

# RETURNEE APPLICATION FOR MISSIONS

Oak Pointe Church

Check trip(s) you are applying for:  Haiti  Ecuador  Lusaka, Zambia  
Living Hope:  June  August  
 East Asia  Other  Disaster Relief

## Personal Information

*All information is strictly confidential*

Date: \_\_\_\_\_ Gender:  Male  Female

Full Name (as appears on **passport**) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue/Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Marital Status:  Single  Married  Engaged  Divorced

Spouse's Name: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

# Medical Information

How would you describe your present health?  Excellent  Good  Average  Poor

Please state any medical treatment (including psychiatric or professional counseling) you have had in the last five years.

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Are you presently under the care of a physician?  Yes  No If yes, please explain:

Please list any medication you are taking:

Please list all immunizations you have had in the past 10 years:

## Other Medical Information

Special Medical Needs (describe, include allergies):

Regular Physician, Dr. \_\_\_\_\_ Physician Phone: \_\_\_\_\_

## Other Emergency Phone Numbers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

# Oak Pointe Church

## Participation Agreement

I agree to release, discharge, and hold harmless Oak Pointe Church, its employees, agents and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify Oak Pointe Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

**Please check the following and sign:**

1. **I will participate in each training meeting or make up the meeting I miss for possible unavoidable reasons.**  
 Yes  No
  
2. **I believe that through prayer and wise counsel, God has directed me to be a participant on the Mission Trip indicated. Therefore, I will be a person of faith as well as faithfulness, believing that as I am diligent to uphold the commitment I am making to this trip, God will be faithful in His to provide and prepare me for what He has for me.**  
 Yes  No
  
3. **I will communicate openly with all the leaders and will adhere to the instructions to the best of my ability without reproach.**  
 Yes  No
  
4. **I will (by faith!) meet all the financial obligations of this trip- regardless of support raising shortfalls.**  
 Yes  No
  
5. **The information on this form and attached forms is correct to the best of my knowledge. I authorize any References to release all such information to assist in evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to Oak Pointe Church and I waive any right that I may have to inspect references provided on my behalf. I hereby, give Oak Pointe Church, permission to contact my references and appropriate government agencies.**  
 Yes  No

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_