



Greetings!

We are so grateful for your desire to join Restoration Gateway (RG) in the work being done in Uganda. Every person who is considering joining your team must first read the **Team Vision & Volunteer Application Handbook** (found on our website at www.restorationgateway.org) before committing to be a part of your group.

NOTE: *Those wanting to stay at RG longer than 6 weeks must complete additional requirements. Please contact the RG office in Waco for further instructions.*

After reading the handbook, each team leader must complete the following application package.

NOTE: *An individual going alone is still considered a team.*

1. **Short Term Application** – Only one application must be completed, whether going as an individual or a team. We realize that many advance applications will have tentative information on them. Please submit it with as much information as you have, so the approval process can begin. It can always be updated later.
2. **Release & Indemnification Agreement(s)** – Please make a copy of this document for **each** team member to sign. **(original signatures are required)**
3. **Team Member Agreement(s)** – Please make a copy of this document for **each** team member to sign. **(original signatures are required)**
4. **Application Fee** - Submit a \$50.00 application fee for **each** team member. Application fees for families with **more than 3 people** will be capped at \$100.00.
5. **Team Leader Preparation Checklist** – This document is a tool to help you prepare for your trip. It does not need to be returned with the application package.

Once you have completed the Short Term Application, Release & Indemnification Agreements, and Team Member Agreements, the package should be mailed to our office, along with the appropriate application fees. Your team will not be considered for approval until all of these steps have been completed.

You should receive an email notifying you of the team's approval status about a week after sending in your application package and application fees.

Please contact our office if you have any questions about any of these forms.

Mailing Address: 4300 W. Waco Dr. B2-314, Waco, TX 76710

Phone: 254-752-0583

Email: go@restorationgateway.org

Website: www.restorationgateway.org



Short Term Application (Serving 1 week up to 6 weeks)

Please send in your application package as early as possible, even if you only have tentative dates and/or number of team members. The application can be updated once the itinerary dates have been approved and team list is known. **** Individuals traveling alone are still considered a "team". ****

Note: A late application package may result in having to use secondary choices for in-country transportation and lodging, especially during the busy season. ***Nothing will be finalized in Uganda for your visit until the application package and application fees have been submitted and the dates approved.***

SECTION 1: TEAM LEADER INFORMATION

Last Name _____	Age _____
First Name _____	Main email _____
Address _____	Phone #1 _____
_____	Phone #2 _____
City _____ St _____ Zip _____	# of Times Travelled Overseas _____

SECTION 2: TEAM SPONSOR INFORMATION

The sponsor is the sending church and/or organization providing prayer covering. The contact person does not have any "duties" per se, but should be someone in leadership who is aware of and supportive of the trip.

Name of Sponsor _____	
Contact Person _____	
Address _____	City/State/Zip _____
Email _____	Phone _____

SECTION 3: TEAM MEMBERSHIP

Number of anticipated team members by age category:

	18-25	26-65	66+		0-4	5-14	15-17
Males:				Children:			
Females:							

NOTE: RG does not always have separate accommodations for married couples. Whenever possible, accommodations are made for families with children to be completely together, but that is not always possible. When there are a lot of teams on campus, children may need to stay with only one parent. If there are anticipated families or married couples, please list the family makeup (for example: First family: mom, 8 year old; Second family: husband, wife). If the children do not need to stay with the parents, do not list them as a family.

SECTION 4: TEAM ARRIVAL & DEPARTURE DATES (effective 1/1/2017)

During the summer, there are a large number of teams serving on campus at any one time. In an effort to create the best overall experience during this busy time, any team or individual wanting to travel to RG between May 15th and August 15th will be required to arrive and leave the RG campus on a Saturday, whether staying one week or longer. **List requested dates for approval before booking flights.** Once flights have been booked, please email your flight itinerary to: go@restorationgateway.org.

