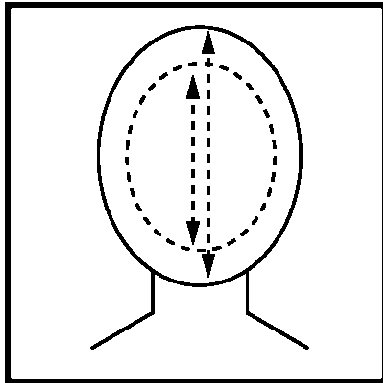


## SHORT-TERM VOLUNTEER APPLICATION



Attach by Stapling  
2 Color Passport Photos 2" x 2"

Country Traveling To:	
Travel Dates:	

**Instructions:**

1. Please complete application in its entirety.
2. Submit 2 color passport photos. All other photos are unacceptable.
3. Submit 2 copies of the inside page of your passport with your application.
4. Sign and date application. If applicant is under the age of 18, parent signature is required.

**PERSONAL**

Name as appears on passport: Last		First		Middle		Preferred Name			
Address: Street				City		State		Zip	
Title: Pastor <input type="checkbox"/>		Co-Pastor <input type="checkbox"/>		Minister <input type="checkbox"/>		Other			
Telephone: Home			Work		Mobile		Email Address		
Date of Birth (mm/dd/yyyy) / /		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Social Security Number - -			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow/er <input type="checkbox"/>	Divorced <input type="checkbox"/>	Spouse's Name					
Occupation				Name of Employer					

**PASSPORT INFORMATION**

Do you have a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		Passport Number		Country Issued		Expiration Date	
---	--	-----------------	--	----------------	--	-----------------	--

**EMERGENCY CONTACT** (Provide the name of a person not traveling with you to be contacted in case of emergency. This person will also be contacted when you are out of the country.)

Name: Last		First		Relationship					
Address: Street				City		State		Zip	
Telephone: Home			Work		Mobile		Email Address		

Name (Last, First)
--------------------

**HEALTH INSURANCE / BENEFICIARY INFORMATION**

Name of Health Insurance	Telephone	Policy Number	Name of Policy Holder
Beneficiary Name		Relationship	Telephone

**MEDICAL INFORMATION**

List any health related problems, conditions, and physical limitations you may have:
List those things which you are allergic to (foods, medicines, and other):
Immunizations (check all that apply) <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tetanus <input type="checkbox"/> Meningitis <input type="checkbox"/> Typhoid <input type="checkbox"/> Polio

**CHURCH AND AREA OF MINISTRY**

Name of church you are a member	Pastor's Name		Church Telephone	
Address: Street	City	State	Zip	
List all areas that you serve in your church:				
List other talents or abilities:				
Briefly describe your relationship with Christ: (attach additional page if needed)				
List countries of any previous overseas mission trips:				

I certify that all information provided on this form is complete and accurate, to the best of my knowledge. I am aware that participation in this short-term mission trip exposes me to some risk(s) and that I have read and understand the Liability Release Agreement. I am aware that a non-refundable fee of \$200 is incorporated in the cost of the trip.

Volunteer's Signature	Date
-----------------------	------

*(If applicant is under the age of 18, parent signature is required.)*

Use the checklist below to ensure your application package is complete.

- Completed and signed application     2 Color Passport Photos     2 Photocopies of Passport (front page)     Liability Release Agreement     Photographers Release