



INTRODUCTION

THANK YOU for your interest in our short-term trips offered by *Changing a Generation* and *Ceitci Demirkova Ministries*. Our non-profit organization works with local churches, orphanages and underprivileged children in central Bulgaria. For the past 21 years, since the establishment of the organization, we have been involved in community and family development, business trainings, educational opportunities on local and government levels and international cultural development. If you are not already familiar with the information provided on our websites, we would like for you to take a few minutes to view the videos, pictures and read the statistical and historical information of Bulgaria, our vision, mission and the current projects of involvement.

Our websites are www.ceitci.org and www.changingageneration.net

This application packet is designed to provide you with answers to any questions you may have and give you assisting information that would help you to accurately decide the level of involvement you would like to participate in once in Bulgaria.

Enclosed in this application packet are the following:

- 1) A Vision and Policy/Procedure Guide,
- 2) A Short-Term Mission Trip Application,

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- 3) A Medical Information and Release Form,
- 4) A Release and Indemnification Agreement, and
- 5) A Team Covenant

Once you read through the information please complete all the necessary forms and submit them to us either by email info@ceitci.org or you may mail them to our Seattle office:

Changing a Generation
PMB 32, 126 SW 148th St. Ste. C-100
Seattle, WA 98166

For additional questions and information please do not hesitate to contact us at the information below by specifying the reason for your call or email. Thank you so much for your interest!

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VISION AND POLICY PROCEDURE GUIDE

Our Vision in Presenting These Opportunities

GENERAL INFORMATION: As a former Communist nation, Bulgaria is located in Eastern Europe as a gate-way between the Middle-East and Western Europe. This is a very crucial time for us to influence the nation with God's love, His hope and purpose. The children in the nation are exposed on a daily bases to a high risk of trafficking and exploitation. As the second poorest nation in the European Union, after Romania, Bulgaria offers a lot of natural beauty, yet economically the struggles of the people cause them to give into inhumane ways of survival. Our work has been primarily focused on working with Roma (gypsy) children and families, by educating them and providing them with food, clothing, school supplies, etc. In addition, we are involved in bridging the gap between the poorest and the richest by providing business training courses and continuing our involvement with government officials on creating new educational structures and change of law policies to better the lives of the young people.

GOAL AND VISION: The goal and vision of these short – term trips are to give individuals an opportunity to make a cultural difference through serving and working with children; teaching (Biblical concepts/courses, training (Biblical or Business), and/or utilizing any of their giftings in areas of handy-work, such as construction, repairs, painting, hair-dressing, dance, art and crafts, music, photography or videography. Make sure and specify in the application attached the areas in which you would like to utilize your gifts and talents.

DURATION STAY: We would like to offer these trips to people and groups interested in going for 1 week up to 4 weeks at a time; or if college students are interested in doing a foreign ex-change study through their university/college the time period could be extended up to 3 month (depending on their program requirements).

LOGISTICS: The total cost of the trip would depend upon airfare. Usually tickets vary between \$900-\$1500. We recommend for tickets to be obtained at least 1 month before departure for lower rates. Each participant would be responsible for the airfare, hotels, food and other items they choose to purchase. Our team will provide you with a few options on hotels and locations you can stay that would be reasonable. Hotel prices are usually between \$75-\$175 per night depending on the months you choose to travel. Food per week would cost about \$150 or less. We would estimate that you would need to raise

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\$2,500 as a base sum to cover the traveling expenses for a 7-10 day stay. We would suggest having \$750 per week for any additional time after the first 7-10 days.

SIGHTSEEING: During your time in Bulgaria you will also have the opportunity to go on a few sight-seeing trips and experience the country's cuisine, music, dance, and life-style. Bulgarians are very accepting and open to Americans. English is spoken by a large percentage of young people, while Bulgarian remains the primary national language. While there, you will be provided with a translator and most of the people on our team are fluent in English.

Due to our involvement with orphans and children we take the responsibility of their protection very seriously. Therefore the following policies and procedures have been established as guidelines. Please carefully read through the rest of the information:

1. You must submit all the forms given in the **application packet** before your application is processed and approved.
2. Your application will be reviewed and a personal interview may be required. You will be notified by one of our staff members or team leaders of your acceptance.
3. Short-term international trips can be rewarding and life-changing; however, they can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the vision/mission of the trip and adapting to unusual conditions.
4. Unusual circumstances arise, therefore if for any reason you are unable to participate in your travel, please notify us immediately. You may still be responsible for certain trip costs.
5. If you have physical limitations, please bring that to our awareness, so we can properly assist you.
6. Passports, VISAs, vaccinations, and souvenir costs are NOT included in the trip costs and are the responsibility of the team member. If you do not have a passport, please apply for it right away.