	Arrival Date/Time in Uganda	Arrival Date at RG	Departure Date from RG	Departure Date/Time From Uganda
Proposed Trip Dates				

If team members are leaving at different times, please give anticipated details:

SECTION 5: TEAM RESERVATIONS

Transportation and Lodging: For your convenience, RG will set up all hotel and transportation arrangements for your team (*which you are financially responsible for*). The approximate costs for transportation and lodging are detailed at the end of the Budgeting Planning Handbook, and are paid directly to the transportation company or hotel by the team leader. **Remember that all costs are estimated and can change at any time without notice.**

Tours: RG can also help set up tourist-oriented activities for your team. Please mark if you would like your trip to include any of the following, with the number of people participating in these events:

Tourist Oriented Activities	# of participants
Shopping – Kampala (usually occurs on the way back to the airport after leaving RG)	
** Day Tour – Nile River/Murchison Falls National Game Park (full day for the whole tour)	
Vacation – Overnight(s) in Game Park, along with Nile and Game Park tour (expensive!)	

**** Highly recommended for all teams if you have not done this!**

SECTION 6: TEAM EMERGENCY CONTACT INFORMATION

Please list an emergency contact for the team. This person is someone staying in the U.S. who RG can contact should an emergency arise while your team is overseas. **The team leader must make sure this person has an individual emergency contact information for every team member.**

Contact Person _____
 Email Address _____
 Phone #1 _____ Phone #2 _____
 Address _____
 City/State/Zip _____

SECTION 7: Volunteer Opportunity

RG encourages people to hear from the Lord and be self-motivated in what they do during their trip. Please pray with your team about the group's focus and then answer the following questions.

- 1. Which Volunteer Opportunity are you applying to fulfill? Please select only one.

Short Term

Ministry Teams

_____ Construction Specialists

_____ Agriculture Specialists

_____ Orphan Ministry – Please select which dates you are applying for. (These dates are specifically reserved for teams of 20-35 members who will plan, organize, and run a day camp for RG children. Please see the Application Handbook for more details.)

_____ January 7-January 11, 2019

_____ May 6-May 17, 2019

_____ Aug 26-Aug 6, 2019

_____ Healthcare Professionals

_____ Other Specialty – Please describe your desired purpose and plan to serve at RG and what need will you be fulfilling?

Vision Teams – Please select which dates you are applying for. (Please see the Application Handbook for more details.)

_____ Dates to be determined

Summer Internship – Please select which internship you are applying for.

2019 Opportunities

_____ Administrative Internship

_____ Healthcare Internship

_____ Trade Work Internship

_____ Agriculture Internship

_____ Other Specialty – Please describe your desired purpose and plan to serve at RG and what need will you be fulfilling?

Mission Partners

- Medical/ Dental
- Agriculture [Specialist/Professional]
- Communications/Administrative/Multimedia support

Long Term Missionary

- Medical/Dental
- Discipleship/Evangelism/Pastoral
- Agriculture
- Management/Administration

SECTION 8: TEAM HEALTH

1. Does anyone on your team have a physical health issue that would be affected by this trip?
Yes _____ No _____
2. Does any team member have a mental or emotional issue we should be aware of?
Yes _____ No _____
3. Are any of you currently under the care of a physician due to physical conditions which may limit your ability to serve in some assignments (i.e. serious allergies, requiring medication, vision or back problems, heart issues, etc.)? Yes _____ No _____

If you answered "Yes" to any of these questions, please explain:

4. Have all team members under a doctor's care for any reason, been cleared to travel overseas?
(Very important!)
Yes _____ No _____

SECTION 9: TEAM COOPERATION

Are you and your team willing to follow the policies and project leadership, even though you might not totally agree with them in every situation? Yes _____ No _____

If "No", please explain:

SECTION 10: LIST OF TEAM MEMBERS

Please complete the team member list to the best of your ability. If you don't have the team list confirmed or if there is a possibility of more team members be added, please indicate that information in the "Comments" section below. For the "Skill Sets" section, please contact the team members and fill this out as accurately as possible. It is important that we have all of this information for each team member as we want to be able to fully utilize their skills, passions, experiences and education. Knowing this information beforehand can help us prepare for your team's activities.

