

Mano con Mano Health Reach

Team Leader Manual

Copyright MCMHR 2002

Table of Contents

Introduction	3
Mission Statement	3
Trip Planning Guidelines	3
Team Leader Role and Qualifications	3
Team Charter	4
Recruiting a Team	7
Team Member qualifications	7
Team Member Application	7
Release of Liability	8
Medical Release	8
Team Budget	9
Scholarships	9
Team Training	9
Prefield Preparation	9
Onsite Training	9
Spiritual Formation	9
Risk Management	9
Handling Emergencies	10
Crisis Intervention	10
Team Charter Form	11-12
Team Leader Delegation Checklist	13
Timeline Checklist	14-16
Team Budget Planning Guide	17
Team Leader Training and Resource List	18
Team Member Application	19-20
Personal Release of Liability Form	21
Parental Release of Liability Form	22
Health Screening/Medical Release Form	23-24

Introduction

The purpose of this manual is to equip short-term mission team leaders with the tools necessary to effectively lead medical, dental and vision care teams to foreign countries. Information has been gathered from a variety of other resources and with the cooperation of several other short-term health care ministries. We gratefully acknowledge the help of Seattle Christian Schools, Christian Medical and Dental Association, Vacations with a Purpose, Volunteers in Medical Missions and the Assemblies of God for their help sharing of resources with us. Information may be used by other agencies or individuals with written consent of Mano con Mano Health Reach. Please contact us for further information or permission to use the resources included in this manual:

Mano con Mano Health Reach

PO Box 1369
Freeland, WA 98249
manoconmano@aol.com

Mano con Mano Health Reach Mission Statement

Mano con Mano Health Reach is an evangelical Christian health care organization which serves to provide quality health care to the people in under-served areas of the world in a compassionate and culturally sensitive manner. Mano con Mano Health Reach is committed to team ministry/mission which fosters a partnership between United States and International health care volunteers, churches, pastors, and other outreach ministries as a witness to the love of God and the message of hope in Jesus Christ.

Types of Mission Teams

- Medical
- Dental
- Vision
- Health Screening
- Construction
- Community Outreach Projects

Trip Planning Guidelines

It is important that the Board of Directors is involved in the planning of all short-term mission trips to ensure that trips meet the goals and objectives of the mission. Team leaders are selected by the board of directors. Once a leader is selected, the team leader is responsible for planning all aspects of the mission team, under the supervision of the board of directors.

Team Leader Role and Qualifications

As per Mano con Mano Bylaws a team leader must meet the following requirements:

Section 5. Team leaders will be recruited for each short-term mission team. Any board member may serve as a team leader. Experience on at least two Mano con Mano Health Reach short-term mission teams is required before serving as a team leader. Experience as an assistant team leader prior to leading a team is recommended. Individual exceptions will be considered based on board approval. Educational preparation for team leader role will be required as set forth by the board of directors in the team leader manual. Team leaders will be required to maintain accurate financial records, maintain documents for health, safety and immigration of all team members.

In addition to these requirements, a team leader should have proven leadership and organizational skills, a desire to lead a team, and the support of other team members. A personal commitment to making necessary time investment in learning about team leading is essential.

Team Charter

According to Mano con Mano Bylaws:

- A. A team charter will be submitted to the board of directors by the team leader for each proposed short-term mission trip. Team charter to include: Purpose of trip, team goals, training plan, team budget, team membership profiles, invitation of national host. No team will be initiated without the invitation of a sponsoring church/ministry partner in host country.

Instructions for completing Team Charter Form:

(See appendix for Team Charter Form)

Team Leader Name: Submit name and credentials of proposed team leader.

Assistant Team leaders: One person may be able to fill more than one role. The team leader should not attempt to fulfill more than one role outside of overall team leadership.

Meal Coordinator: This may be a person who fills a clinical role, but has additional training in preparing meals in a setting where food and water contamination present challenges to the overall health of the team. The meal coordinator will be responsible for menu planning, shopping, overseeing food preparation and clean up and insuring that all staff involved in food preparation are adequately trained in food handling safety.

Spiritual Formation Director: This may be a pastor or person who fills a clinical role. They are responsible for planning and leading all pre-field Bible studies, coordinating daily prayer meetings and devotions as well as remaining aware of individual spiritual needs of team members.

