

UNITED CHRISTIAN MISSIONS, INC. and HEALTHY NEIGHBORS INTERNATIONAL TEAM MEMBER APPLICATION



Trip Dates: Team Leader:

TEAM MEMBER INFORMATION

	All information	should be exactly as	it appears on Passport				
Name:		Date	Date of Birth:			:	
Mailing Address:							
E-mail:	Shirt S	ize:					
Home Phone:	Busines	s Phone:	Cell Phone:				
Married? N	ame of Spouse:		Number of Children:	Ages:			
U.S. Citizen?	Do you have a passport?	Passport #:	Exp. [Date:			
	<u>EN</u>	MERGENCY CONTACT	PERSON				
Name:	Relationship:						
Mailing Address:							
Home Phone: Busine		ss Phone:	Cell Phone:				
		PERSONAL REFERI	<u>ENCE</u>				
Name:	Relationship:						
Phone Number:	E-m	ail:					
		EMPLOYMENT REFE	RENCE				
Name of Employe	r:		Phone:				
Mailing Address:							
Position:	Date Employed:		Supervisor's Name:				
If your employme	nt is non-standard (self-employ	ed, unemployed, stu	dent, retired, etc.), please exp	olain:			

HISTORY & BACKGROUND

			-		<u>x b/ tentente ente</u>						
Past or current ci	vil or criminal	nistory:									
Previous Missions	s/Humanitaria	n/Internati	ional Exp	erience:							
Do you speak any	foreign langu	ages?									
<u>HEALTH</u>											
General Health:	Excellent	Good	Fair	Poor							
If you said Fair or	Poor, explain	why:									
Are you under a crate sheet.	doctor's care fo	or any chro	onic heal	th probler	ms or physical disability?	If yes, please describe on a sepa-					
Special Needs:					Medicines:						
Dietary limitations:				Allergies:							
What do you feel	you are best o	qualified to	do on th	nis trip?							
Why do you want to go on this mission trip?											
INSURANCE INFORMATION											
Insurance issued	in the name of	: .			Policy #:						
Insured Mailing A (if not the same a		er)									
Name of Insurance Company:					Phone #:						
Mailing Address:											
				<u>LIABIL</u>	ITY RELEASE						
participating in a walking, while wo of permanent injudissions, Inc., He property, personand assigns, do h	mission trip. Sorking, sicknessury or death. It althy Neighboral harm, injury ereby absolve	ome of the sand other of I do accepts Internation or illness the United Chillness the I, my age	e dangers r accider pt this te ional and that may ristian M	s could ind its or injuing rm of volution d all of the come, and issions, In	clude, but are not limited to ries, foreseeable and unfore unteer service, I wish to ma eir representatives will not l d I, for myself, my heirs, ex c. and Healthy Neighbors In	t are inherent while traveling and o, accidents while traveling, while eseeable, that might pose a risk to me ke it clear that United Christian be held liable for any loss or damage of ecutors, administrators, distributes aternational and hold them harmless on United Christian Missions, Inc. or					
Signature				Date							
Parent/Guardian	signature					(if traveler is under 18)					

Note: If both parents are not traveling with the minor you must also complete the "Travel Consent Form for Minors"