*Please print legibly the full **legal** name of all team members. If team is larger than 25 members, make a copy of this page to continue listing their information.*

	Full Name as it appears on your drivers license:	Full Address, including city, state and zip	Phone #	Gender	DOB	Email Address	Passport #	Skill Sets/Education (accounting, construction, medical, engineering, etc.)
1								
2								
3								
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25								

Comments:

SECTION 11: PREVIOUS EXPERIENCE WITH RG

Please let us know if you or any of your team members have been to RG before. If not, tell us how you know about RG:

SIGNATURE

By my signature I affirm that I have, as the team's leader, read the entire RG General Handbook, and have also required each person on my team to read it completely.

Signature:
(typed is acceptable)

Date:

*Return with your application package by **MAIL** (not email) to:
Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710*



RELEASE AND INDEMNIFICATION AGREEMENT

Executed on _____, 20____ (date) by and between **Restoration Development Foundation, Inc. (RDFI) dba Restoration Gateway (RG)** and _____ (name) as the **Participant** and _____ (name, if required) as the Parent(s) and/or Legal Guardian(s) for Participants under 18 years of age or who require a legal guardian.

* Definitions *

Note: The terms defined on this page are printed in bold face wherever they appear in the Release. Please refer to the definitions as set forth on this page.

Restoration Gateway: Shall refer to and include **Restoration Development Foundation, Inc.** (501 (C) (3) nonprofit) 4300 W. Waco Dr. Waco, TX 76710; **Antioch Ministries International-Uganda** Karuma, Masindi, Uganda; the **Restoration Gateway Project**, and any Restoration Gateway activities on/en-route/surrounding the Restoration Gateway land, facilities, or housing, and its operators, agents, employees, lessors, heirs, successors, and/or assigns.

Participant/I/Me/My: Shall refer to _____ (name) who will participate in any activity or program directly or indirectly related to **Restoration Gateway**, including travel or facility visitation and/or use.

We/Our/Us: Shall refer to _____ (name, if required) who are/is the parent(s) and/or legal guardians(s); and also shall include the **Participant** who actually signs or executes this Release. In addition, "**We**" or "**Our**" shall include, with respect to each parent and/or legal guardian, and with respect to the **Participant**, their spouse, children, heirs, personal representative(s), successor(s), administrator(s), legal representative(s), and/or guardian(s).

Release Provisions

The purpose of this Release is to relieve **Restoration Gateway** from legal liability under the circumstances set forth in this document. The effect of this document, when signed, is to preclude you from asserting various legal rights which you may otherwise have in the absence of such an agreement. Please read the provisions carefully.

The **Participant** has voluntarily applied to participate in the above Activity or Trip. **I/We** acknowledge that the nature of the Activity or Trip may expose the **Participant** to hazards or risks that may result in illness, personal injury or death and **I/We** understand and appreciate the nature of such hazards and risks.

In consideration of the **Participant's** participation in the Activity or Trip, **I/We** hereby accept all risk to health and injury or death that may result from such participation and **I/We** hereby release the Restoration Gateway Project, Restoration Development Foundation, Inc., and Restoration Gateway Charitable Trust from any and all liability to **Me/Us, My/Our** personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to **My/Our** property and for any and all illness or injury to **My** person, including death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the Restoration Gateway Project, Restoration Development Foundation, Inc., Restoration Gateway Charitable Trust, or otherwise. **I/We** further agree to indemnify and hold harmless the Restoration Gateway Project, Restoration Development Foundation, Inc. and Restoration Gateway Charitable Trust from liability for the injury or death of any person(s) and damage to property that may result from **My/Our** negligent or intentional act or omission while participating in the described Activity or Trip.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY/OUR PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME/US TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY/OUR NEGLIGENT ACT OR OMISSION.

PARTICIPANT:

PARENT/LEGALGUARDIAN:

Full **Legal** Name (Address)

(City, State, Zip)

Full **Legal** Name (Address)

(City, State, Zip)

Signature of **Participant**

DATE SIGNED: _____

Signature of **Witness (REQUIRED)** at Time of Signing)

DATE SIGNED: _____

Signature of **Parent/Guardian**

DATE SIGNED: _____

**Return with your application package by MAIL (not email) to:
Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710**



TEAM MEMBER AGREEMENT

I acknowledge that I have read and understand the General Handbook. I agree to abide by the team policies of Restoration Gateway, and by the rules, policies, and project leadership of Restoration Gateway in Uganda, even though I may not totally agree with them in every situation.

