



**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 of Birth:

Gender: M F

Mailing Address:

E-mail:

Shirt Size:

Home Phone:

Cell Phone:

Tee Shirt Size:

Married?

Name of Spouse:

Number of Children:

Ages:

U.S. Citizen?

Do you have a passport?

Passport #:

Exp. Date:

EMERGENCY CONTACT PERSON

Name:

Relationship:

Mailing Address:

Home Phone:

Business Phone:

Cell Phone:

PERSONAL REFERENCE

Name:

Relationship:

Phone Number:

E-mail:

EMPLOYMENT REFERENCE

Name of Employer:

Phone:

Mailing Address:

Position:

Date Employed:

Supervisor's Name:

If your employment is non-standard (self-employed, unemployed, student, retired, etc.), please explain:

HISTORY & BACKGROUND

Past or current civil or criminal history:

Previous Missions/Humanitarian/International Experience:

Do you speak any foreign languages?

HEALTH

General Health: Excellent Good Fair Poor

If you said Fair or Poor, explain why:

Are you under a doctor’s care for any chronic health problems or physical disability? If yes, please describe on a separate sheet.

Special Needs: Medicines:

Dietary limitations: Allergies:

What do you feel you are best qualified to do on this trip?

Why do you want to go on this mission trip?

INSURANCE INFORMATION

Insurance issued in the name of: Policy #:

Insured Mailing Address:
(if not the same as team member)

Name of Insurance Company: Phone #:

Mailing Address:

LIABILITY RELEASE

As a volunteer on this mission trip, I understand there are certain risks and dangers that are inherent while traveling and participating in a mission trip. Some of the dangers could include, but are not limited to, accidents while traveling, while walking, while working, sickness and other accidents or injuries, foreseeable and unforeseeable, that might pose a risk to me of permanent injury or death. If I do accept this term of volunteer service, I wish to make it clear that United Christian Missions, Inc., Healthy Neighbors International and all of their representatives will not be held liable for any loss or damage of property, personal harm, injury or illness that may come, and I, for myself, my heirs, executors, administrators, distributes and assigns, do hereby absolve United Christian Missions, Inc. and Healthy Neighbors International and hold them harmless from any claim or demand which I, my agents, or my heirs might conceivably assert upon United Christian Missions, Inc. or Healthy Neighbors International

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”