

Missions Trip Member Application

Trip applying for: Construction and Planning
Book of Hope
Medical
Evangelism

Destination:

Trip Date:

Personal Information

Name: _____

Phone: _____

Address: _____

Email: _____

Birthplace: _____

Date of Birth: _____

Citizen of the USA? _____ **Passport #:** _____ **Date Issued:** _____

Driver's License #: _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Physical Identification Marks: _____

Spouse's Name: _____ **Spouse's Work Phone:** _____

Nearest Relative (not living with you): _____

Relationship of above: _____ **Phone:** _____

Medical Information

Doctor's Name: _____ **Phone:** _____

Office Address: _____

Any special medical conditions or allergies? _____

Insurance Information: _____	Carrier: _____
Phone: _____	Plan Name & Number: _____
Pre-certification required?: _____	_____
Travel Coverage?: _____	

If you are presently under a doctor's care for treatment and/or medication now or within the last two years, please describe your condition and medication: _____

Has your doctor been notified that you are wanting to go on this trip and is he/she in agreement that there should be no major reason why you could not go? Yes No

Are you willing to get whatever preventive treatment is deemed necessary to go on this work project? Yes No If not, please explain why not below: _____

Please describe any allergies or problems relating to food, medicine, heat, or lifting that would limit your ability to fully participate in this trip: _____

Do you have any physical limitations that would affect your ability to fully participate in this work project? Yes No. If yes, please explain below: _____

Church Information

Name of home church: _____

Address: _____ Phone: _____

How long have been attending there: _____

Are you a born-again Christian? _____

When did you ask Jesus into your heart? _____

Where? _____

Lay positions in your church you have held: _____

Business Information, (if applicable):

Employer: _____ Phone: _____

Address: _____ Position: _____

Describe your duties: _____

How long have you worked in your current job? _____

Name of your immediate supervisor: _____

School Information, (if applicable):

School Name: _____ Phone: _____

Grade: _____

What are your goals for after graduation? _____

Project Information

Please describe any construction skills or proficiencies you have: _____

What leadership positions do you hold or have you held? _____

Educational History or background: _____

Foreign Countries you have been to within last 5 years (with dates): _____

Do you speak any foreign languages: _____

Emergency Release and Right of Representation

I hereby grant any one of the Construction Planning & Development team leaders or the Construction Planning & Development Coordinator my permission to authorize medical treatment and medication on my behalf if I am physically unable to authorize treatment myself. I will not hold any of the leaders, coordinator, Kenosha Assembly of God, or their representatives responsible for the results of such treatment, medications or decisions.

I also grant to any of the Construction Planning & Development team leaders and/or Construction Planning & Development Coordinator the right to represent me in decisions relating to my welfare or the group welfare during the trip.

By signing below, I agree to abide by the rules and policies set forth by the Construction Planning & Development team leadership and while on the trip, I understand that should my removal from the team be deemed necessary, I will be responsible for any costs incurred by the team for sending me home.

I further understand that there are inherent dangers with this trip and limited medical services available. I will not hold any of the Construction Planning & Development leaders, Construction Planning & Development Coordinator, Kenosha Assembly of God, or their representatives responsible for any harm or inconvenience that may result from this trip or decisions made.

Signature: _____ Date: _____

Printed Name: _____

Spouse's Signature: _____ Date: _____

Spouse's Printed Name: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Please attach a photocopy of your passport with this application
Please attach a copy of both sides of your insurance card with this application