Transportation Coordinator: This may be a person who fills a clinical role and also has experience in obtaining cost effective and safe transportation while in the host country. Negotiating prices, maintaining accurate expense records and making sure that transportation is available for clinic days and other needs are an integral part of this role.

Dental Clinic Team Leader: This role is filled by a dentist or dental hygienist with previous dental mission trip experience. This person is responsible for training of lay volunteers, ordering supplies, insuring that equipment is packing and safely arrives at host country. Assigning of assistant roles and insuring that they are able to fulfill the needs of the role, as well as the ability to shift staff assignments

are an important part of this role. The dental clinic team leader serves as a liaison between U.S. and national dental volunteers.

Vision Clinic Team Leader: This role is filled by a physician, optometrist, nurse or other trained professional with previous mission vision clinic experience. Training lay volunteers and overseeing their performance in the clinic setting is a part of this person's role.

Team treasurer: This person is responsible for keeping accounts of all income and expenses of the mission trip from the time of prefield planning to the termination of the mission trip. Receipts are to be kept for all purchases whenever possible. For services that do not usually provide a receipt (i.e., tips and taxis) the treasurer is expected to keep written records of all expenditures. At the end of a mission trip, the team treasurer is required to submit a treasurer's report and return all unused team fees to the Mano con Mano treasurer.

Host Church Invitation: List the name of the host country pastor or leader who extended the invitation and the nature of the invitation.

Mission Trip Location: City/country and church site

Dates:

Purpose of Short Term Missions Trip: State the overall purpose of the mission trip.

Team Goals: State the more specific individual goals of this trip.

Type of Clinical Ministry:

of patients: daily/weekly goal for each type of patient to be seen

Non-clinical goals: if training team members, exposing church members to mission/ministry and providing cross cultural experience are goals of this trip, please state them clearly, and discuss how you hope to meet these goals.

Personnel Needs:

and type of licensed medical/dental providers:

Dentists: **Hygienists:** **Physicians/Practitioners:** **Nurses:Other**

Clinical Roles:

and type of lay volunteers and the roles they will fulfill.

Logistics:

Housing: Type of housing or name of hotel

Transportation to Country: Airlines/Flight information

Transportation in country: Type of ground transportation needed.

Meal plan: Team cook, restaurant meals, group shared cooking responsibilities, shopping plan. Equipment needed.

Equipment needed: Dental, medical and vision clinic equipment needs. Plan for obtaining all needed equipment. Rental or purchase fees need to be included in this area.

Budget Proposal:

Recommend that per person amounts be set for each of the following items as well as overall budgets for each area. 15% cost override should be added to the total to cover increases in rates that may happen after a team fee is set. Airfare should be kept separate from team fees since team members may be using travel vouchers, frequent flier miles or arranging their own airfare differently.

Transportation:

Housing:

Food:

Ministry Expenses:

Tips:
Insurance Fees:
Administrative Costs:
15% Cost override:
Team fee per applicant:

Airfare cost per applicant:

Total Fee per applicant:

Training Plan:

Team member participation requirements: Generally there are a number of required meetings, and some meetings that are required only for first time participants. All meetings should be planned before team members are selected in order to give adequate notice to participants. Changes in meeting schedules should not be made unless all team members are able to attend.

Prefield Training: This usually includes cross cultural preparation, spiritual training, clinical skill analysis and training sessions as part of prefield meetings.

of Team Meetings:
Location of Team Meetings:
Proposed Dates of Meetings:

Onsite training:

Clinical training
Cultural training
Spiritual formation

Debriefing/Reentry Training: A final team meeting should be held at the end of the clinic week. Time to discuss impressions, cultural and clinical challenges and preparing the participants for re-entry should be provided. This meeting usually takes at least two hours and is best accomplished when the team is not fatigued.

Post Trip Follow up Meeting: A reunion/final debriefing should be scheduled within 30-45 days after the trip. Accommodating most team member's schedules is important for each person to have a positive "closure" to the experience. Often it is best to set the date of the reunion before leaving for the mission trip at one of the team meetings. This allows for adequate planning time for all team members.

