

<i>Office Use</i>	
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International Missions Volunteer Application

(Please fill out a separate application for each person. Print clearly.)

Mission Project: (date and place) _____

PERSONAL INFORMATION

Full Name (as listed in passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Church: _____ Date of Birth: _____

E-mail: _____ T-Shirt Size _____

Professions: _____

Passport Number: _____

Issue Date: _____ Expiration Date: _____

Are you a US Citizen? _____ If not, where? _____

(Please provide a copy of your passport)

SKILLS INFORMATION

What skills do you have that would be an asset? Please check appropriate box(es).

I would like to serve as () Director or () Assistant leader for:

- | | |
|--|-------------------------------|
| () Vacation Bible School | () Music |
| () Backyard Bible Club | () Fund Raising Committee |
| () Sports Clinic (specify type of sports event) | () Organizational leadership |
| () Witnessing Team | () Preacher |
| () Construction Project | () Kitchen Crew |
| () Other (please list) _____ | |

Age/Grade Preference _____

MEDICAL INFORMATION/RELEASE

Name of Health Insurance Carrier: _____

Insurance Policy Number: _____

(Please include a copy of medical insurance cards)

Name of Physician: _____ Phone: _____

Name of person to notify in event of emergency: _____

Day-time Number: _____ Night-time Number: _____

Local Hospital Preference _____ Phone: _____

List of Medicines:

Name (include milligrams, etc.) Dosage (amount and frequency)

Special healthcare instructions (allergies, including food allergies, etc.)

I consent for treatment and/or sharing of this information with attending physician in the event of an emergency. (initial) _____

I consent for use of my photos, testimony, voice, or video footage for use in EBA promotional materials. (initial) _____

I understand that my completion of this application is an expression of commitment to this trip. By signing this form, I am committing to pay the total amount of the trip. (initial) _____

Signature Date

Permission for minors if unaccompanied:

Guardian Signature Date

For Office Use Only (Do not write in this space)			
Date	Amount Paid	Cash	Check #