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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 |
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| 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.
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