

**Grace and Peace  
Missionary Fellowship  
Mission in the Dominican Republic  
2019 Missions Manual**

**When working directly with a Dominican  
National or other American Missionary  
and Staying at the Mission House Only**



# GRACE AND PEACE MISSIONARY FELLOWSHIP

**Please make all checks payable/mail to this address:**

Grace and Peace Missionary Fellowship  
2055 Pleasant Valley Rd.  
Niles, Ohio 44446

**Email:**

[gracepeacemissn@aol.com](mailto:gracepeacemissn@aol.com)

**Website:**

[www.gracepeacemission.com](http://www.gracepeacemission.com)

**Directors:**

**Bill and Karen Rumple**

Stateside: 330-448-8234

Phone in the D.R.:

829-766-0710

## **STATEMENT OF FAITH**

We Believe:

...in the Scripture as the inspired, infallible Word of God. We accept the Bible as our infallible guide.

...in one Eternal God—manifested in three persons; God the Father, God the Son and The Holy Spirit.

...in Jesus Christ as King of Kings and Lord of Lords. We believe in His deity; His virgin birth; His sinless life; His miracles; His atoning death; His bodily resurrection; His ascension to God's right hand; and His second return.

...in the fall and sinfulness of man and his need of reconciliation to God through and by the death of Christ and His shed blood.

...in eternal life and new birth.

...in the ordinance of the Lord's supper for the remembrance of the death of Jesus Christ until He comes again.

...in the sanctification of the believer. The Bible teaches that without Holiness, no man can see the Lord. We believe in the doctrine of sanctification as a finite; yet progressive work of grace, commencing at the time of regeneration and continuing until the consummation of salvation.

...in the reality of Satan, the adversary of man. We believe he has been conquered by the blood of our Lord and Savior, Jesus Christ and will be cast into the lake of fire at the end of time.

...in the resurrection of the saved to everlasting life in Heaven with God and in the judgment of the lost to everlasting life, separated from God in a literal lake of fire.

....in the spiritual unity of believers in Christ.

## FINANCIAL MATTERS

**FOR TEAM LEADERS ONLY**—You are required to make a deposit of \$30 per team member as soon as we confirm your team is booked. If there are 30 people, your deposit will be \$600. This is nonrefundable if you cancel within 30 days of your trip. Your 2<sup>nd</sup> deposit will be half of room and board 30 days before your group is scheduled to arrive with the balance due 14 days before your arrival. Please be aware that your checks must **arrive** on these specific dates and should not be mailed on the 30<sup>th</sup> and 14<sup>th</sup> days. See Page 1 for our mailing address and make all checks payable to: Grace and Peace Missionary Fellowship. All team member cancellations must be made 30 days prior to your arrival date or no refunds will be given. Room and Board is \$45 per person per day. Please contact Karen via email at [gracepeacemissn@aol.com](mailto:gracepeacemissn@aol.com) for the correct amount of room and board for your team. The \$45 per day fee provides you with three meals a day. Your lunch can be packed if you let us know. **Once the size of your team is confirmed and set, even if you do not eat at the mission house, no credits can be given.**

We do not supply local transportation but can assist in helping you reserve transportation for your team. Contact Karen at [gracepeacemissn@aol.com](mailto:gracepeacemissn@aol.com) with your request. Grace and Peace has developed a strong presence in our community but because of the safety of the Dominican Nationals, we do not permit anyone through the gate unless accompanied by the leader of the American team. Those entering must have a direct affiliation with the guest team. G&P would be happy to include your National (Dominican) leaders to dine with your team. Please let us know how many will be joining your team and for which meals prior to your last deposit (14 days before your arrival). Breakfast and lunch are \$7 each. Dinner is \$10 for them. Please prepare a list of names for our guards who will assist you in bringing them into the dining area. Our dogs take their jobs very seriously. They have always been friendly to our American guests over the years, which amounts to more than 3,500 people.

### SUGGESTED ITEMS FOR YOUR TRIP:

1. Personal Medical Kit (Bandages, aspirin, calamine lotion, antibiotic ointment, meds for diarrhea, sunscreen)
2. Deep Woods Off Mosquito Repellant – most others, including musk oil, lemon oil as well as all other natural repellants **WILL NOT PROTECT YOU** enough.
3. Antibacterial gel and/or Aloe Gel
5. Documents: passport and airplane tickets
4. Important phone numbers
6. Comfortable shoes (Do not attempt to break in new shoes in the D.R.)
7. Personal Toiletries
- 8. Towels and washcloths – THIS IS VERY IMPORTANT – WE DO NOT PROVIDE THESE**
9. Bible
10. Camera
11. Snacks in Ziplocs at all times or you may be inviting unintentional guests!
12. Water bottle - IMPORTANT—(Refillable plastic kind)

**Ladies:** Conservative dress is requested. Sleeveless tops and modest shorts are fine at the Ministry Center. No short shorts, please. One-piece bathing suits are preferred. You are permitted to wear a two-piece bathing suit with a dark tank top over it.

