



# Mission Trip Application

For Office Use Only:

Date Received \_\_\_\_\_

Trip Destination \_\_\_\_\_

Trip Dates \_\_\_\_\_

## PERSONAL INFORMATION

Full Name (as printed in your passport) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Citizenship (Country) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Have you ever been convicted of committing a crime? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

## SERVICE INTERESTS, SKILLS, AND ABILITIES

Please mark your service interests and indicate whether you have professional qualifications in any of the following areas (***note that medical professionals are required to provide a copy of diploma and current license***):

\_\_\_\_\_ Teaching \_\_\_\_\_ Evangelism \_\_\_\_\_ Prayer \_\_\_\_\_ Medical \_\_\_\_\_ Other(s) \_\_\_\_\_

\_\_\_\_\_ Pharmacist \_\_\_\_\_ Doctor \_\_\_\_\_ PA \_\_\_\_\_ NP \_\_\_\_\_ Nurse \_\_\_\_\_ PT/OT/SLP/RT/RD (circle which)

List languages you speak, other than English, and indicate fluency level in each (from 1-10, where 1=elementary and 10=native fluency) \_\_\_\_\_

Describe your motivation for applying for this trip \_\_\_\_\_

## SPIRITUAL INFORMATION

Do you attend church? \_\_\_\_\_ If so, name of church \_\_\_\_\_ Name of Pastor \_\_\_\_\_

May we contact your pastor (or small group leader) for a reference? \_\_\_\_\_ Phone or Email \_\_\_\_\_

Are you a licensed or ordained pastor or lay preacher \_\_\_\_\_ Credentialing Organization \_\_\_\_\_

List and describe your volunteer and/or leadership roles in any ministry or outside the church. \_\_\_\_\_

Summarize your Christian testimony, including your relationship with Jesus \_\_\_\_\_

**MEDICAL INFORMATION**

*This information is confidential and is provided only to the team selection committee and the team leader for this trip. You may be required to submit a medical release signed by your physician if you are under care for certain conditions.*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Do you have or have you ever had (please circle): *Fainting Spells Heart Problems Diabetes Food Allergies  
Respiratory Problems Seizures Depression Anxiety Sleep Disorder Eating Disorder Altitude Sickness*

Date of your last tetanus shot \_\_\_\_\_ Have you completed: Hepatitis B series? \_\_\_\_\_ Yellow Fever? \_\_\_\_\_

List any physical disabilities or limitations \_\_\_\_\_

List any mental or behavioral health diagnoses \_\_\_\_\_

List dietary restrictions/food allergies \_\_\_\_\_

List current medications, including dosage and frequency (prescription and over-the-counter medications). Use a separate sheet if necessary. \_\_\_\_\_

Are you able to walk at least a mile carrying your own backpack? \_\_\_\_\_ If not, please explain \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy /Group Number \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PASSPORT INFORMATION**

PLEASE NOTE: your passport MUST be valid for at least six months AFTER the end of the trip. If this is not the case, or if you do not yet have a passport, please renew/apply ASAP. If your passport is not issued in time to purchase tickets, you may not be allowed to go on the trip. Please attach a copy of the face page of your passport to this application.

Passport Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**STATEMENT OF AGREEMENT AND RELEASE OF LIABILITY**

*By signing this application, I agree to abide by all policies of Be the Light as they pertain to volunteer missionary service, both on and off the mission field. I commit to be a contributing member of the team, to cooperate with team leadership, and to represent Christ to the best of my ability in all circumstances. I pledge to adhere to all safety protocols and instructions given by the team leader. I understand that failure to do so may result in dismissal from the team without refund. If dismissal is deemed necessary, I understand that I am responsible for costs incurred to return home. I acknowledge that I am responsible to pay in full the cost of the trip on the payment schedule determined by Be the Light. I authorize Be the Light to secure emergency medical treatment for me if necessary. I am aware of the hazards and risks associated with this trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I also recognize that such risks have always been associated with missionary service much like those in II Cor. 11:23-28. I hereby release Be the Light, its staff, and volunteers from any liability or responsibility for personal injury, death, personal property damage, or loss.*

Name (As printed on your Passport) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_

*I authorize **Be the Light** to use in print and online publications photographs of me taken during this Mission Trip without my prior inspection and approval.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_