

APPLICATION FORM

CONTACT INFORMATION:

NAME: _____ D.O.B.: _____ GENDER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____ T-shirt size: _____
PASSPORT #: _____ Blood type: _____
PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____
RELATIONSHIP (to you): _____
PHONE: _____ 2nd phone:[optional] _____
ADDRESS: _____

- If you are under 18, a permission slip/ medical consent form must be signed by your parent or guardian. [IT will be provided]
- Have you been on other mission trips? yes / no . where, when?

- What special skills or abilities do you have that may be helpful on a mission work team? (willingness to learn and help can be your biggest asset!)

- Do you have any physical limitations, allergies or concerns that may affect your work team experience or that we should be aware of? YES NO
If you answered “yes”, please list:

WHAT DO YOU NEED TO DO:

- 1.) SECURE a **US PASSPORT**
- 2.) PRAY about your participation as well as ideas to raise funds for this trip.
- 3.) See your Doctor about appropriate medical needs, such as Malaria pills, current Tetanus, Hepatitis, and Typhoid shots, etc.
- 4.) Each team member may bring one “carry on” bag, one personal bag (e.g.: back pack), and will be responsible for two 50 lb. check in duffle bags with Team supplies.
- 5.) **HELP Mission Int’l.** will secure Travel Insurance through Missionary Travel Association.
- 6.) We will schedule a TEAM Orientation meeting, as well as a “Packing Day” in early June.