# 2025 Stop Trafficking at the Big Game Mission Trip

Feb 05th, 2025 - Feb 09th, 2025

**Rahab's Daughters Volunteer Packet** 



## Thank you for Volunteering!



Each year, over 10,000 women and children are trafficked during the week of The Big Game.

While sports fans anticipate an evening of fun and football, we gear up all year to combat human trafficking at The Big Game.

Thank you for taking the time to volunteer with us next year in New Orleans

This packet is to provide you with the tools and guidance you'll need to safely help us in the rescue of human trafficking victims in Arizona. This packet includes an outline, schedule, packing list, payment requirements, legal forms, and more. Please ensure that you read the entire packet to help ensure you are properly prepared for the upcoming trip.



## Rules and Regulations

These rules and regulations help us to ensure the safety of our volunteers and rescues.

Please understand that if any rules or regulations are not followed, there is a possibility you will be dismissed from the Super Bowl team immediately and your return home will be at your expense.

- 1. Breakfast bars will be available each morning for breakfast. If you desire a full meal for breakfast, this will be at your expense. Lunch and dinner will be provided.
- 2. If you desire ANY alcoholic beverage/s, this will be your expense. We will not pay for any alcoholic beverage/s.
- 3. NO pictures are to be taken at any time while on outreach unless specified by an approved person (you will be introduced upon arrival).
- 4. There will be NO use of illicit drugs at any time during this mission trip.
- 5. No phone calls should be made while on outreach unless it is to a Rahab's Daughters outreach team member.
- 6. Information about our routes, routines, rescues, clubs visited, or anything about outreach is NOT to be shared with anyone who is not part of our Super Bowl team. This information is NOT to be shared with family, friends, or strangers who you may communicate with over social media, the phone, strangers in passing, etc.
- 7. You are expected to participate in all devotional and worship time/s.
- 8. You are not to leave the team nor the hotel without permission or acknowledgment from one of the approved persons (you will be introduced upon arrival) for any reason.
- 9. You will respect each person.
- 10. There will be no tolerance for verbal or physical abuse. You will be dismissed from the Super Bowl team immediately, and your return home will be at your expense.
- 11.If you have any problems adjusting or dealing with a situation or person, reach out to one of the approved persons (you will be introduced upon arrival) immediately.
- 12.We will display humility and compassion for each other at all times during this mission trip. As we are concerned about the well-being and safety of each person, failure to comply may result in you being released from participation.
- 13.If you are released, any and all costs incurred are your responsibility.
- 14. We will be our brother's keeper.
- 15.We must look out for each other.
- 16.Do not bring any fancy jewelry or large sums of cash on outreach.
- 17.Do not wear provocative/revealing clothing.
- 18. Do not wear flip flops or sandals on outreach.
- 19. Rooms will be shared with others. The cost and arrangement of private accommodation will be your responsibility.
- 20.Use the time allotted to energize yourself through prayer, reflection, scripture reading, seeking godly counsel from one of our approved persons, etc.
- 21.Please be sure to keep any and all of your personal or valuable items safe and secure. Rahab's Daughters is NOT responsible for any items lost, stolen or damaged.



### Mission Trip Schedule

The schedule below is just a sample schedule to demonstrate how each day **could** go. Please do not consider this an official schedule, as the schedule during the trip **will** change on a daily basis depending on the needs that need to be met.

DAY	TIME	ACTIVITY
February 5th, 2025	8:00 AM-5:00 PM 7:30 PM	Volunteers land in New Orleans Team Dinner
February 6th,2025	9:00 AM 9:30 AM 10:00 AM- 9 PM 9:30 PM	Training Welcome Prayer All Day Training Evening Outreach
February 6th, 2025	9:30 AM 10:30 AM 11:00 AM-9PM 9:30 PM	Prayer/Worship Morning Meeting All Day Training Evening Outreach
February 7th-12th, 2025	9:30 AM 10:00 AM 10:30 AM 1:00 PM 3:00 PM 7:00 PM 7:30 PM 9:00 PM	Morning Meeting Divide into Teams Outreach All Day/Nite



# Contents

Introduction 03 Thank you for being our volunteer! **Mission Trip Outline** 04A brief overview of the locations, hotels, and teams. **Rules and Regulations** 05 All the expectations we have of our volunteers and staff. **Mission Trip Schedule** 06 An example of what your days will look like. What to Expect 09 An overview of what your experience on the trip could look like. **Packing List** 10 All the items you should bring with you. **Payment Schedule** 11 How to make your payment of \$2,000 **Forms** 12 All the documents that need to be submitted.