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Passport and Visa:

For all trips to Bulgaria and Europe a current passport is required with a minimum of six months before expiration. Information is available online regarding passports at: <http://travel.state.gov/>

You should allow at least 6-8 weeks for your passport to arrive. You can pay extra to expedite the service.

Currently Bulgaria does not require an American to apply for a tourist visa if their stay in the country is less than 90 days. Upon arrival at the Sofia Airport, your passport will be stamped with a temporary tourist visa.

Immunizations:

Team members assume the responsibility and liability for their personal health decisions.

Required vaccinations for trips include: Tetanus/Diphtheria

Suggested vaccinations for trips: Hepatitis A and B, Measles/Mumps/Rubella (if born after 1956) and Travelers Diarrhea RX. We recommend what the CDC recommends for vaccinations for all trips. You can check out the recommended vaccinations for any country in the world by visiting the website for the Center for Disease Control: www.cdc.gov

You will want to consult with your personal doctor or a travel medicine provider about your decisions to get suggested vaccinations or not.

Support Raising:

You may not begin to raise funds until you are notified of acceptance to the trip.

Prayer Support: Please have at least 5 people who would commit to pray for you while you are traveling and working with us in Bulgaria.

Financial Support: Anyone desiring to participate in a short-term trip is expected to pay for their airfare, food and lodging while in Bulgaria. We will provide you with estimates on how much the total would be for your trip. Once there, our team will assist you with the transportation and translation.

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If raising funding through your friends, family and network we would encourage you to write them a letter, or send them an e-mail and even call them explaining clearly your purpose for going on the trip and what you hope to accomplish while there. You will also want to describe the ministry and the country where you will be going. You need to be specific about your needs and the costs involved. Do everything you can to make it a personal letter and have someone proof it for you. Pictures from the culture and ministry are helpful. You will also want to include a reply card for people to indicate how they will be able to support you.

Options of support could be:

- I / We would like to be a prayer partner and commit to pray for you regularly before and during your trip.
- I / We would like to participate financially in your trip. Enclosed is a one-time financial gift for \$_____.
- I / We would like to receive a report back after your trip.

You will need to have them send their reply cards back to you via email or mail. If they desire a tax-exemption for the donation they have made, please ask your local church to assist you with that. Most churches are able to provide tax-receipt for donors who are supporting a member/group from their church on a short – term trip.

You will want to send every donor a thank you note and also send out a follow-up letter and financial report after the trip.

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SHORT-TERM MISSIONS TRIP APPLICATION

This form is CONFIDENTIAL and will be used only for the purposes of this mission trip. Please submit a recent picture of you with this application and 3 recommendations (relatives do not qualify).

Today's Date: _____
Trip Location: **Veliko Turnovo, Bulgaria**
Date of Trip: _____

Personal Data (Please print or type)
Please print name as it appears on your passport.

Legal Name: _____
(Last) (First) (Middle)

Commonly used name (if different than above): _____

Address _____
Home Phone _____ Work Phone _____ Cell _____
E-mail address _____

Date of Birth _____ Age _____ Gender _____ Marital Status _____

Do you have a current passport? _____ Passport #: _____ Exp. Date: _____
Citizenship _____

Do you have a criminal record? Yes _____ No _____
If yes, please explain: _____

Are you a member of any church? _____ Yes _____ No
If yes, what is the name and location of the church _____



Have you served in a ministry before? ____ Yes ____ No
If yes, what type of ministry and to what capacity?

SKILLS AND TALENTS

Your current occupation

Please write the appropriate CODE next to your skills/talents.

CODES: AVG=average GOOD=better than average PROF=professional

I. CONSTRUCTION

- ____ Carpentry
- ____ Painting
- ____ Masonry
- ____ Roofing
- ____ Electrical
- ____ Plumbing
- ____ Other _____

VI. MEDICAL

- ____ Nursing
- ____ Physician
- ____ Dental
- ____ E.M.T.
- ____ C.P.R
- ____ Therapy (P.T.; O.T.; other)
- ____ Other _____

II. BUSINESS

- ____ Computers
- ____ Accounting
- ____ Other _____

VII. MUSIC

- ____ Instrument (please list) _____
- ____ Vocal
- ____ Other _____

III. SPORTS

- ____ Basketball
- ____ Baseball
- ____ Soccer
- ____ Tennis
- ____ Volleyball
- ____ Other _____