Recruiting a Team

It is important in planning a mission trip that the **purpose** of the trip is well defined before other aspects of team planning takes place. If personnel are recruited before the scope and definition of the trip are in place, it will be tempting to plan the trip around the staff that is available, instead of looking for staff that is able to fulfill the goals of the trip. Once the team charter is submitted and approved, a team leader may begin the process of recruiting eligible team members who meet the specific staffing needs of each team. Teams should have a core of medical/dental and vision care professionals that are recruited into the first open slots on each team. Other lay volunteers may then be recruited to fill in areas that require minimal training. Maintaining a quality health care mission focus needs to be a priority in the recruitment of any team member.

Considerations for team size should include: team leader experience/comfort, available housing and transportation, clinical goals, the expectations of the host country.

Team Member qualifications

As outlined in Mano con Mano Bylaws, team members must meet the following qualifications:

Section 4. Team members will be recruited for short term medical /dental/optical mission trips.

- A. First priority will be given to evangelical Christian health care professionals and pastoral staff. Non-Christian health care volunteers may be considered but must meet with board approval and abide by the behavioral standards set by the board of directors.
- B. Team members will pay their own expenses for participating in short term mission outreach. They will be allowed to apply for scholarship funds up to \$300 per mission trip. Disbursement of scholarship funds will be made on a need basis as funds permit per board approval. Team members are encouraged to raise support through their home churches, families, friends and co-workers in order to expand prayer and financial support base as well as to promote missions awareness.
- C. Team members are expected to attend all pre-field training sessions, travel to and from host country with the team, meet all financial and documentation deadlines and abide by all behavioral expectations and biblical Christian living.
- D. Team members will be required to provide: certificate of current health and immunization status, proof of citizenship, current professional license, and release of liability forms.

Team Member Application

Before being considered for acceptance on a Mano con Mano team, all prospective members must complete an application form and pay a non-refundable deposit that is at least 1/3 the overall cost of a trip. All applicants will be interviewed in person or via telephone by the team leader or another board member. If the team member is not accepted by the Board of Directors or Team Leader, the application fee will be refunded in full. Applications must be received a minimum of 60 days prior to departure, unless an exception is made in writing by the board of directors. Team leaders are not allowed to accept any team members until all applications have been accepted and reviewed to determine suitability of each participant. Priority will be given to ensuring the team's ability to meet the stated objectives of the host church and the mission.

Policy Statement:

Participation of Minor Children on Health Care ministry teams

Purpose: To define the guidelines by which minor children will be allowed to participate on health care ministry teams with Mano con Mano Health Reach. These guidelines are written to enhance the effectiveness of the ministry team, maximize the ability of Mano con Mano to perform health care and evangelistic outreach to the poor, and to ensure that participation on a short term ministry team is a safe and positive experience for the child and all team members.

Principles:

1. Mano con Mano Health Reach is an evangelical Christian health care organization, and all team members should profess and practice an active Christian faith.
2. Mano con Mano Health Reach is a health care ministry, and priority team spaces must be filled by qualified health care professionals based on need and area of expertise.
3. Minor children will be considered to fill open team vacancies under the following circumstances:
 - a. The child is a self-professed Christian.
 - b. The child would be accompanied by a parent/legal guardian on the team.
 - c. The child personally expresses a desire to serve as part of a health care ministry team. This would be evidenced through verbal expression, team application and interview responses. Interview would be conducted by team leader/co-leaders in the absence of the child's parents.
 - d. The child must be at least 15 years old.

- e. Priority will be given to children who have studied at least one year of High School Spanish (or language of the host country).
- f. The child has the physical and maturational ability to perform a function on the team that is needed for the benefit of the ministry.
- g. No more than 15% of any health care team will be made up of minor children.
- h. Exceptions to these guidelines will be considered at the team leader's recommendation with the approval of the board of directors.

Documentation requirements:

- 1. Application completed and deposit made according to team deadlines.
- 2. Parental release of liability to accompany application.
- 3. Medical release and history to accompany application.
- 4. Copies of birth certificate/passport to accompany application.
- 5. Letter of recommendation from youth pastor/teacher to accompany application.

Team Fees:

- 1. Youth/minor applicants will be charged the same amount as adult team members in order to insure that ministry funds are sufficient to accomplish the goals of each short term team.