### What to Expect During the Trip

You are contributing your time to a very important, worthy effort. We are grateful for your caring attitude and generous spirit towards this mission, as it is only with our valued volunteers that we can make this event possible. For those who are joining us for the first time, we wanted to give you some insight on what you can expect during these ten days.

#### **Late Nights**

 Outreach usually takes place during late hours of the night, sometimes into the morning. Rescues also can happen throughout the night. We ask that you are able to serve during these late hours.

#### **Dietary Needs**

• Unfortunately we are unable to accommodate specific dietary needs. We ask that you be flexible with eating and/or bring/prepare your own meals to meet these needs.

#### **Room Arrangements**

• We are unable to accommodate room requests at this time, such as private rooms or who you'd like to room with.

#### **Self-Care**

 Because of our late nights and early mornings, as well some of the realities of human trafficking you may witness, it is important that you take care of yourself both mentally and physically during the weeks leading up to this trip, while on the trip, and after.

#### **Spontaneity and Flexibility**

 We never know what situations may arise during the trip, and things may change rapidly and unexpectantly on multiple occasions.
Please be understanding of these changes and willing to adjust as needed.







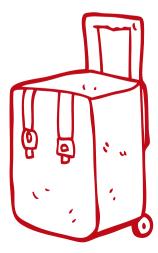
# Packing List

#### These are the items we suggest you bring...

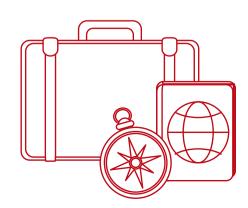
- Dress Up Clothes (2-3 outfits)
- Long Sleeve Shirts (dark/light colors)
- T-Shirts (dark & light colors)
- Blouses/Button Ups
- Shorts
- Light Jacket
- Rahab's Daughters Shirt (if owned)
- Pajamas
- Undergarments
- Slippers
- Walking Shoes
- Dress Shoes
- Shower Slippers
- Disposable and reusable masks
- Disposable gloves
- Hand sanitizer

- <u>Disinfectant (Lysol, Clorox Wipes, etc.)</u>
- Toothbrush
- Toothpaste
- Floss
- Razor
- Shaving Cream
- Sunscreen
- Sunglasses
- Laundry Detergent
- Deodorant (SUPER IMPORTANT)
- Baby Wipes
- Body Wash & Shampoo/Conditioner
- Comb/Brush
- Feminine Hygiene Products
- Medicines: Vitamins, Aspirin, Bandaids, Prescription Medicine

- Bible
- Journal
- Pens
- Personal Snacks (breakfast bars, gum, chips)
- ID
- Mosquito Repellant
- Baseball Cap/Sun Hat
- Leggings
- Jeans



- Black Pants (jeans or leggings)
- Swimsuit
- Dirty Laundry Bag
- Phone/Laptop Chargers
- Small Backpack
- Earbuds
- Wallet
- Signed Waivers (if not yet completed)
- Good Attitude
- Servant's Heart

