



## Missionary Trip Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Passport # \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expiration \_\_\_\_\_

Home Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

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

Please list any gifts or talents that you feel may be useful on this mission trip:

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL:

Doctor \_\_\_\_\_

Contact Info \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Are there any physical conditions that might affect you in a foreign country?

\_\_\_\_\_  
List any Medical Conditions

\_\_\_\_\_  
List any diet restrictions and allergies

\_\_\_\_\_  
Please give a statement regarding your general health

\_\_\_\_\_  
List current medications you are taking

I understand that Rick and Carie Bernard, DR Missions and Grace Covenant International is not held responsible for expenses incurred by illness or accident while or subsequent to my stay during any mission trip. I agree to provide for my own personal accident/health insurance.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This application must be returned at least 30 days prior to your arrival on any mission trip\*