Guardian Signature: _____

STATE OF _____ COUNTY OF _____ } SS

Wherefore, I, being a notary public, do hereby affirm that _____, did personally appear before me

this _____ day of _____, _____ and being duly sworn did sign the foregoing instrument of his/her/their/own free act and deed.

Signature of Notary Public SEAL

This form must be completed and returned to House of Moses. A person may not participate without this form on file.

Trip Participant Name: _____ Gender: M / F (circle) Date of Birth: _____
 Home Address: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Emergency Contact: _____ Physician's Name: _____
 Emergency Phone: _____ Physician's Phone: _____
 Relationship: _____ Insurance Company: _____
 Insurance Policy #: _____

HEALTH HISTORY

Allergies (include medicines, foods, bites, stings)

Allergy	Reaction	Medication Required

Medication (list all current medications)

Medication	Condition	Dosage (size/frequency)

HEALTH PROFILE (circle yes or no for each)

- | | |
|--|---|
| Y N Pregnant | Y N Diabetic requiring medication |
| Y N Medical Equipment | Y N Known abnormally high cholesterol level |
| Y N Seizure within the past 1 year | Y N History of heart attack/bypass/angioplasty/angina |
| Y N High blood pressure, even if being treated with Medication | Y N Other cardiac conditions (heart murmur/irregular heartbeat) |
| Y N Hospitalization/Emergency Room visit with the past year | Y N Special diet |
| Y N Neck/back/shoulder/knee/ankle problem | Y N Other medical conditions (physical, mental, etc.) |

If you answered yes "Y" to any of the above, please provide a detailed description including symptoms and restrictions.

If trip participant is 18 or over, he or she must sign. Otherwise, a parent or legal guardian must sign.

Trip Participant: _____ Please Print
 Parent / Guardian: _____ Please Print

Trip Participant / Parent / Guardian Signature: _____