Participation requirements:

- 1. Youth members will have the same attendance/participation requirements in all team meetings and work parties. This includes, but is not limited to:
 - a. pre-meeting Bible study preparation
 - b. pre-field reading and cultural preparation.
 - c. Raising of support for team expenses
 - d. Assisting in packing and equipment inventory.
 - e. On site Bible study and meeting participation.

Release of Liability Form

In order to protect Mano con Mano and the board of directors from liability in case of injury, accident or theft related to a Mano con Mano mission trip, all participants are required to submit and signed and notarized release of liability form. Parents of minors are required to sign a parental release of liability form. There are no exceptions to this requirement. (See appendix for sample form.)

Medical Release Form

In order to provide adequate care of team members while in a foreign country, and to screen out applicants who have serious medical conditions, a medical health history and release form are required of all team members. There are no exceptions to this requirement. (See appendix for sample form.)

Team Budget

It is the policy of Mano con Mano Health Reach that each mission team will be self supporting financially. A budget must be planned that provides adequately for the needs of the team members, covers the costs of expenses related to recruiting and training the team, communication expenses with host country, clinical ministry. Included in the team budget should be the team leader's expenses. For every ten team members, one team leader may be funded out of team fees. A team leader may choose to pay their own team fee as a contribution to the ministry.

Scholarships

Applicants for a mission team may request scholarship funds from Mano con Mano. Per the Mano con Mano bylaws; no more than \$300 will be given to any one team member. Scholarships will be given based on the availability of scholarship funds, and team member need. In order for a scholarship to be

given, the applicant must write a letter expressing their reasons for applying for the mission team, the efforts they have made to raise funds, and the reason they believe that they should be considered for a scholarship. All scholarship applications will be reviewed and approved by the board of directors.

Team Training

In order to provide quality health care in accordance with our mission statement, all teams must be trained prior to departure to perform their assigned role on the team. In addition to training for clinical jobs, team members will be educated in cross-cultural communication; basic greetings of the host language, team dynamics, and the basic principles related to short term missions. This will require a minimum of three team meetings prior to departure. Teams made up of a large number of new members or youth may be required to have more pre-field meetings. (See addendum for sample lesson plans for team meetings.)

Prefield Preparation

In order to arrive in the host country ready to provide clinical care, all equipment and materials must be prepared prior to departure. This includes dental equipment, supplies, medications, educational materials, eyeglasses and testing materials. It is the responsibility of each clinic team leader to evaluate the needs of their particular ministry and assemble the materials needed. Including as many team members as possible in the preparation of equipment and supplies helps to build team unity and serves as part of their pre-field training.

Onsite Training

Once the team arrives in the host country, it is important to arrange for a time of initial orientation to the country, as well as clinical review and a mock clinic experience after clinic set up.

Spiritual Formation

Short-term mission experiences are often a life-changing experience for team members. It is important to the health of the team, and the effectiveness of the ministry that time is set aside during each team meeting, and clinical day for prayer, bible study and reflection. The team leader needs to appoint someone as Director of Spiritual Formation for each team. All team members are required to recruit a prayer support team committed to praying for them during the pre-field and mission trip time frame. The success of the clinical ministry often directly correlates with the spiritual formation of the team.

Risk Management

Mano con Mano is incorporated in order to reduce the liability for board members and team leaders should a situation arise that would lead to significant loss or result in legal action against the ministry. Team members are required to sign release of liability forms prior to leaving on a mission team. Steps are taken to reduce the risk of injury or illness on each mission trip. Included are some of the following:

Health: Members exposed to blood and body fluids as part of their work are required to be immunized for Hepatitis B. All team members are required to have up to date tetanus and Hepatitis A vaccine is recommended. TB status should be known on all team members prior to departure. Follow up TB testing 3 months after return to the U.S. is recommended. All team members are required to be in good health and physically fit prior to departure. Dental and medical team members are required to follow latest body fluid precautions and use protective equipment. Clinic team leaders will ensure that adequate supplies of gloves, masks and sharps containers are available. Safe disposal of blood and body fluids will be ensured.

Food preparation: In order to prevent infection from contaminated food, all food handlers will be trained in safe food handling techniques. Vegetables and fruits will be carefully washed, and all meat thoroughly cooked. Only bottled water will be used for team drinking. Disposable dishes will be discarded after each use, and not reused. Enough money will be charged to each team member to

insure adequate resources for safe food preparation, handling and service. Use of hot water, soap, and bleach will be explained to all kitchen clean up staff. Food will be quickly refrigerated and full reheated to prevent contamination.