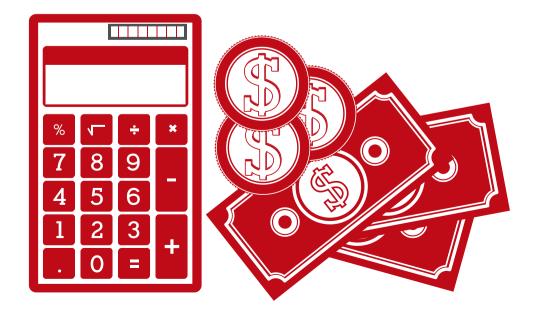




# Mission Trip \$3,000(without airfare) or \$3,500 with airfare Payment Schedule

In order to make the annual Super Bowl trip happen, we require that each volunteer raise \$2,000/\$2,500 to fund their trip. This amount goes towards paying for accommodations, transportation during the week, food, supplies, etc. The first payment is due **October 30th, 2024**, and will act as a deposit to secure the place of the volunteer on the team. Payments are required and non-refundable. Each volunteer is responsible for booking and purchasing their own flights to and from the Super Bowl city locations if you choose the option without airfare. Payment can be sent in the form of a check to Rahab's Daughters at 509 W Old Northwest Highway, Ste. LL-1, Barrington, IL 60010. Be sure to indicate that it is payment for the mission trip in the notes section. There is also an option to create an individual fundraising page using GiveLively for those looking to make payments online. If you are a part of a group/organization, payment can be made in full by the organization for all attending members at a later date and you do not need to follow the payment schedule. Everyone needs to be **paid in full** by **January 20th, 2023**.

PAYMENTS	AMOUNT DUE	DATE DUE
First Payment:	\$1000	October 30th, 2024
Second Payment:	\$1500	Dec 20th , 2025
Deposit Due with Application Non Refunadable	\$500	October 30th, 2024





# Forms

All forms are required to be completed before arrival. You can email completed forms to info@rahabsdaughters.org or complete the DocuSign version.



### **General Information Form**

Personal Information:
Name:
Mobile Phone Number:
Email Address:
Age:
Age: DOB:/
Gender:
I prefer to be contacted by Phone Email
Mailing Address: T-Shirt Size (CIRCLE ONE): S M L XL XXL
T-Shirt Size (CIRCLE ONE): S M L XL XXL
*Please attach a copy of your Driver's License or a State ID along with this form*
Emergency Contact:
Name:
Phone Number:
Relationship:
Have you ever been convicted of a felony? YES / NO
If yes, please explain:
I,, understand that by submitting this form I am
giving Rahab's Daughters permission to conduct a background check if the
organization sees fit.
By signing below, I agree to the above and grant Rahab's Daughters permission to
contact me by email or phone regarding information concerning the upcoming and
future mission trips.
ididic mission trips.
Volunteer Print Name Volunteer Signature
Date



### **Medical Condition Form**

Volunteer Information:		
Name:		
Cell Phone Number:		
Email:		
Emergency Contact Name:		
<b>Emergency Contact Relation</b>	nship to Volunteer:	
Emergency Contact Number	r:	-
Medical Information:		
<b>Known Medical Conditions:</b>		
	tion for these conditions?: $\_\_$	_YESNO
Medication:	Dose:	
Frequency:		
Medication:	Dose:	
Known Allergy/Drug Reactio	ns to Medication:	
Allergies to Medication:		
	ee/back pain):	
Name and Phone Number o	f Doctor/Physician:	
Have you had any type of phability to serve while on this If Yes, please explain:		may impact your wellbeing and
• •	you give Rahab's Daughters nedical personnel, such as pa	•
Signature	Name	 Date



### Picture/Video Release Form

I,	hereby consent and agree that Rahab's			
Daughters and all of its affiliates have	the right to take or use photographs and/or videos			
of me (and/or my property) to use in a	ny and all media worldwide including online			
interfaces, now or hereafter known, an	nd for any purpose whatsoever. I hereby release to			
Rahab's Daughters and its affiliates al	I rights to exhibit this work in print and electronic			
form publicly or privately. I waive any r	rights, claims or interests I may have to control the			
use of my identity or likeness in the pic	ctures/videos and agree that any uses described			
herein may be made without compensation or additional consideration of me.				
By signing this form, I recognize that I	have read and understood the preceding statement			
and am competent to execute this agree	eement.			
Volunteer Print Name	Volunteer Signature			
Date				



### General Release of Liability

In consideration for being allowed participation privileges in any program of Rahab's Daughters, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless Rahab's Daughters and their partners, founders, board members, directors, employees, volunteers and any other affiliates of the organization from any and all claims that may result from any action for damages, including but not limited to such claims that result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of Rahab's Daughters and its partners is binding on me and my heirs, personal representatives, successors, and assigns.

