Office Use	
Breeze	
Deposit	
Total	
Insu	

North American Missions Volunteer Application

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

Mission Project: (date and place) _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip:_____

Home Phone: _____ Cell Phone: _____

Church: _____ Date of Birth: _____

E-mail: _____ T-Shirt Size_____

LODGING/TRAVEL INFORMATION

Any housing or transportation other than the group accommodations will be at your own expense, and you should make your own arrangements.

HOUSING

Will you be staying with the group (i.e. church or mission center) ____Yes ____No

(If no, please initial: I understand all expenses and arrangements are my obligation: ___)

TRAVEL

Will you travel in EBA-sponsored transportation (i.e. van or bus)? ____Yes ____No

(If no, please initial: I understand all expenses and arrangements are my obligation: ___)

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
( ) Backyard Bible Club
( ) Sports Clinic (specify type of sports event)
( ) Witnessing Team
( ) Construction Project
( ) Music
( ) Fund Raising Committee
( ) Organizational leadership
( ) Preacher
( ) Kitchen Crew

( ) Other (please list)_____

Age/Grade Preference_____

MEDICAL INFORMATION/RELEASE

Name of Health Insurance Carrier: _____

Insurance Policy Number: _____

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.

_____

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 #