Free time eating: Eating at road side stands, food purchased from beach vendors and eaten with unwashed hands put the entire team at risk. In order to prevent one team member from infecting many others, these activities are to be discouraged. Cavalier attitudes, such as “I never get sick from the water” are not appropriate for a team setting.

Injury prevention: Because the focus of this mission is provision of health care services as a form of evangelism, team members are not allowed to participate in risky recreational activities. Instruction is to be given by the team leader in traffic safety, walking in pairs, avoiding dark streets, and keeping each other safe from harm. Free time recreation at the beach and other locations must be considered carefully in order to reduce the risk of injury harming an individual and diminishing the effectiveness of a team.

Theft: Ministry location in developing countries often have increased risk of theft due to poverty and people looking for opportunities to help themselves to articles “left around.” Team leaders need to educate the team about the possibility of pickpockets, clinic theft, hotel security and money changing scams. Team members are encouraged to carry little cash, keep their belongings locked up and use a money belt for money, credit cards and passports. Team funds are to remain on the team leader at all times, or to be locked up in a secure location.

Transportation Safety: In order to reduce the risk of injury due to traffic accidents, public transportation or hired chauffeurs will be used whenever possible. Vehicles that are used to transport team members need to be in safe, working condition. Adequate team fees will be charged in order to provide safe transportation for all mission teams.

Handling Emergencies

In spite of careful planning and observance of safety measures, emergencies may arise. These include illness, injury, transportation problems, burglary, robbery, personal problems and communication difficulties. In order to minimize the effects of these situations to the team ministry, mission and other team members, a plan for handling emergencies must be in place. The team leader will carry a list of emergency contacts for all team members. Health questionnaires and Emergency treatment permission slips will be kept on site. A team medical kit will be kept in the team room for emergencies. A medical staff person will be assigned to each time. If a team member’s illness or injury is beyond the skills of the team medical staff, local help will be obtained. In case of a serious illness or injury, the team member will be transported to the United States for care.

Crisis Intervention

In case of a lost team member, theft, kidnapping, serious illness or injury, psychological emergencies or other serious emergencies, the crisis intervention protocol will be followed:

Notify the team leader.

Leadership meeting called.

Local pastor, police and health care authorities involved.

Team prayer meeting.

Take appropriate action.

Notify appropriate family members in the U.S.

Activate U.S. Prayer chain.

Keep good records of events and all receipts for expenses necessary to rectify the situation.

*One or more of these actions may take place simultaneously.

Team Charter Form

Team Leader Name:

Assistant Team leaders:

One person may be able to fill more than one role. The team leader should not attempt to fulfill more than one role outside of overall team leadership.

Meal Coordinator:

Spiritual Formation Director:

Transportation Coordinator:

Dental Clinic Team Leader:

Vision Clinic Team Leader:

Team treasurer:

Host Church Invitation:

Mission Trip Location:

Dates:

Purpose of Short Term Missions Trip:

Team Goals: Type of Clinical Ministry:

of patients:

Non-clinical goals:

Personnel Needs:

Logistics:

Housing:

Transportation to Country:

Transportation in country:

Meal plan:

Equipment needed:

Budget Proposal:

Recommend that per person amounts are set for each of the following items as well as overall budgets for each area. 15% cost override should be added to the total to cover increases in rates that may happen after a team fee is set. Airfare should be kept separate from team fees since team members may be using travel vouchers, frequent flier miles or arranging their own airfare differently.

Transportation:

Housing:

Food:

Ministry Expenses:

Tips:

Insurance Fees:

Administrative Costs:

15% Cost override:

Team fee per applicant:

Training Plan:

Prefield Training

of Team Meetings:

Location of Team Meetings:

Proposed Dates of Meetings:

Team member participation requirements:

Onsite training:

Clinical training

Cultural training

Spiritual formation

Debriefing/Reentry Training:

Post Trip Follow up Meeting:

