



Mission Trip Application

Mission Trip Dates: _____ Location: _____

Name of Trip Leader: _____

PERSONAL INFORMATION

Name as it appears on your passport: _____

Passport Number: _____ Expiration Date: _____

(PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO PAGE.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Cell): _____ Phone (Home): _____

E-mail: _____ Male/Female: _____ Date of Birth: _____

Describe your previous Short-Term or Long-Term Mission Service. _____

Why do you want to be part of this mission? _____

Describe how your family feels about your participation on this mission trip. _____

HEALTH INFORMATION

Participation on a mission trip or project requires good health and physical stamina. It is recommended that you have a physical examination before participating on a mission trip or project. You should also consult with your physician if you are under his or her care or you are regularly taking medication.

- 1. Please state any serious illness, surgery performed or hospitalization you have had in the last five years:

- 2. Please list any known allergies (ie, Penicillin, etc.): _____

3. Please list any dietary restrictions or food allergies:

4. Please list any medications you are currently taking: (Include prescription and non-prescription drugs, dietary supplements, herbs, etc.)

5. Are you presently under the care of a physician for any medical treatment physically or emotionally?
If yes, please describe:

6. Do you have a communicable disease? No ___ Yes ___ (explain) _____

7. Do you have any chest, back, or joint pain? No ___ Yes ___ (explain) _____

8. Do you have any limitations to strenuous physical walking or work? No ___ Yes ___ (explain) _____

9. How would you describe your health? Excellent ___ Good ___ Average ___ Poor ___

10. Please explain any physical challenges that you may face on this mission trip: _____

Briefly describe any major life changes you have gone through recently (job, family changes, illness, injury, or death of a relative or close friend, etc.)

Would any of the above changes interfere with your ability to fulfill your commitment on this short-term mission trip?

Yes _____ No _____

Blood Type: _____

Can you donate blood? Yes _____ No _____

Identifying Marks: _____

U.S. Personal Physician: _____ Phone: _____

VACCINATIONS

The Centers for Disease Control www.cdc.gov divides vaccines for travel into three categories: All travelers, Most travelers and Some Travelers. You should consult your doctor for information regarding which vaccines you should receive. To participate in a Family Church Mission Trip you must have the vaccines that "All Travelers" are listed as needing. We strongly suggest you also have the vaccines for "Most Travelers".

Dates of Last Immunizations:

Td/Tdap: (Tetanus) _____ MMR: _____ Polio: _____

Hep A: _____ Typhoid: _____

Hep B: _____ Cholera: _____ Yellow Fever _____ Malaria: _____

HEALTH INSURANCE

Name of Health Insurance Company: _____

Policy/Group Number: _____ Phone: _____

(PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.)

EMERGENCY CONTACTS

Full Name of Emergency Contact (1): _____

Contact Phone (Day): _____ Phone (Evening): _____

Emergency Contact E-mail: _____

Full Name of Emergency Contact(2): _____

Contact Phone (Day): _____ Phone (Evening): _____

Emergency Contact E-mail: _____

Beneficiary: _____ Relationship: _____

Beneficiary Email: _____ Phone: _____

Emergency Medical Permission: This is only for emergency situations should the individual be incapable of making rational decisions. In any situation, every effort will be made to reach your emergency contacts listed on this application. In the event that an emergency arises, I give the trip leader permission to authorize anesthesia, surgery, and/or procedures deemed absolutely necessary at the time.

Participant acknowledges that participation in the above trip involves risk to the Participant and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

Signature: _____ Date: _____