



NON-PROFIT ORGANIZATION
WWW.FTCBRAZIL.ORG

SHORT – TERM MISSION TRIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ BIRTHDATE _____ US CITIZEN _____

SS# _____ - _____ - _____ PASSPORT # _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

PHONE # _____ ALT PHONE # _____

INSURANCE COMPANY (INTERNATIONAL ONLY)

POLICY NUMBER _____

PHONE NUMBER _____

MEDICAL HISTORY

It is important that you are honest and complete with your medical history due to the environment in which you may be working. All information will be held confidential. Traveling may involve some hardships and physical stress and will require flexibility.

HAVE YOU HAD ANY MEDICAL PROBLEMS WITHIN THE LAST 12 MONTHS WHICH MAY BE OF CONCERN ON THE TRIP?

ARE YOU CURRENTLY ON ANY MEDICATIONS TO TREAT ANY ILLNESS?

ARE YOU PHYSICALLY FIT ENOUGH TO WALK , SWIM OR DO MINOR LABOR TASKS?

LIST ANY HISTORY OF MAJOR ILLNESS OR SURGERY

ARE YOU ALLERGIC TO ANY MEDICATIONS? IF SO WHICH ONES?

BLOOD TYPE AND FACTOR? _____

PERSONAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE US OR ANY OTHER COUNTRY?
PLEASE EXPLAIN

HAVE YOU EVER BEEN FOUND GUILTY OF MISCONDUCT TOWARD A MINOR? _____

WOULD YOU BE WILLING TO HAVE A BACKGROUND CHECK DONE? _____

HAVE YOU BEEN A FAITHFUL ATTENDANT, FOR AT LEAST 6 MONTHS, IN A CHURCH THAT BELIEVES THE BIBLE AS THE INERRANT WORD OF GOD AND THAT JESUS CHRIST IS GOD AND THE ONLY WAY TO SALVATION?

WHAT CHURCH? _____

ADDRESS _____

PHONE NUMBER _____

PASTOR'S NAME _____

ARE YOU CURRENTLY INVOLVED IN AT LEAST ONE AREA OF SERVICE IN YOUR CHURCH? IF

SO WHICH ONE? _____

WHY ARE YOU INTERESTED IN GOING ON A SHORT TERM MISSION TRIP?

WHY THIS PARTICULAR MISSION TRIP AND WHY NOW?

HAVE YOU BEEN ON OTHER TRIPS? _____
PLEASE GIVE BRIEF DESCRIPTION _____

ARE YOU WILLING TO SERVE IN ANY CAPACITY, INCLUDING HOUSEWORK, MINOR REPAIRS OR TASKS TO SERVE A VERY POOR COMMUNITY? _____

ARE YOU AWARE THAT THERE IS SOME RISK INVOLVED TO YOU AND YOUR PROPERTY WHEN TRAVELLING AROUND AND INTO A SLUM IN BRAZIL? _____

RELEASE OF LIABILITY

I HAVE VOLUNTEERED TO PARTICIPATE IN A SHORT-TERM MISSION TRIP WITH FOR THE CHILDREN BRAZIL INC. UNDER THE LEADERSHIP AND GUIDANCE OF CALVARY CHAPEL MIAMI BEACH. I DO HEREBY RELEASE AND FOREVER DISCHARGE FOR THE CHILDREN BRAZIL INC., CALVARY CHAPEL MIAMI BEACH, ITS EMPLOYEES, OFFICERS, VOLUNTEERS AND OTHERWISE FROM ANY LIABILITY WHATSOEVER ARISING OUT OF ANY INJURY, DAMAGE, LOSS, OR DEATH WHICH MAY OCCUR WHILE PARTICIPATING ON THIS TRIP

SIGN _____

DATE _____

PRINT _____

CONSENT OF TREATMENT

IN CASE OF EMERGENCY, I HEREBY AGREE TO THE PERFORMANCE OF SUCH TREATMENT INCLUDING ANESTHESIA AND SURGERY, THAT THE ATTENDING DOCTOR OR PHYSICIAN MAY DEEM NECESSARY.

SIGN _____

DATE _____

PRINT _____