By signing this form, I recognize t and am competent to execute this	hat I have read and understood the press agreement.	eceding statement
Volunteer Print Name	Volunteer Signature	Date



#### MUTUAL NON-DISCLOSURE AGREEMENT

This Agreement is made a	nd entered into as of the last d	ate signed below (the "Effective Date") by and between Rahab's
Daughters, a not for profit corporati	on having its principal place of	business at 509 W Old Northwest Highway, Ste. LL-1, Barrington, I
60010 ("Rahab's Daughters") and _		_, whose principal mailing address is
	(the "Second Party").	

WHEREAS Rahab's Daughters and the Second Party (the "Parties") have an interest in participating in discussions wherein either Party might share information with the other that the disclosing Party considers to be proprietary and confidential to itself ("Confidential Information"); and

WHEREAS the Parties agree that Confidential Information of a Party might include, but not be limited to that Party's: (1) business plans, methods, and practices; (2) personnel, customers, and suppliers; (3) inventions, processes, methods, products, patent applications, and other proprietary rights; or (4) specifications, drawings, sketches, models, samples, tools, computer programs, technical information, or other related information; (5) Safe House locations or the locations of any employees or other volunteers and victims of Rahab's Daughters

NOW, THEREFORE, the Parties agree as follows:

- 1. Either Party may disclose Confidential Information to the other Party in confidence provided that the disclosing Party identifies such information as proprietary and confidential either by marking it, in the case of written materials, or, in the case of information that is disclosed orally or written materials that are not marked, by notifying the other Party of the proprietary and confidential nature of the information, such notification to be done orally, by e-mail or written correspondence, or via other means of communication as might be appropriate.
- 2. When informed of the proprietary and confidential nature of Confidential Information that has been disclosed by the other Party, the receiving Party ("Recipient") shall, for a period of three (3) years from the date of disclosure, refrain from disclosing such Confidential Information to any contractor or other third party without prior written approval from the disclosing Party and shall protect such Confidential Information from inadvertent disclosure to a third party using the same care and diligence that the Recipient uses to protect its own proprietary and confidential information, but in no case less than reasonable care. The Recipient shall ensure that each of its employees, officers, directors, or agents who have access to Confidential Information disclosed under this Agreement is informed of its proprietary and confidential nature and is required to abide by the terms of this Agreement. The Recipient of Confidential Information disclosed under this Agreement shall promptly notify the disclosing Party of any disclosure of such Confidential Information in violation of this Agreement or of any subpoena or other legal process requiring production or disclosure of said Confidential Information.
- 3. All Confidential Information disclosed under this Agreement shall be and remain the property of the disclosing Party and nothing contained in this Agreement shall be construed as granting or conferring any rights to such Confidential Information on the other Party. The Recipient shall honor any request from the disclosing Party to promptly return or destroy all copies of Confidential Information disclosed under this Agreement and all notes related to such Confidential Information. The Parties agree that the disclosing Party will suffer irreparable injury if its Confidential Information is made public, released to a third party, or otherwise disclosed in breach of this Agreement and that the disclosing Party shall be entitled to obtain injunctive relief against a threatened breach or continuation of any such breach and, in the event of such breach, an award of actual and exemplary damages from any court of competent jurisdiction.

