

MISSION TRIP APPLICATION

Please type or print neatly. Attach a photocopy of your passport.

Country for which applying: _____

Trip date: _____

Passport Name:

Last	First	Middle
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Passport Number: _____

Date of Birth: _____

Place of Birth: _____

Are you a US citizen? _____

If you are not a US citizen, in what country do you hold citizenship(s)?

Street Address:

City/State/Zip Code:

Phone - Home: () - -

Work: () - -

Cell: () - -

Email: _____

What languages do you speak?

Field of Experience (MD, RN, Dental, Construction, Children's Ministry, etc.):

If you are a physician, please attach a copy of your medical license and DEA certificate.

Have you been on an international mission trip before? Yes ____ No ____

If yes, where did you go and in what capacity?

If you attend church, what church do you attend?

Medical Information

This information is important since from time to time team members become ill. It is essential for our doctors to know if you have any underlying health problems so they may assist you should you need help.

Note: This information will be kept strictly confidential with our team leaders and medical personnel.

Do you have any medical conditions for which you are receiving treatment?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What medications do you take on a regular basis?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Do you have any allergies?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____