

YOUR CHURCH NAME

MISSION TEAM APPLICATION

PERSONAL PROFILE			
FULL NAME (as written on passport)			BIRTHDATE
STREET ADDRESS			APT/UNIT
CITY		STATE	ZIP
PHONE	CELL		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
EMAIL		T-SHIRT SIZE	
EXPERIENCE PROFILE			
OCCUPATION		EMPLOYER	
INTERESTS AND HOBBIES			
CAN YOU SPEAK A FOREIGN LANGUAGE? IF SO, LIST EACH AND INDICATE FLUENCY.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU TRAVELED INTERNATIONALLY? IF SO, WHERE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN ON A MISSION TRIP BEFORE? IF SO, WHERE? WHAT PROJECTS WERE INVOLVED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A PASSPORT?		PASSPORT NUMBER	EXPIRATION DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY ISSUES WHILE TRAVELING? IF SO, EXPLAIN:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU ANTICIPATE NEEDING TO RAISE FUNDS FOR THIS TRIP? IF SO, DESCRIBE HOW YOU INTEND TO DO SO.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

MEDICAL PROFILE

DO YOU HAVE PROBLEMS TAKING PREVENTATIVE MEDICINES (ANTIMALARIAL OR COMMON VACCINES FOR INTERNATIONAL TRAVEL)?

YES NO

DO YOU USUALLY EXPERIENCE GOOD HEALTH? IF NOT, EXPLAIN:

YES NO

ARE YOU ALLERGIC TO ANY MEDICATIONS? LIST HERE:

YES NO

LIST ANY OTHER ALLERGIES:

LIST ANY CURRENT MEDICATIONS OR MEDICAL CONDITIONS THAT WOULD RESTRICT OR LIMIT YOUR PARTICIPATION:

SPIRITUAL PROFILE

CHURCH AFFILIATION

PASTOR OR CHURCH LEADER

PHONE

ADDRESS

IN WHAT MINISTRIES HAVE YOU SERVED?

WHY DO YOU WANT TO SERVE ON THIS PARTICULAR MISSION?

WHAT IS GOD CALLING YOU TO DO IN SERVICE?

DESCRIBE YOUR MINISTRY GIFTS, STRENGTHS AND SKILLS:

Your Church Name and Logo MISSION TEAM APPLICATION

**PLEASE CAREFULLY READ THE FOLLOWING EXPECTATIONS.
PLEASE CHECK IF YOU HAVE BOTH READ AND UNDERSTAND THEM.**

- Expenses are based on best estimates, especially flight prices, and are subject to change.
- Team members must have 100% of the trip expense paid within 30 days of travel.
- Team members understand the cost for the trip and will be responsible for all costs incurred should they be unable to travel.
- In the event of political unrest or natural disaster, _____your Church name_____ Church reserves the right to cancel the mission trip or project.
- Team members and leaders shall strictly adhere to expected standards and policies as stated in the *Team Covenant*, and are subject to dismissal without refund or reimbursement.
- Team members and leaders serve at their own risk and ___Your church name___ Church is not liable in the event of illness, accident, death, or terrorist acts, or for transportation or any other expenses beyond that of normal involvement.
- All donations received by _____ Church go towards tax-exempt mission expenses. Money cannot be refunded.
- Team members and leaders agree to participate in fundraising and promotional activities.

Date _____ Signature _____

If under the age of 18,

Date _____ Parent Signature _____

Parent Name in Print _____

YOUR CHURCH NAME AND LOGO

MEDICAL RELEASE FORM

NAME (AS SHOWN ON INSURANCE CARD)			
STREET ADDRESS			APT/UNIT
CITY		STATE	ZIP
DATE OF BIRTH	AGE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

- I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare should I be unable to make reasonable and sound decisions for myself.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- I agree to provide medical insurance.

Date _____ Signature _____

Date _____ Parent Signature _____

IF UNDER THE AGE OF 18

Parent Name in Print _____

MEDICAL INSURANCE CARRIER		POLICY NUMBER	
PHYSICIAN	PHONE	EMAIL	

Have you ever been seen or treated by a physician for (check applicable boxes and explain below)?

- | | | | |
|--------------------------------------|------------------------------------|--|---|
| <input type="radio"/> BRONCHITIS | <input type="radio"/> STROKE | <input type="radio"/> SINUSITIS | <input type="radio"/> HIGH BLOOD PRESSURE |
| <input type="radio"/> DIZZINESS | <input type="radio"/> ALLERGIES | <input type="radio"/> ULCER | <input type="radio"/> STOMACH UPSET |
| <input type="radio"/> HEART TROUBLE | <input type="radio"/> CHEST PAIN | <input type="radio"/> ASTHMA | <input type="radio"/> OTHER |
| <input type="radio"/> KIDNEY TROUBLE | <input type="radio"/> EENT DISEASE | <input type="radio"/> DIABETES | (EXPLAIN BELOW) |
| | <input type="radio"/> HERNIA | <input type="radio"/> EMOTIONAL PROBLEMS | |

Immunizations - dates received

Tetanus/Diphtheria _____ Hepatitis A _____

Typhoid _____ Hepatitis B _____

List any prescription drugs you will be taking on the trip. Purpose, frequency and dosage for each.

Emergency Notification

Relative or friend _____ Email _____

Home phone _____ Work phone _____