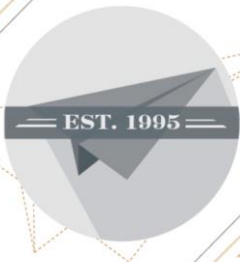
VIII. OTHER PERFORMANCE

- ____ Dancing
- ____ Clowning
- ____ Puppetry
- ____ Drama
- ____ Juggling
- ____ Other _____

Coaching Experience? _____

IV. MINISTRY EXPERIENCE

- ____ Teaching What Ages: _____
- ____ Biblical/Theology Degree ____ Yes ____ No



If Yes, Name of College/University and Degree _____

V. MISLEANEOUS

- ___ Crafts
- ___ Arts
- ___ Photography
- ___ Videography
- ___ Hair Dresser
- ___ Fashion Stylist

Personality Profile

How would you describe yourself:

___ introvert ___ extrovert ___ intuitive ___ perceptive
 ___ fact oriented ___ feeling ___ thinking ___ decisive

Are you comfortable sharing your faith with others? ___ Yes ___ No

What particular areas would you like to participate in during your time in Bulgaria?

MEDICAL INFORMATION AND RELEASE FORM

This form must be filled out in order for you to participate in a short-term trip to Bulgaria. Please submit the form with the rest of the application information

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ Work or Home Phone: (____) _____

Medical Insurance

Provider: _____



ID# _____ Group # _____

Will your medical insurance cover you out of the country? Yes _____ No _____

Name of primary physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Emergency Local Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please check if you suffer from any of the following medical conditions:

- Hypertension Hypoglycemia Bleeding Disorders Heart Disease Migraines
- Seizures Insect Allergies Chronic Asthma Chronic Anxiety Arthritis
- Depression Glaucoma Diabetes Nervous Disorder Epilepsy
- Other _____

Physical limitations – Please list: _____

List any **medications** (prescription or OTC) taken on a regular basis:

List **Medical** and **Food Allergies**: _____

Blood Type: _____ **Date of last Tetanus Shot:** _____



Have you had any surgery in the past three years: _____

If so, please explain: _____

Are you pregnant? ____ Due date? _____

This history is correct, to the best of my knowledge.

In the event that that the named individuals cannot be reached, I hereby give my permission to the physician or dentist selected by Changing a Generation and their Bulgarian team, to secure proper treatment if I develop a serious medical condition during my trip to Bulgaria.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Only if participant is under 18 years of age)

Relationship to Participant: _____



RELEASE AND INDEMNIFICATION AGREEMENT

YOUTH and ADULT

If **YOUTH**: I give permission for my son/daughter (Name of child) _____ to participate in the upcoming short-term trip to Bulgaria on _____, 20___.
In permitting my child to participate I agree to the following:

If **ADULT**: I desire to participate in a short-term trip with *Changing a Generation*, and as a part of that participation, I agree to the following:

I for myself, and on behalf of my estate, heirs, executors, and administrators do hereby release from responsibility and forever waive any right I have for any action or any claim of any sort, including but not limited to: any personal injury, property damage, or wrongful death, whether known or unknown, against Changing a Generation or any of its board members, full and part time workers, agents, missionary partners, or volunteers (collectively referred to as "Releasees") that might occur as part of participation in this project.

I further indemnify and hold harmless the Releasees from any claim or litigation for compensatory or punitive damages, included but not limited to: judgments, assessments, and/or attorneys' fees arising out of participation in the trip.

I understand this Agreement is continuing in nature. I agree to it knowingly and voluntarily, and without duress or undue influence.

I give *Changing a Generation* and any person acting under its authority permission to publish, distribute, broadcast, license, copyright, promote, and sell any form of visual, print, or audio recording of my participation, including application of any visual or auditory special effects. I release any claims of copyright or ownership, and agree that these materials may be duplicated or distributed with or without compensation or liability, in perpetuity.

I understand that *Changing a Generation* is obtaining this release and assignment of copyright in order to conform to U.S. copyright laws and international copyright treaties and conventions.

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For Youth Only: We(I) authorize an adult, in whose care the minor has been entrusted to consent to any x-ray examination; anesthetic: medical, surgical or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs.

Furthermore, we(I) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said non-profit organization, its directors, board members, full and part time employees, and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional, acts of said participant, including expense incurred attendant thereto.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by *Changing a Generation*.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

Date: _____

Participant’s Signature: _____

Printed Name: _____

For Youth only – Parent or Legal Guardian Printed Name:

Signature: _____