

# Pinelake Church

## 2008 Mission Trip Application

Trip to which you are applying: Destination: \_\_\_\_\_ Date(s) \_\_\_\_\_  
(Application will remain valid for calendar year 2008)

### PERSONAL INFORMATION

Name you go by \_\_\_\_\_ Name on Passport \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_ SSN # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_

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

If Student – last grade completed \_\_\_\_\_

Pinelake Member/Attendee Yes \_\_\_ No \_\_\_ Home Church (if not Pinelake) \_\_\_\_\_

Small Group Member Yes \_\_\_ No \_\_\_ Small Group Leader \_\_\_\_\_

Have you ever been on a mission trip before? Yes \_\_\_ No \_\_\_ Was it with Pinelake? Yes \_\_\_ No \_\_\_

If YES, briefly describe your experience such as when, where and what you did:

\_\_\_\_\_

\_\_\_\_\_

Briefly explain why are you applying to be a member of this team? \_\_\_\_\_

\_\_\_\_\_

### MEDICAL RELEASE / PERMISSION FOR TREATMENT

I grant permission to the team leader(s) in charge of the trip to make provisions for any medical care which may be deemed necessary, and make any other decisions or give any other consent which may be necessary, for my health or welfare at any time, whether in foreign or domestic territory, for the duration of the trip. I understand that should a health emergency arise. The emergency contact will be notified, but if they cannot be reached by phone, the leader(s) should act as my agent to consent to any treatment deemed advisable by a physician or medical personnel. I agree to be financially responsible to any care provider and authorize the release of necessary medical or insurance related information. I/we, the undersigned, do hereby release, remit and forever discharge the all staff or team leaders, adult sponsors, and Pinelake Church of Brandon, Mississippi, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Must be signed by Parent or Guardian if Participant is under 18)

### PARTICIPATION AGREEMENT & WAIVER

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury or property damage associated with participation in the mission trip whether in foreign or domestic territory. The participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury, or property damage sustained during a mission trip. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Must be signed by Parent or Guardian if Participant is under 18)

NOTARY (Notarization required only for participants under 18) Note: There is a notary available in the Missions office

Signature \_\_\_\_\_

Seal

## MEDICAL INFORMATION

Name on Passport \_\_\_\_\_

Passport # \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy / Group # \_\_\_\_\_

Date of Last Immunizations: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Other Immunizations: \_\_\_\_\_

### MEDICAL HISTORY

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_

Other \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Penicillin or other drug (name) \_\_\_\_\_

Insect stings/bites \_\_\_\_\_ Poison oak, ivy, sumac \_\_\_\_\_

Previous operations or illnesses \_\_\_\_\_

List any CURRENT medications \_\_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_ Glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL THAT COULD POSSIBLY POSE A CHALLENGE UNDER STRESSFUL SITUATIONS? YES or NO (Circle one)

PLEASE BE ADVISED THAT EACH TRIP MAY HAVE REQUIRED SHOTS. FOR ALL PARTICIPANTS, IT IS STRONGLY SUGGESTED THAT YOU MAINTAIN AN UPDATED TETANUS SHOT.

## EMERGENCY CONTACT INFORMATION

In case of emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How can they best be reached: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail address \_\_\_\_\_

## LIFE INSURANCE (Beneficiary for Life Insurance purchased on your behalf on **International Trips** only)

Beneficiary's Name \_\_\_\_\_ Their Date of Birth \_\_\_\_\_

Relation to you \_\_\_\_\_ Phone Number \_\_\_\_\_