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| --- | --- | --- | --- | --- |
| TRIP DATE AND DESTINATION: January 5th through January 12th, 2019 Dominican Republic | | | | |
| Estimated trip cost: $1950 | | | | |
| Applicant Name EXACTLY AS IT APPEARS ON YOUR PASSPORT | | | | Today’s Date |
| Address | | | | |
|  | | | | |
| Email Address | | | | |
| Home phone | | | Cell phone | |
| Birthdate | Age | | Gender M F | |
| Marital Status | | |  | |
| Passport number | | | Passport expiration | |
| Church affiliation | | | | |
| Occupation | | | | |
| Emergency Contact Name | | | | |
| Emergency Contact Address | | | | |
| Emergency Contact Email Address | | | | |
| Emergency Contact phone number | | | | |
| **References (Are only required if you have never travelled with us before)** | | | | |
| Name | | Relationship to you | | |
| Email Address | | Phone Number | | |
| How long have you known this person? | | | | |
| Name | | Relationship to you | | |
| Email Address | | Phone Number | | |
| How long have you known this person? | | | | |
| Name | | Relationship to you | | |
| Email Address | | Phone Number | | |
| How long have you known this person? | | | | |
| **Purpose** | | | | |
| Why do you want to participate in this mission trip? (please use the back of the paper if you need more space) | | | | |
| What vaccines do you need? Hep A Hep B Tetanus Typhoid Childhood Vaccines | | | | |
|  | | | | |
| Medical History. I have the following medical conditions | | | | |
| I take the following Medications | | | | |
| I have the following food or medication allergies | | | | |
| **Team Participation Conditions** | | | | |
| 1. I understand that this is an evangelistic team committed to furthering the Kingdom of God. I wholeheartedly agree with this goal and agree to actively participate in the achievement of this goal. 2. I give Hands in Service permission to contact my references and ask them questions about me. 3. I understand that applying to be a team member does not guarantee a spot on the team. If I apply and my application is not accepted, my initial deposit will be refunded. 4. I understand that participation in this team is a physical, spiritual and financial commitment. If I do not participate in meetings or if I do not show a commitment to the goals of this team, I may be removed from the team. 5. I am physically able to participate in the requirements of this trip as outlined in this meeting. At minimum, I can walk while carrying a 20 lb pack for 1 mile and I can move from a standing position to a squatting position and back up again without assistance. 6. I understand that trip costs are a non-refundable donation and the responsibility of the applicant. All costs are due 30 days before departure. I understand that if my costs are not paid 30 days before departure I will not be able to travel with this team. 7. I give permission for Hands in Service to use my likeness in photographs from this trip. | | | | |