

2017 Guatemala Mission Team Application

Name _____
(First) (Full Middle name) (Last)
Parent's Name(s) if under 18 _____
Current Address _____
City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address _____
Social Security # _____ Date of Birth _____
Passport # _____

What is your current area of ministry to the local body? _____

Have you ever been on a short-term mission trip before? _____
If so, please tell us about it _____

Personal Testimony – Please tell us how the Lord is working in your life right now _____

Please tell us why you would like to be a part of this short-term mission team _____

Emergency Contact Information:

Name _____ Relation: _____
Current Address _____
City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Emergency Information:

Insurance Company _____
Phone Number _____
Group / Policy Number _____
Policy Holder's Name _____

Are you currently taking any prescription medications? Y/N
If yes, please list: _____
Do you have any allergies? Y/N
If yes, please list: _____
Are there any other medical conditions that the team leader should be aware of? Y/N
If yes, please explain: _____

In the event of an emergency I, _____, give the mission team leader from Community Chapel of Greenville permission to take me / my child for necessary medical treatment.

The undersigned releases and agrees to hold harmless Community Chapel of Greenville, its Board, employees or agents from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the short-term mission trip to Guatemala from July 18, 2017 to July 26, 2017. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: dangers resulting from disease; from civil warfare or insurrection; from post-warfare hazards; from geographic features such as high altitudes, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The forgoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his/her heirs, representatives, and assignees.

Participant's Signature Date _____

Parent / Legal Guardian Signature (if participant is under age 18) Date _____