

Iglesia La Roca – Rio Lindo, Honduras

2017 International Project

Pastors: Hector and Sandra Mejia

Trip Dates: 2/11-2/18, 2/18-2/25, 3/4-3/11, 3/11-3/18

Trip Cost: \$1625



The Story:

Hector and Sandra lived in the United States for several years until Sandra was diagnosed with terminal cancer. With little time to live, they returned to Honduras to live out her final days and be buried close to family. After returning to Honduras, God miraculously healed her of cancer, and after enduring 10 miscarriages, they now have a baby girl named “Miracle.”



The Vision for the Facility:

Sandra and Hector (who both have other full time jobs) work with 5 different communities in the surrounding area and desire to use the Rio Lindo location to bring everyone together for services and training.

Summary of Work:

The building has been under construction for 7 years. About half of the main building has unfinished block walls and a roof. The other half has a foundation perimeter. The building will be 30 X 60 (1800 square feet) when complete.

We will complete:

- Block, roof, paint, floor, windows, doors, tile
- Two unfinished classrooms for kids under the existing building
- Bathrooms (partially started) and a kitchen





FINISH THE WALL

2017 International Project
Rio Lindo, Honduras

2017 Trip Dates

Team 1	February 11-18
Team 2	February 18-25
Break	February 25-March 4
Team 3	March 4-11
Team 4	March 11-18

Trip Cost: \$1,625

Payment Schedule

Deposit	Due ASAP	\$325
Payment 1	Due July 1, 2016	\$325
Payment 2	Due September 1, 2016	\$325
Payment 3	Due November 1, 2016	\$325
Payment 4	Due January 1, 2017	\$325

Automatic Monthly Payment Option Available

Deposit	Due ASAP	\$325
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- Trip must be paid in full by January 1st 2017

All payments are tax deductible

PERSONAL AND MEDICAL INFORMATION FOR VOLUNTEERS

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____ Occupation _____

Marital Status _____ Spouse's Name _____

Location of Trip _____ Dates of Trip _____ Shirt Size _____

Name Exactly As it Appears on Passport _____

Passport # _____ Country of Citizenship _____ Date of Birth _____

Medical Information

1. Information about any prescriptions I use:

2. I am allergic to: _____

3. My health insurance company is _____

Policy Number _____

4. Please provide other helpful health information, physical limitations, or concerns:

5. I consider myself healthy enough to fulfill my responsibilities on the mission team.

Yes No

Consent

I, _____ give permission for: myself (if over 18) son daughter to receive emergency medical attention from a physician in the event of illness or injury.

Signed _____ Date _____

Trip Insurance Information

Finish the Wall, Inc. will provide secondary accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name _____ Relationship to Beneficiary _____



Because the unfinished church is an unfulfilled promise.

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Charlotte, NC 28226
(704) 405-3825

www.finishthewall.com

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Finish the Wall, Inc.

I, _____ acknowledge and state the following:
First Middle Last

I understand that this work involves a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building other than ground level. I certify that I am in good health and physically able to perform this type of work. I understand that Finish the Wall, Inc. has the right to refuse acceptance of any volunteer.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

I hereby grant permission to Finish The Wall, Inc., at its sole discretion, to publish or otherwise use any photos or videos of me for all legitimate purposes, in any and all of its publications, including website entries, without additional consideration or compensation.

By my signature, I release, discharge and forever hold, Finish the Wall, Inc., together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Dates of Mission Trip Covered by this Liability Form _____

Person to Contact in Case of Emergency _____

Address _____

Home Phone _____ Cell Phone _____ Relationship _____

Church _____ Phone _____