**Men:** Light slacks and shorts. No shorts permitted to fall below the waistline.

**Medical personnel:** Medical clothing.

**Work Teams:** Work clothes, work boots and gloves.

**DO NOT BRING** Prized possessions on your mission's trip.

**LAUNDRY FACILITIES ARE NOT PROVIDED EXCEPT IN AN  
EMERGENCY SITUATION.**

## **IMPORTANT INFORMATION CONCERNING ALL FORMS:**

*These forms are **REQUIRED** for your stay here at Grace and Peace!*

The ***Code of Conduct, Consent for Medical Treatment and Release from Liability, Travel Release, Consent for Medical Treatment of a Child, Medical History and Medical Checklist*** forms are **extremely vital** items and are mandatory for your stay here at Grace and Peace. These forms are used in case of medical treatment/concerns and for accountability to the disciplinary agreement (Code of Conduct). Follow these 6 steps to complete the forms.

**Step 1: Code of Conduct Agreement:** Must be signed. Parent/Guardian signatures are required only if applicant is under the age of 18.

**Step 2: Consent for Medical Treatment and Release from Liability form:** Must be signed by everyone (Adult and Minor Team Member) and notarized. Parent/Guardian signatures are required only if applicant is under the age of 18. Please attach a copy of an insurance card.

**Step 3: Travel Release** – must be signed by everyone (Adult and Minor Team Member) and notarized. Parent/Guardian signatures are required only if applicant is under the age of 18. Please attach a copy of an insurance card.

**Step 4: Consent for Medical Treatment of a Child form:** Must be signed by everyone (Adult and Minor Team Member) and notarized. Parent/Guardian signatures are required only if applicant is under the age of 18. Please attach a copy of an insurance card.

**Step 5: Medical History and Medical Checklist:** Must be filled out in their entirety. Incomplete forms will result in you not being permitted to stay here at Grace and Peace. This information is vital to all.

**Step 6: Notarization:** Parents/Guardians (if team member is under 18) and all adult team members must sign these forms as they pertain to you ***in the presence of a Notary Public***

Note to Parents/Guardians as applicable: All those with legal custody of the participant (TEAM MEMBER) must sign this form in the presence of a Notary.

If the participant is in the legal custody of both parents, then BOTH parents' signatures are ***required***

## CODE OF CONDUCT

Grace and Peace Missionary Fellowship's property or any property that doesn't belong to you personally must be treated with care and respect at all times. If you break something accidentally, please notify Bill or Karen right away. If you do not notify us, you will be required to pay for it.

Conservative attire is essential during your stay at the Mission House. Tank tops and camisoles are fine as long as they are conservative. No short skirts or shorts. Skirts, dresses and shorts should reach close to your knee. For boys, at no time can your pants/shorts show undergarments.

The possession and use of alcohol, firearms and illegal drugs or pornography is prohibited at all times. Such items will be confiscated and the owner will not be permitted to stay at the Mission House.

All Mission House guests are asked to please not venture anywhere in the back of the house (3<sup>rd</sup> Floor) as this is Bill and Karen's private quarters.

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Team Member's Signature

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Date

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Mother's Signature

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Father's Signature

**Team Member is Under the age of 18**

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Date

## **Consent for Medical Treatment and Release from Liability**

1. Team Member's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_
2. Whereas, I, \_\_\_\_\_, wish to travel to the **Dominican Republic** and whereas, certain circumstances may occur resulting in my need for medical and/or dental care treatment: THEREFORE,
3. I, \_\_\_\_\_, being of legal age, authorize Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to act on my behalf should I be unable to do so, and to consent to all medical and/or dental care treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Grace and Peace Missionary Fellowship, Inc. or any of their representatives, deem necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any other over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent or medical and/or dental treatment and care on my behalf.
4. I hereby release Grace and Peace Missionary Fellowship, Inc. or any of their representatives, of any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold these parties harmless and agree to indemnify them for any and all costs, damages, or expenses incurred by Grace and Peace Missionary Fellowship, Inc., or any of their representatives, as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, even if such conduct is negligent.
5. I further authorize Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to release any and all other medical information or records necessary to any party deemed necessary by Grace and Peace Missionary Fellowship, Inc., or any of their representatives.
6. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in my incurring costs, expenses, and damages for which I am solely responsible including, but not limited to my return by air ambulance at a cost of \$10,000.00 or more. I agree that: I am aware that serious illness requiring return by air ambulance could cost more than \$10,000.00. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance or other extraordinary means.
7. I hereby release and hold harmless Grace and Peace Missionary Fellowship, Inc., or any of their representatives, from all liability for personal injury, including death as well as property damage or loss arising out of my participation in this trip. I have read and understand the above information. The information I have given Grace and Peace Missionary Fellowship, Inc., or any of their representatives, is accurate and true to the best of my knowledge.
8. I certify I have personal health insurance, including foreign countries, with no territorial limitation, for providing of medical services to myself which will provide coverage for the duration of the said trip. I understand that Grace and Peace Missionary Fellowship, Inc., or any of their representatives, provides no health insurance plan for me.



