



missiontripapplication

PERSONAL INFORMATION

Name _____ Home Phone (____) _____

Address _____ Alternate Phone (____) _____

City _____ State _____ Zip _____ E-mail Address _____

Date of Birth _____ Marital Status: _____ Gender: _____ T-shirt size: _____

Educational Background (list schools/colleges attended and graduation dates) _____

Place of Employment _____ Business Phone (____) _____

Please list your family members and ages: _____

EMERGENCY INFORMATION

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone Number (____) _____

SPIRITUAL INFORMATION

Where is your church membership? _____ Number of years attended _____

Date of Salvation _____ Date of Baptism _____

Briefly state your testimony: _____

What are your spiritual gifts? _____

Previous missions trip experience(s): _____

What type of work did you do on these mission trips? _____

Why do you want to go on this particular mission trip? _____

Do you have any special training that would enhance this trip? _____

releaseform

MEDICAL/LIABILITY RELEASE

Name _____ Date of Last Physical Exam _____

Primary Care Physician _____ Phone _____

List any major illnesses in the past year: _____

List any medical conditions that may affect your ability to perform on this mission trip: _____

List any known allergies: _____

List any medications and dosages you will take with you on the trip: _____

Other conditions of which OWM or a treating physician should be aware: _____

Insurance Company _____ Group # _____

Policy Number _____ Name of Policy Holder _____

Insurance Company Phone Number (_____) _____

Please attach a copy of your insurance card, front and back.

Release: In case of unconsciousness or inability to release myself for medical treatment resulting from an accident on this One Way Ministries' trip that requires medical attention, I _____ (legal name) give permission for OWM, its representatives and all attending healthcare providers to provide medical treatment to/on me as necessary.

I _____ (legal name) the undersigned do hereby release One Way Ministries and its representatives from all actions, damages, or liabilities arising out of treatment of any sickness or accident incurred by my participation in this trip.

PHOTO RELEASE

I _____ (legal name) give permission for One Way Ministries to use photographs of me on this trip in printed material, media outlets (including the website), and other forms of media.

Signature (Legal Name)

Date

Seal of Notary:

Signature of Parent (if participant is a minor)

Date

Signature of Notary

Date

My Commission Expires on _____