Team Leader Responsibility Delegation Checklist Roles and Responsibilities

Pre-Trip

- Prepare Team Charter and Submit to Board of Directors**
- Plan “Ideal Team Roster” with Job descriptions**
- Begin Recruiting**
- Interview team applicants**
- Organize team roster**
- Plan Team building activities for team training sessions**
- Communicate expectations, project specifics, and logistics to team.**
- Create team prayer calendar and assign prayer partners**
- Brainstorm possible roles for other team members based on gifts**
- Collect all necessary paperwork including medical forms, passport copies**
- Handle all financial support or payment concerns**
- Type and mail correspondence for the team.**

During the trip

- Inform the team of daily schedule of events**
- Prepare morning devotions**
- Handle all travel arrangements to and from the airport and during stay**
- Serves as point person for the team at the work site**
- Acts as a liaison between MCM and host ministry**
- Leads efforts to debrief the team as a whole**
- Assist team members individually with processing of experiences**
- Plan evening relational activities including sharing time, worship and prayer**
- Collect trip evaluation forms and stories for use in MCM newsletters**
- Account for all team financial issues related to the trip including cash advances, team expenses, credits, purchases and project expenses**

Post Trip

- Lead re-entry debriefing session**
- Coordinate post-trip picture/reunion location and logistics**
- Type and mail information regarding reunion**
- Debrief MCM board regarding the trip**
- Forward trip evaluations to MCM board**

Timeline Checklist

Mission Trip Planning Guide

SIX MONTHS PRIOR TO DEPARTURE

- Establish planning committee (2-3 board members or designees)
- Explore possible destinations and dates.
- Obtain MCM board approval to proceed with planning.
- Confirm location with host church.
- Contact travel agency regarding flight arrangements and fares.
- Check into documentation required for travel to country.
- Check into necessary immunizations and preventive medication.
- Plan tentative itinerary.
- Select team leader.

FOURTEEN WEEKS PRIOR TO DEPARTURE

- Establish a budget.
- Establish a per person price.
- Set payment dates
- Submit team charter to MCM board.
- Design and produce promotion material.
- Begin promoting the Team.
- Schedule announcement in church bulletin and classes.
- Distribute applications and give deadline for applications.
- Schedule informational meeting.

TWELVE WEEKS PRIOR TO DEPARTURE

- Have informational meeting
- Begin collecting applications and deposits.
- Conduct interviews and check references.
- Schedule team preparation sessions and select location for meetings.
- Schedule commissioning service for church.

TEN WEEKS PRIOR TO DEPARTURE

- Select team.
- Submit team roster to MCM board for approval.
- Send letter of acceptance to team members.
- Inform team members of team preparation meetings
- Contact potential speaker/trainers for team preparation sessions.
- Plan fund-raising ideas.
- Prepare MCM team notebooks.
- Send team roster to host church leaders to begin praying for team.

EIGHT WEEKS PRIOR TO DEPARTURE

- Reconfirm with MCM board and host church the size of the team and any special arrangements.
- Have first team meeting to do the following:
 - Review policy sheet/sign
 - Discuss necessary documentation
 - Cover financial obligations/fund raising.
 - Assign team member responsibilities.
 - Orientation to Clinic role.

- ___ Review packing list (personal).
- ___ Cultural dos and don'ts.
- ___ Spiritual preparation.
- ___ Physical Preparation checklist.
- ___ Set personal and team goals.
- ___ Confirm with travel agent/airline exact number of participants.
- ___ Confirm hotel/housing arrangements in country.

SIX WEEKS PRIOR TO DEPARTURE

- ___ Have second team meeting
 - ___ Discuss medical requirements
 - ___ Discuss fundraising letters.
 - ___ Confirm passport applications.
 - ___ Pass out team roster with addresses and phone numbers.
 - ___ Pass our prayer partner forms.
 - ___ Cross Cultural Training
 - ___ Learn Spanish songs.
 - ___ Spiritual Preparation.
 - ___ Specialized clinical training.
- ___ Get emergency contact phone number in country.

