Dove of the Desert UMC MISSION TEAM APPLICATION

Leon, Nicaragua

The purpose of this application is twofold. The first purpose is to help you evaluate your readiness to participate in this mission trip or project. Secondly, to help the team leader learn more about your interests and commitment level to the mission trip or project. A deposit of $300.00 is due with your application.

Personal Profile

Name (as shown on passport): _____

Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone number: _____ Mobile Phone number: _____

Email: _____

Birth Date: Month: _____ Day: ____ Year: _____ Age: _____

Experience Profile

Are you able to speak or write a foreign language? Yes_____ No_____ Language(s): _____

Occupation: _____ Employer: _____

Interests/Hobbies: _____

_____

Have you traveled internationally? Yes_____ No_____ Where? _____

_____

Have you been on a mission trip or project? Yes_____ No_____ Where? _____

What projects were involved? _____

_____

Do you have a passport? Yes_____ No_____ Passport Number: _____ Expires: _____

Certified Birth Certificate? Yes_____ No_____

What problems do you have when traveling? _____

Do you anticipate having to raise funds for this mission trip? If yes, please describe how you intend to raise the additional funds needed. _____

_____

Attachment B, Dove of the Desert Mission Team Application

Medical Profile

Do you have any problems taking preventative medicines such as anti-malarial, or immunizations commonly recommended for travel in some parts of the world?

Yes_____ No_____ Explain: _____

Do you usually experience good health? Yes_____ No_____ Explain: _____

_____

Allergies to medications? Yes_____ No_____ Explain: _____

_____

General allergies: _____

_____

List any current medications and medical conditions that would restrict or limit your participation:

_____

Spiritual Profile

Church affiliation (if other than Killearn UMC): _____

Pastor/Church Leader: _____

Address: _____

Telephone: _____

In what ministry areas of the church have you served? _____

_____

Why do you want to serve on this particular mission? _____

_____

What is God calling you to do in service? _____

_____

Please describe your ministry gifts, strengths and skills. _____

_____

✓As you prepare for the trip please consider drafting your personal testimony to help you examine how God may want to use your spiritual journey during this mission trip.

Please check if you have read and understand the following.

- ☐ Expenses are based on best estimates, especially flight prices, and are subject to change.
- ☐ Team members will be responsible to have 100% of the trip expense paid within 30 days of travel.
- ☐ Team members understand the cost for the trip and will be responsible for all costs incurred should they be unable to travel.
- ☐ In the event of political unrest, or natural disaster, Killearn UMC reserves the right to cancel the mission trip or project.
- ☐ Team members and leaders shall strictly adhere to expected standards and policies as stated in the Team Covenant and are subject to dismissal without refund or reimbursement.
- ☐ Team members and leaders serve at their own risk and Killearn UMC is not liable in the event of illness, accident, death, or terrorist acts, or for transportation or any other expenses beyond that of normal involvement.
- ☐ All donations received by Killearn UMC/Dove of the Desert UMC go towards tax-exempt mission expenses. Money cannot be refunded.
- ☐ Team members and leaders agree to participate in fundraising and promotional activities.

Signed: _____ Date: _____

If under the age of 18: Parent's Signature _____ Date: _____

Parent's Printed Name _____

Attachment C, Medical Information and Release Form

Name (as shown on medical insurance): _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: Month: _____ Day: _____ Year: _____ Age: _____

- ☐ I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury.
- ☐ I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare should I be unable to make reasonable and sound decisions for myself.
- ☐ I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- ☐ I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise I release from responsibility any person transporting me to and from the activities.
- ☐ I agree to provide medical insurance

Signed: _____ Date: _____

If under the age of 18: Parent's Signature _____ Date: _____

Parent's Printed Name _____

Medical and Insurance Information

Medical Insurance Carrier: _____ Policy Number: _____

Family Physician: _____

Telephone: _____ Email: _____

Have you ever been treated or seen by a physician for (check applicable boxes and explain below)?

☐ None	☐ Allergies	☐ Asthma
☐ Bronchitis	☐ Chest Pain	☐ Diabetes
☐ Dizziness	☐ EENT Disease	☐ Emotional Problems
☐ Heart trouble	☐ Hernia	☐ High Blood Pressure
☐ Kidney trouble	☐ Sinusitis	☐ Stomach Upset
☐ Stroke	☐ Ulcer	☐ Other (explain below)

Immunizations:

- Tetanus/Diphtheria Date Received _____
- Hepatitis A Date Received _____
- Hepatitis B Date Received _____
- Typhoid Date Received _____

List any prescription drugs you will be taking while on the trip; state the purpose, frequency, and dosage for each.

Comments: _____

_____

Emergency Notification

Relative or Friend_____

Home Phone Number: _____Work or Mobile Number: _____

Email: _____