

Haiti Mission's Trip Application Form

Personal Information

Please print your *full* legal name as it appears on your passport for airline ticket purposes

First name _____ Middle _____ Last _____

Nickname _____ Male Female Date of birth: ____/____/____ Age: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home phone: (____) _____ Cell phone: (____) _____

General Information

Would you be willing to submit to a background check? Yes No

Is this your first international trip? Yes No

If no, when, where did you travel and what was the purpose? _____

Describe your skills, talents or areas of giftedness that you bring to the team (i.e. teaching, medical, drama, music, construction, children/youth/adult ministry, etc.)?

General Health

Medical History – Are you currently under the care of a physician for any ongoing condition? Please/Explain

Allergies - Specify any allergies to medications, foods, etc. and describe reactions. None

Condition - Is there any reason why you cannot tolerate any of the following?

____ Rigorous Outdoor Activity ____ High Temperatures ____ High Humidity ____ Other

Please explain: _____

Emergency Contact (NOT a team member): _____ Relationship: _____

Home phone: (____) _____ Cell phone: (____) _____

Authorization

The information I have given is accurate and true to the best of my knowledge. I give the right to Grace Church and Mission 1:11 to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature (*and signature of my parent/legal guardian if I am under the age of 18*) signifies authorization.

Signature: _____ Date: ____/____/____

Signature of Legal Guardian (*if under 18*): _____ Date: ____/____/____