

# Mission Trip Application

## Destination and Date of trip

\_\_\_\_\_

## General Information

Birth date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Passport Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E-mail: (PRINT CLEARLY) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Marital Status: Married      Single

US Citizen: Yes No

Occupation: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Health Information

Are you currently under the care of a physician for any condition? Yes\_\_ No\_\_

If so, please list. \_\_\_\_\_

\_\_\_\_\_

Please list any illnesses, other than those listed above, for which you have seen a physician or other health care provider in the last year.

<b>Illness</b>	<b>Date</b>	<b>Treatment</b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications, dosages and reason for taking. Include those medications taken on a regular basis as well as those taken for occasional illnesses such as migraines, indigestion, etc.

<b>Medications</b>	<b>Dosage</b>	<b>Treatment for?</b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? If so please list \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies other than to medications (i.e., Foods, environmental, etc.)?

If so please list \_\_\_\_\_

Date of last Tetanus shot (w/in last 10 years): \_\_\_\_\_

Please provide information of you current family physician.

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Medical Insurance Information:

Name of medical insurance carrier: \_\_\_\_\_

Office/Agent: \_\_\_\_\_

Policy/Group Number/Certificate Number: \_\_\_\_\_

Phone: \_\_\_\_\_

**Church Information**

Are you a member of a church? \_\_\_\_\_ Name of church \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

**Trip Specific Questions**

Why do you believe that God wants you to participate in this mission trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would make this trip a success for you? (What are your key expectations of this trip?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider to be your strengths and weaknesses? How might these affect the team dynamics on this trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specific skills do you have? (ie, teaching, construction, music, drama, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What languages, besides English, do you speak? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be your spiritual gifts? \_\_\_\_\_

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Have you ever participated in an International mission trip before? If so, describe the trip and its impact on you: \_\_\_\_\_

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**Release and Consent**

Name (please print clearly): \_\_\_\_\_

Trinity Fellowship Church (“TFC”) has organized a mission trip (the “Event”). I have been accepted for participation as a participant in the Event. Subject to each of the following provisions, I hereby consent to participate in the Event. The term “Event” encompasses every activity which shall occur from my arrival at the designated location for the Event to the time of departure from the Event. I understand that TFC would not admit me to the Event in the absence of execution of this General Release.

Release of Liability. I understand and appreciate fully the risks inherent in the Event and in travel. I fully understand the risks in participating in the Event also I am capable of participating in the Event and will do so in a safe and responsible manner. I will comply with all safety guidelines established by TFC. I fully and forever release, discharge and acquit TFC and their directors, officers, employees and agents, and their heirs, executors, administrators and assigns, including the volunteer medical staff (the “Released Persons”), from any and all rights, claims, actions, demands, costs and expenses that I may have or have a right to assert, arising out of or in connection with the Event, including but not limited to damages for death or personal injuries to myself. Without intending to limit the generality of the foregoing waiver, I expressly waive any claim against the Released Persons for any personal injury or property damage which I may sustain as a result of any activity during the Event.

Consent for Medical Treatment. I authorize the TFC mission leadership to provide medical/dental care and treatment, including but not limited to diagnostic tests, X-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my well-being during the duration of the Event. I agree that I am solely responsible to pay for any expenses that may arise from such medical care. This Release and Consent shall remain in full force and effect until the end of the Event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_