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International Missions Volunteer Application

(Please fill out a separate application for each person. Print clearly.)

Mission Project: (date and place)_____

PERSONAL INFORMATION

Full Name (as listed on passport): _____

Address: _____

City:_____ State:_____ Zip:_____

Home Phone: ()_____ Cell Phone: ()_____

Church: _____ Date of Birth:_____

E-mail:_____ T-Shirt Size_____

Profession: _____

Passport Number:_____

Issue Date: _____ Expiration Date: _____

Are you a US Citizen? _____ If not, where? _____
(Please provide a copy of your passport.)

MEDICAL INFORMATION

Name of Health Insurance Carrier:_____

Insurance Policy Number:_____ *(Please include a copy of medical insurance cards.)*

Name of Primary Physician:_____ Phone:_____

Name of person to notify in event of emergency: _____

Day-time Number:_____ Night-time Number:_____

List of Medicines: *(Include names, dosage amounts, and frequency)*

Special healthcare instructions: *(allergies, including food allergies, etc.)*

SKILLS INFORMATION

What skills do you have that would be an asset? Please check appropriate box(es).
 I would like to serve as () Director or () Assistant leader for:

- | | |
|--|---|
| <input type="checkbox"/> Vacation Bible School
<input type="checkbox"/> Backyard Bible Club
<input type="checkbox"/> Sports Clinic (specify type of sports event)
<input type="checkbox"/> Witnessing Team
<input type="checkbox"/> Construction Project
<input type="checkbox"/> Other (please list) _____ | <input type="checkbox"/> Music
<input type="checkbox"/> Fund Raising Committee
<input type="checkbox"/> Organizational leadership
<input type="checkbox"/> Preacher
<input type="checkbox"/> Kitchen Crew |
|--|---|

Age/Grade Preference _____

PERMISSIONS AND RELEASES

_____ I consent for treatment and/or sharing of this information with attending physician
 in the event of an emergency.
 (initial)

_____ I consent for use of my photos, testimony, voice, or video footage for use in EBA
 promotional materials
 (initial)

_____ I understand that my completion of this application is an expression of
 commitment to this trip. By signing this form, I am committing to pay the total
 amount of the trip.
 (initial)

Signature Date

Permission for minors if unaccompanied:

Guardian Signature Date

For Office Use Only (Do not write in this space.)			
Date	Amount Paid	Cash	Check #