

Adult Application



**ATTACH COPY OF FIRST
PAGE OF YOUR PASSPORT**

Mission trip to? _____

Start Date of trip? _____

Group/Church Name: _____

T-Shirt (*circle one*): small medium large x-large xx-large xxx-large

First Name/Name Used _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Birth Date: (MM/DD/YYYY) _____ Male/Female _____

Home phone number(_____) other(_____)

Your E-Mail Address _____

Passport Expiration Date: _____ Passport Issue Date: _____

Who should we contact in the event of an emergency? _____

Emergency Contact Number: Work (_____) Home (_____)

Briefly describe your relationship with Jesus Christ: _____

Describe your involvement in the church _____

Describe any contact you have had with other cultures _____

State your reasons for wanting to go on this mission project _____

What skills and talents can you contribute? _____

Will you abide by the cultural restrictions and Mission Discovery rules while participating in your summer mission project? _____yes _____no (check one)

Adult Application(continued)

Profile Sheet

Check as many as apply:

Pastor Jr/Sr High Parent Translator Musician
 Full-Time Youth Pastor Youth Volunteer Doctor CDL Lic.
 Part-Time Youth Pastor Contractor Nurse

Number of years involved in youth ministry? _____

Have you participated in other short term mission projects? _____yes _____no

If yes, where? _____

Your language ability: (F=Fluent, S=Some, N=None)

English Portuguese Spanish
 Chinese French Southern (for Tennessee)

I play guitar and would enjoy leading singing if needed: yes no
I would like to help organize or coordinate Children's Bible School: yes no
I would enjoy helping youth plan and perform: skits, drama, puppets, etc.: yes no
I have some experience in building or construction: yes no
I am currently certified in CPR and First Aid: yes no
I am currently certified in lifesaving: yes no
I am experienced in running sound systems: yes no
I am experienced in running PowerPoint presentations: yes no

Additional Comments:

PHOTO RELEASE: I give Mission Discovery permission to use photographs taken of me during the project for promotional purposes. By signing below I am stating that all of the above statements are true.

Signature _____ Today's Date _____

Participation Release and Medical Authorization

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

In consideration of being allowed to participate in the trip sponsored by Mission Discovery, Inc. and in consideration of the benefits to be derived therefrom, I hereby release Mission Discovery, Inc. and its present and former trustees, officers, directors, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the trip.

I recognize that the conditions in some of the places to which I or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to me and my property, and I enter into participation to this trip with knowledge of those risks.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination, medical, dental or surgical diagnosis, treatments, hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation or my child's participation in this trip.

I understand that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service.

Participants Signature _____ Date: _____

Parent's/Guardian's Signature _____ Date: _____

Mission Discovery Medical Information

Name _____ Date of Birth _____ Male _____ Female _____
Address _____ Phone # (_____) _____
City _____ State _____ Zip _____
Insurance Co. _____ Policy # _____
Policy Holder's Name _____
Address _____ Phone # (_____) _____
City _____ State _____ Zip _____
Policy Holder's Employer _____ Phone # (_____) _____
Guarantor Name (if different from Policy Holder) _____
Address _____ Phone # (_____) _____
City _____ State _____ Zip _____
Date of Last Tetanus Shot _____
List any major illnesses within the past year _____

List any medications you take regularly _____

NOTE: Be sure to take an ample supply for your length of service and get a written prescription from your doctor to give to your Group Leader just in case!

List those things to which you are allergic _____

List any physical disabilities or current health issues _____

In case of emergency, please contact:

Name _____ Work Phone # _____
Address _____
City _____ State _____ Zip _____
Relationship _____ Home Phone # _____

FOR YOUR DOCTOR

I have examined _____ and find him/her to be in good general health and physically able to take part in a Mission Discovery trip. Conditions that Mission Discovery should be aware of are:

Doctor's Signature

Date

Parent's/Guardian Signature

Date