



# 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 15-22

We are partnering with Bold Hope to assist 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 \$1335 + airfare **DO NOT USE this form** for this trip, use link to apply - <https://boldhope.org/mission-trips/keystone-fellowship-gy-061624-062224-f60c>

### Middle East Mission Trip November 1-10

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

### Important Note for Minors

\* Anyone under 18 years old will need to submit a notarized approval for temporary guardianship. If you are under 18, please ask our trip coordinator about this.

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

## Medical and Emergency Contact Information

### Medical Information:

<p>Do you have any medical conditions we should be aware of?</p>
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<p>Do you currently take any medications that we need to be aware of? Please list:</p>
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<p>Do you have any (food, medicine, environmental, animal) allergies? Please list:</p>
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<p>Primary Physicians name and phone number:</p>
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### Information for Emergency Contact #1:

<p>Name:</p>
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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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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



**PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)**

First	Middle	Last	Suffix
<p><b>PLEASE READ THE FOLLOWING INFORMATION:</b> 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.</p> <p><b>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.</b></p> <p>Agency Name: Keystone Fellowship            Agency Street Address: 307 E. Broad Street            Agency City, State, Zip Code: Harrisburg, Pennsylvania 17105-8170</p>			

**PURPOSE OF CERTIFICATION (Check one box only)**

☐ Foster parent ☒ Volunteer having direct volunteer contact with children

☐ Prospective adoptive parent ☐ Other: (Specify purpose)

☐ Employee of child-care services

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

**PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)**

☐ School employee not governed by the Public School Code ☐ Domestic violence shelter and/or affiliate

☐ Self-employed provider of child-care services in a family child-care home ☐ Rape crisis center and/or affiliate

☒ An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service ☒ Other: Keystone Fellowship church

☐ An individual seeking to provide child-care services under contract with a child-care facility or program ☐ PA Department of Human Services Employment & Training Program participant (signature required below)

Applicant's Name: \_\_\_\_\_

Signature of Requesting Agency: \_\_\_\_\_

As the agency/organization representative, I understand that, except for the subject of this 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.

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.

**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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you	

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** (if different from 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 2: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONTACT INFORMATION**

**CHILDLINE USE ONLY**

DATE RECEIVED BY CHILDLINE: \_\_\_\_\_

SUFFICIENT PAYMENT INFORMATION RECEIVED: ☐ YES ☐ NO

CERTIFICATION ID #: \_\_\_\_\_

EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.): \_\_\_\_\_

VALID PAYMENT AUTHORIZATION CODE: \_\_\_\_\_

WAIVED (supervisor initials): \_\_\_\_\_