\_\_\_\_\_  
Insurance Company

(\_\_\_\_\_)\_\_\_\_\_  
Insurance Company Phone Number

\_\_\_\_\_  
Policyholder's Name

\_\_\_\_\_  
Policy Number

**Mother/Guardian's Information: (ONLY IF TEAM MEMBER IS A CHILD)**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Information (if different) (ONLY IF TEAM MEMBER IS A CHILD)**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency, contact: ALL PARTICIPANTS (ADULT AND CHILDREN) MUST PROVIDE.  
(FOR MINOR TEAM MEMBERS, PLEASE PROVIDE THIS INFORMATION IN CASE PARENTS  
CANNOT BE REACHED)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Remember to include a copy of the insurance card!\***

\_\_\_\_\_  
Dates of trip

**Signature:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_.

*(The notary fills out this section)* Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 200\_\_, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free voluntary act and deed for the uses and purposes therein set forth and given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY STAMP

# Travel Release Form

## Accountability Agreement

The rules and regulations of Grace and Peace Missionary Fellowship, Inc. or any of their representatives, are expressly designed to ensure the safety and well being of both you, an adult TEAM MEMBER or CHILD TEAM MEMBER, and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. Enforcement shall occur in a manner, which Grace and Peace Missionary Fellowship, Inc., or any of their representatives, feels is in accordance with Christian principles and the stated purpose of this trip.

My signature insures that all information on these forms is completely true and has not been altered in any way.

- As applicable, if you are in the legal custody of both parents, then both parents' signatures are required.
- If you are in the legal custody of one parent, the signature of the one who has legal custody is required, and a copy of a legal document evidencing the custody agreement. We apologize for any inconvenience.
- If you are an adult missionary, only your notarized signature is required. Please look for \*\*\*\* below

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Father's signature (If TEAM MEMBER is under 18 years of age)**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Mother's signature (If TEAM MEMBER is under 18 years of age)**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**Guardian's signature (If TEAM MEMBER is under 18 years of age)**

\*\*\*\*  
\_\_\_\_\_  
Date: \_\_\_\_\_  
**Adult TEAM MEMBER's signature**

State of \_\_\_\_\_, County of \_\_\_\_\_.

**(The notary fills out this section)** Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free voluntary act and deed for the uses and purposes therein set forth and given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTARY STAMP

**Consent for Medical Treatment of a Child**  
**(MINOR CHILDREN ONLY)**

9. MINOR TEAM MEMBER'S Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_
10. Whereas, my child \_\_\_\_\_, wishes to travel to the **Dominican Republic** and whereas, certain circumstances may occur resulting in my child's need for medical and/or dental care treatment and further resulting in my inability to personally give consent for such care and treatment: THEREFORE, In consideration of my permission for my child to participate in said travel,
11. I, \_\_\_\_\_, being of legal age, authorize a representative of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to act on my child's behalf should I be unable to do so, and to consent to all medical and/or dental care treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Grace and Peace Missionary Fellowship, Inc., or any of their representatives, deems necessary for my child's medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any other over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent or medical and/or dental treatment and care in my child's behalf. Any consent by Grace and Peace Missionary Fellowship, Inc., \_\_\_\_\_ or any of their representatives, shall have the same force and effect as if I had personally given the consent.
12. I hereby release Grace and Peace Missionary Fellowship, Inc., or any of their representatives, of any and all damages, liability or costs resulting from the authorizing of medical treatment on my child's behalf under the terms of this consent. I further hold Grace and Peace Missionary Fellowship, Inc., or any of their representatives, harmless and agree to indemnify Grace and Peace Missionary Fellowship, Inc., or any of their representatives, for any and all costs, damages, or expenses incurred by them as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Grace and Peace Missionary Fellowship, Inc., or any of their representatives, even if such conduct is negligent.
13. I further authorize for my child that Grace and Peace Missionary Fellowship, Inc., or any of their representatives, to release any and all other medical information or records necessary to any party deemed necessary by them, and assigns for the providing of medical treatment to my child in such group.
14. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to return of my child by air ambulance at a cost of \$10,000.00 or more. I agree that: I am aware that serious illness requiring return by air ambulance could cost more than \$10,000.00. I agree that I am solely responsible for any expenses that may arise from my child's return by air ambulance or other extraordinary means.
15. I hereby release and hold harmless Grace and Peace Missionary Fellowship, Inc., or any of their representatives, from all liability for personal injury, including death as well as property damage or loss arising out of my child's participation in this trip. I have read and understand the above information. The information I have given Grace and Peace Missionary Fellowship, Inc., or any of their representatives, is accurate and true to the best of my knowledge.
16. I certify I have personal health insurance, including foreign countries, with no territorial limitation, for providing of medical services to my child which will provide coverage for my child during the duration of the said trip. I understand that Grace and Peace Missionary Fellowship, Inc. or any of their representatives provide no health insurance plan for my child.

