

RETURNEE APPLICATION FOR MISSIONS

Oak Pointe Church

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

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.

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:** _____