I understand this is not a vacation. I intend to work, learn and be of assistance in any way I can. This may include working in the school and clinics, helping on building projects, assisting with orphan care, and any other activity that I may be asked to help with. 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 Ugandan brothers and sisters in Christ about "how we do things." Instead, I am committed to learning about the methods and ideas of others.

I will be accountable to my missionary hosts, Dr. Tim and Janice McCall, or their representative. In addition, I will always let my team leader know where to find me and I will never wander off alone. If applicable, I am solely responsible for the safety of any minor-aged child or handicapped person in my care.

I am aware that I am in a foreign country. Because of that, I cannot expect to have the same amenities I would in my own country. I understand this trip is not about me; I am here to serve, not to be served. The missionary hosts will be helpful, but I do not expect them to cater to me. I will also respect their privacy.

I will demonstrate honesty, punctuality, courtesy, a cooperative attitude and appropriate dress. I will uphold the biblical standards of Christian ethics and morality. I agree to conduct myself in a way that honors Christ at all times. I know that travel can present numerous unexpected and undesired circumstances. I will strive to be a blessing in all aspects of the journey, both to the team and to the indigenous Body of Christ. However, if the witness or ministry of my team is ever compromised as a result of my actions or attitude, I am aware that the team leader has the authority to ask me to return home. Any additional costs incurred and/or monies lost as a result of my inappropriate attitude or behavior, are solely my responsibility.

I understand the importance of working in harmony with others and will endeavor to solve conflict biblically and in a timely fashion. In a case where a dispute may arise, I agree to submit to the team leadership for any final resolution or decisions.

I understand this is an incredible opportunity and look forward to making the most of it. During my experience on this short term mission trip, I will be held accountable for the rules and guidelines listed in the handbooks.

This agreement is effective as of _____.

Member Name (please print)

Brint Patrick - Executive Director

Member Signature

Parent/Guardian Signature (If member is under 18 years of age)

***Return with your application package by MAIL (not email) to:
Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710***

TEAM LEADER PREPARATION CHECKLIST

This form is simply a tool to help the team leader prepare for the trip. It does not need to be returned to RG.

TEAM LEADER: _____ DEPARTURE DATE: _____

Before accepting members to the team:

___ Have each prospective team member thoroughly read the RG Vision and Volunteer Handbook. This handbook has invaluable information for everyone, and each person is **required** to read it so they are as prepared as possible for their RG experience. It is your responsibility as the team leader to make sure they have read it before accepting them as a member of your team.

Once team has been assembled:

___ Complete and submit a Short Term Application Package and the \$50.00 application fee from each member. The application fee for families on the team with more than 3 people will be capped at \$100.00 per family (**effective 1/1/17**). The package and appropriate application fees should be mailed by the leader to **4300 W. Waco Dr. B2-314, Waco, TX 76710**. The team will not be considered for approval until we receive your completed package. You will usually be notified of your approval within a week.

Once team has been approved:

The following items must be submitted to the Waco RG office **as soon as** airline tickets have been purchased:

- ___ Flight Itinerary - **email** a copy of flight schedule to go@restorationgateway.org.
- ___ RG Per Diem to cover all team members - must be either **mailed** to Waco RG office or submitted on our website at www.restorationgateway.org under the "Give" tab. (This total will be calculated by the RG Waco office, once we have received your flight itinerary.)

Other

- ___ Make sure each team member applies for their Uganda 3-month, single-entry visa online at least 2-3 weeks before departure at <https://www.visas.immigration.go.ug> AND <http://immigration.go.ug> (See the "Ugandan Tourist Visa" section of the General Handbook for more information.)
- ___ Verify that each team member has registered with the U.S. State Dept. at <https://step.state.gov/step/> prior to departure. The Ugandan contact information needed to complete the registration is: Restoration Gateway P.O. Box 828, Karuma, Bedmot Village, Kiryandongo District, Uganda, East Africa. **NOTE:** The RG campus has no postal code and the province and district are both Kiryandongo.
- ___ Request money from bank. Bills (\$100, \$50, \$20) must be newer than the 2003 series or you cannot exchange it into Ugandan Shillings (UGX). **NOTE:** Some places in Kampala **may** take VISA credit cards but that should not be your only form of payment.
- ___ Ensure members have obtained all immunizations and started their malaria medication on time.
- ___ Encourage team members to stop paper & mail delivery (or have a neighbor pick it up for them)

Information for U.S. Contacts

- ___ Select an emergency contact person in U.S., who the families of team members should contact in case of a state-side emergency. This person will also contact the families in the states of each team member, should there be a team emergency while overseas.