- 4. The terms of this Agreement shall not be construed to limit either Party's right to develop independently or acquire products with-out use of the other Party's Confidential Information. The disclosing party acknowledges that the Recipient may currently or in the future be developing information internally, or receiving information from other parties, that is similar to the Confidential Information. Nothing in this Agreement will prohibit the Recipient from developing or having developed for it products, concepts, systems or techniques that are similar to or compete with the products, concepts, systems or techniques contemplated by or embodied in the Confidential Information provided that the Recipient does not violate any of its obligations under this Agreement in connection with such development.
- 5. Notwithstanding the above, the Parties agree that information shall not be deemed Confidential Information and the Recipient shall have no obligation to hold in confidence such information, where such information:
  - (a) Is already known to the Recipient, having been disclosed to the Recipient by a third party without such third party having an obligation of confidentiality to the disclosing Party; or
  - (b) Is or becomes publicly known through no wrongful act of the Recipient, its employees, officers, directors, or agents; or
  - (c) Is independently developed by the Recipient without reference to any Confidential Information disclosed hereunder; or
  - (d) Is approved for release (and only to the extent so approved) by the disclosing Party; or
  - (e) Is disclosed pursuant to the lawful requirement of a court or governmental agency or where required by operation of law.
- 6. Nothing in this Agreement shall be construed to constitute an agency, partnership, joint venture, or other similar relationship between the Parties.
- 7. Neither Party will, without prior approval of the other Party, make any public announcement of or otherwise disclose the existence or the terms of this Agreement.
- 8. This Agreement contains the entire agreement between the Parties and in no way creates an obligation for either Party to disclose information to the other Party or to enter into any other agreement.
- 9. This Agreement shall remain in effect for a period of two (2) years from the Effective Date unless otherwise terminated by either Party giving notice to the other of its desire to terminate this Agreement. The requirement to protect Confidential Information disclosed under this Agreement shall survive termination of this Agreement.

IN WITNESS WHEREOF:		
2ND PARTY		
2ND Party Name Printed	Signature	Date
RAHAB'S DAUGHTERS, INC.		
Rahab's Daughters	Signature	 Date



### **Confidentiality Policy**

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of RAHAB'S DAUGHTERS is confidential. "Confidential" means that you are free to talk about RAHAB'S DAUGHTERS and about your program and your position, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality. RAHAB'S DAUGHTERS expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients. Failure to maintain confidentiality may result in termination of your employment, or other corrective action.

This policy is intended to protect you as well as RAHAB'S DAUGHTERS because in extreme cases, violations of this policy also may result in personal liability. Rationale Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person. Before you begin your assignment as a staff member/volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency's refusal to support you in the event of legal action. Violation of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

I have read RAHAB'S DAUGHTERS policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with RAHAB'S DAUGHTERS.

Signature	Name	Da	te



### Assumption of Risk and Waiver of Liability for Communicable Diseases Including Coronavirus/COVID-19

The coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the government and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Rahab's Daughters has put in place preventative measures to help reduce the spread of COVID-19; however, Rahab's Daughters cannot guarantee that you will not become infected with COVID-19 by participating in any activities related to the organization. Attending and/or participating in Rahab's Daughters' events could increase your risk of contracting COVID-19 and other infectious diseases. While rules and personal discipline may reduce this risk, the risk of serious illness and death still exist. In consideration of being allowed to attend and/or participate in Rahab's Daughters activities, the undersigned acknowledges and agrees that:

- Before participating in and/or attending any of Rahab's Daughters' event/activity, I agree and affirm that: (a) I do not have any fever, cold, or flu; (b) I do not have any other contagious virus, illness, or other infectious disease; and (c) I have not been in contact with anyone who has a contagious virus, illness, or other infectious disease within the last four weeks prior to attendance or participation.
- While attending and/or participating in any Rahab's Daughters' event/activity, I agree and affirm that I shall strictly observe and follow all health rules and protocols of the Centers for Disease Control and Prevention, my State Department of Health, and Rahab's Daughters, including, without limitation: handwashing and maintaining a minimum distance of six (6) feet from any other person.
- On behalf of myself, my heirs and personal representatives, I knowingly and voluntarily waive, release and discharge Rahab's Daughters and its employees, managers, members, directors, officers, partners, volunteers, and representatives for any and all claims, causes of action, injuries, and damages of any nature, including, but not limited to personal injury, illness, paralysis, death, and economic and/or emotional damage resulting from, relating to, or caused by the presence of or transmission of any bacteria, viruses, or infectious diseases.

By signing this form, I am stating that I have read this Assumption of Risk and Waiver of Liability, fully understand its terms, and agree that I have waived and released substantial rights by voluntarily signing without any inducement. I further agree that if a court finds any part of this Assumption of the Risk and Waiver of Liability to be unenforceable, invalid or void as against public policy, the remainder of this Assumption and Waiver shall remain in full force and effect. By signing below, you consent to be legally bound by this Agreement's terms and conditions.

Signature	Drint Nome	Doto	
Siuriature	Print Name	e Date	
		= 3113	