FOUR WEEKS PRIOR TO DEPARTURE

- ___ Have third team meeting.
 - ___ Formalize plans for collections drives.
 - ___ Collect prayer partner forms.
 - ___ Spiritual preparation.
 - ___ Cross cultural preparation
 - ___ Continue clinical training.
 - ___ Life cycles of a team.
 - ___ Practice Spanish Songs
 - ___ Collect copies of passports and medical/dental licenses.
- ___ Final payment on tickets
- ___ Begin clinical supply/equipment packing list.
- ___ Team Menu Planning done.
- ___ Food shopping lists completed (US and in country lists)

THREE WEEKS PRIOR TO DEPARTURE

- ___ Final payments due
- ___ Encourage team members to buy new shoes and start breaking them in.
- ___ Put together team medical kit.
- ___ Order last minute medical/dental supplies.
- ___ Update host pastors and local pastors of prayer and logistic needs.
- ___ Develop emergency prayer chain.

TWO WEEKS PRIOR TO DEPARTURE

- ___ Have fourth team meeting.
 - ___ Final clinical training/mock clinic
 - ___ Spiritual preparation.
 - ___ Secret Prayer partners given out.
 - ___ Practice Spanish Songs

- ___ Learn names of Host team members
- ___ Packing completed.
- ___ Inform team of meeting place for flight.
- ___ Arrange for transportation to and from airport.
- ___ Non perishable food and paper products purchased and packed.
- ___ Any tracts and patient education information copied and packed.
- ___ Gifts for pastors and volunteers purchased.
- ___ Send copies of completed checklist to MCM board liaison.
- ___ Contact host pastors for final prayer requests/needs.

ONE WEEK PRIOR TO DEPARTURE

- ___ Leave emergency contact numbers at church offices, and with MCM board.
- ___ Confirm amount of needed funds with MCM treasurer.
- ___ Obtain traveler's checks/cash needed for trip.
- ___ Reconfirm travel details with host country contacts.
- ___ Reconfirm arrival with hotel/housing.
- ___ Review all checklists for completion.
- ___ Give prayer chain information to MCM board contact and pastor.

ON FIELD CHECKLIST

Review this checklist at least three days prior to team's departure from home, and at least one day before departure from the host country. As you complete each of the items, check them off. Review again early on the team's departure.

- ___ Hold daily leadership/prayer meetings.
- ___ Ensure that team meeting/morning devotions are held each morning.
- ___ After clinic debriefings are held each day.
- ___ Reconfirm team's flight reservations with the airlines 48-72 hours prior to departure time.
- ___ Plan meeting with host pastor/clinic leaders to debrief about team effectiveness, and plan a future ministry trip prior to departure.
- ___ Discuss distribution of items team will be leaving behind with the missionary or host pastor (clothing, food, excess medications, supplies, equipment)
- ___ Plan debriefing and review "saying Goodbye" with the team the day before departure.
- ___ Confirm transportation to the airport. Plan to be at the airport at least 2 hours prior to departure.

Team Budget Planning Guide

Group Costs

Printing _____
Postage _____
Ground Transportation _____
Medical Supplies _____
Dental Supplies _____
Vision supplies _____
Equipment Rental/Repair _____
Team Leader's fee _____
Training Materials _____

Total Group Costs _____ (1)

Number of team members – leader _____ (2)

Average cost per team member (1 divided by 2) \$ _____ (3)

Individual Costs

Airfare _____
All meals _____
Housing _____
Country tax _____
MCM Membership fee _____

Total Individual Cost \$ _____ (4)

Total per person Cost (3 + 4) \$ _____

Team Leader Educational Resources

Team leaders are trained using a combination of apprenticeship on previous teams, attending short term missions conferences, reading, and home study using audio and video tapes on a variety of subjects including:

- Short Term Mission Theory
- Cross Cultural Communication
- Team Building and Team Dynamics
- Leadership
- Clinical Education
- Evangelism
- Spanish Language Study

Resource Guide

Required Reading:

Vacations with a Purpose by Kim Hurst and Chris Eaton, Cook Publishing, 1993
Cross Cultural Conflict, by Duane Elmer, IVP, 1993

Required Videos:

Go Prepared Video Series by Teams Commissioned for Christ International

Suggested Audio Tapes:

The Good, the Bad and the Ugly, by Chris Eaton
What We Wish Teams New Before they Came, Yacconi
Cross Cultural Conflict, Duane Elmer

Suggested Materials:

Gracias! By Henri Nouwen
Stepping Out, a Guide to Short Term Missions, Short Term Missions Advocates
The Short Term Mission Handbook, Berry Publishing

Board members and team leaders are encouraged to attend short term missions conferences and share resources with each other to encourage each other and build skills.