___ Give the following information about trip to the team emergency contact person & contact person at sending church/organization:

- Team flight information (airline, flight #, arrival/departure places, dates & times)
- Schedule of events before, during, and after trip
- Team's email accessibility and policies while in Uganda (i.e. expect limited email, etc.). You will also need to determine whether team will purchase a Ugandan team phone in Kampala for members to use for emergencies while in Uganda.
- Phone # (254-752-0583) & email address (go@restorationgateway.org) for Waco RG office.
- Phone # (651-492-2911) & email address (brintpatrick@restorationgateway.org) for Executive Director in Waco RG office.

Information to be carried by each Team **MEMBER**:

- Copy of flight itinerary
- **Copy** of passport (kept separate from actual passport)
- Copy of vaccination record
- 2 Passport-size pictures (just in case)
- Health insurance card or declaration page
- Driver's license
- ATM or debit card (contact bank or credit union to make sure it can be used overseas)
- Credit Card (optional)
- Contact information for Tim & Janice: Restoration Gateway, P.O. Box 828, Karuma, Bedmot Village, Kiryandongo District, Uganda, East Africa (**EACH PERSON WILL BE ASKED FOR THIS INFORMATION WHEN COMPLETING THEIR ONLINE TOURIST VISA APPLICATION.**)
- U.S. Embassy address and phone number: U.S. Embassy, Plots 1577 Gaba Road, P.O. Box 7007, Kampala, Uganda; (256) 414-259-791/ or 2/3/5 (see **** Phone Information** below)

Additional Information to be carried by Team **LEADER**:

- Phone number for U.S. team emergency contact person
- Phone number for contact person of sending church/organization
- Copy of General Handbook for reference during traveling
- Phone # (254-752-0583) & email address (go@restorationgateway.org) for Waco RG office.
- Phone # (651-492-2911) & email address (brintpatrick@restorationgateway.org) for Brint Patrick, Executive Director in Waco RG office.
- Contact information for Tim & Janice: (**see ** NOTE ** below**)
 - ** Tim's Ugandan cell - (256) 787584407** **** Janice's Ugandan cell - (256) 782917261**
 - Tim's email - dtmccall@restorationgateway.org Janice's email - jamccall@restorationgateway.org

**** NOTE **** *In an effort to streamline communications, it is preferred that the contact information for Tim & Janice not be given to the families of individual team members; only to the team emergency contact person in the states & sponsoring church or organization.*

- If there is an issue with the RG or hotel transportation, contact Tim or Janice (numbers listed above)
- If you need a trusted private driver, call Jeremiah at (256) 782757387. He can get you around Kampala and knows how to get to RG.

**** Phone Information:**

- 256 is the country code for Uganda
- If calling someone located in Uganda **using your Ugandan phone**, the 256 is NOT used, and you will need to add a "0" before dialing their nine-digit phone number (**for example**: 0-392-965-017).

- If someone needs to call you from the U.S., the country code must be preceded by 011 (**for example:** 011-256-392-964-017, leaving off the first added 0).
- A person calling to the States would dial **+1**-area code-phone number

Before departure (recommended):

We recommend that the following checkboxes be utilized to help you cover all bases.

(Make additional copies of this sheet if needed)

Name of Team Member	Copy left with sending church/org & U.S. emergency contact			Copy taken with team leader			Given to each team member	Sent to RG	Sent to RG
	Health Ins.	Passport & Vaccines	Flight Itinerary	Health Ins.	Passport & Vaccines	Flight Itinerary	Ugandan Contact Phone Numbers	Short Term Application Package	Total Team RG Per Diem