\_\_\_\_\_  
Insurance Company

(\_\_\_\_\_)\_\_\_\_\_  
Insurance Company Phone Number

\_\_\_\_\_  
Policyholder's Name

\_\_\_\_\_  
Policy Number

**Mother/Guardian's Information:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Information (if different)**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency where parents cannot be reached, contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Remember to include a copy of the insurance card!\***

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Dates of trip

State of \_\_\_\_\_, County of \_\_\_\_\_.

**(The notary fills out this section)** Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_, personally appeared the identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free voluntary act and deed for the uses and purposes therein set forth and given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
NOTARY STAMP

### Medical History

Name: \_\_\_\_\_

**Please complete the following questions:**

Childhood Immunizations (These **MUST** be up-to-date, please do not leave blank)

Yes	No	Type	Year Administered
____	____	Mumps/Measles/Rubella	_____
____	____	Diphtheria/ Pertussis/ Tetanus	_____
____	____	Polio	_____
____	____	Tetanus (within 10 yr.)	_____
____	____	Other	_____

I, \_\_\_\_\_, **agree** that it will be my sole responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

- Are you currently taking any prescribed medication? Yes \_\_\_\_ No \_\_\_\_  
If yes, please specify the medication and the dosage: \_\_\_\_\_
- Are you currently taking any non-prescription drugs on a regular basis: such as antihistamines or sleeping aids? Yes \_\_\_\_ No \_\_\_\_  
If yes, please specify: \_\_\_\_\_
- Are you allergic to any medications/foods? Yes \_\_\_\_ No \_\_\_\_  
If yes, specify which medications/foods: \_\_\_\_\_
- Have you ever received treatment or counseling for alcohol or chemical abuse?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, specify when and where: \_\_\_\_\_
- Are you presently under a physician's care for any illness?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_
- What was the date and who was the physician of your last physical exam? \_\_\_\_\_
- Are you a vegetarian? \_\_\_\_\_  
If yes, how long? \_\_\_\_\_ What are your limitations based on health requirements, not preferences?  
\_\_\_\_\_

(Note to vegetarians: You may need to eat meat as part of cultural sensitivity!)

List any surgical operations or hospitalizations you have undergone that could have bearing on your health or medical treatment:

1. Operation, Illness \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and address of hospital: \_\_\_\_\_  
Name of physician: \_\_\_\_\_  
Remaining effects: \_\_\_\_\_
2. Operation, Illness \_\_\_\_\_  
Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and address of hospital: \_\_\_\_\_  
Name of physician: \_\_\_\_\_  
Remaining effects: \_\_\_\_\_
3. Please provide any details pertaining to your health not covered by the above questions:  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

All questions **MUST** be answered. Have you ever been treated by a doctor for any of the following?  
(Every item must be checked)

YES	NO		YES	NO	
___	___	Asthma or Chronic Wheezing	___	___	Mental Health Counseling
___	___	Any other respiratory problems	___	___	Fainting spells
___	___	Cysts or tumors of any kind	___	___	Convulsions, Epilepsy or seizures
___	___	Chronic persistent cough	___	___	Parkinson's Disease
___	___	Skin Disorder other than acne	___	___	Anemia or any blood disorder
___	___	Goiter	___	___	Serious bodily injury
___	___	Diabetes or Hypoglycemia	___	___	Thyroid Ailment
___	___	Circulatory trouble	___	___	Severe allergic reactions
___	___	Hearing or vision impairment	___	___	Cancer
___	___	Any other disease, disability or	___	___	AIDS virus or HIV
___	___	Deformity not listed above	___	___	Persistent, recurring indigestion,
___	___	Intestinal or bowel problems	___	___	stomach or duodenal ulcers
___	___	Kidney problems	___	___	High or low metabolism
___	___	Tuberculosis	___	___	Gallbladder stones or colic
___	___	Rheumatism, arthritis, painful	___	___	Any other disease or disability not
___	___	Swollen joints	___	___	listed above.
___	___	Chronic back pain, injury,	___	___	Heart Condition of any kind
___	___	Surgery			
___	___	Severe knee problems			
___	___	High blood pressure/			
___	___	Any cardiac problems			

Grace and Peace Missionary Fellowship  
would like to thank you for staying with us and  
for your sacrifice of both your time and finances to  
help the poor in the Dominican Republic!