



Southern New England Conference
Mission Trip Participant Application Form

Mission Trip Location: _____

Personal Information

Full Name _____
(Last Name) (First Name) (Middle Name)

Address _____
(Street Address) (City) (State) (Zip Code)

E-mail Address _____

Home Phone: _____ **Cell Phone:** _____

Birth Date: _____ **Gender:** _____ **Marital Status:** _____

Passport #: _____ **Date of Expiration:** _____

If Student: _____
(School Name) (Grade)

Home Church _____ **Baptized:** _____ **Shirt Size:** _____

Emergency Contact Information

Full Name _____
(Last Name) (First Name) (Middle Name)

Address _____
(Street Address) (City) (State) (Zip Code)

E-mail Address _____

Home Phone: _____ **Cell Phone:** _____

Relationship: _____

Medical Insurance Information

Insurance Company: _____ **Phone:** _____

Group/Policy # _____ **Plan ID:** _____

Please attach a copy of both sides of your insurance card

Name of Primary Care Physician: _____

Medical and Health History

Please describe your health, including any physical or dietary limitations: _____

List any allergies: (Food, medicine, environment, insect, etc.) _____

Medical and Health History

Date of last tetanus shot: _____

Received basic childhood series of three DPT shots? _____

Please attach a copy of immunization

Current Medications (both prescription and over the counter medications:)

Name of Medication

Dosage (Strength, frequency)

Reasons for taking medication

<u>Name of Medication</u>	<u>Dosage (Strength, frequency)</u>	<u>Reasons for taking medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

___If volunteer is bringing over the counter medicine on the trip, it must be in the original container.

Check all that Apply:

Asthma Diabetes Bleeding Tendency High Blood Pressure Cancer

Migraine Headaches Colitis Ulcers Epilepsy (seizures) Heart Disorder

Heart-trouble Fainting Head Injury Recurrent Ankle Injury Sprained Back Recurrent

Knee Injury Broken Bones

Other: _____

If you answered yes to the any above conditions please explain:

OTHER MEDICAL CONCERNS:

Please indicate any other medical or related concerns that would restrict the volunteer from trip activities:

Volunteer Name: (printed): _____ Date: _____

Volunteer Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Minors must have parent/guardian's signature)



Southern New England Conference
Mission Trip
Minor Volunteer Release

Grant of Permission

I, the undersigned, individually and on behalf of the minor name below, acknowledge that the attendee will be participating in Mission Trip under the supervision of Southern New England Conference Youth Department staff and adult chaperones. Transportation will include buses, airplanes, and other vehicles as designated by the Mission Team. I hereby give my consent to the minor's participation in the international mission trip.

Permission for Treatment

I hereby grant permission for the administration of medical treatment to our child and/or transfer of the child to a medical facility. We request that medical care and treatment for our child be provided as recommended by a licensed healthcare provider to whom the child is presented for treatment.

Permission for Photos/Videos

I hereby grant permission for the Southern New England Conference Youth Department to use photographs and videos taken of my child to be used in future promotional publications and departmental websites.

Release

I hereby release and discharge the Southern New England Conference, its officers, employees, volunteers, agents, and other personnel from all liabilities for damage, injury, or illness/disease to the minor or his/her damaged/lost property during participation in the mission trip or in the administration of medical first aid or transfer of minor to a medical facility.

Volunteer Name (Minor) _____ Date of Birth _____

Parent/Guardian- Name _____ Date _____

Parent/Guardian Signature _____ Date _____



**Southern New England Conference
Notary Acknowledgment Form**

A Notary public or other officer completing this certificate verifies only that identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

On this _____ day, 202____, before me, _____ *(Name and title of officer)*

personally appeared _____, who proved to be through satisfactory

evidence of identification, which was/were _____ to be the person(s) whose name(s)

is/are signed on the preceding or attached documents, and who signed under thier own voluntary act or deed.

WITNESS my hand and official seal.

Signature

[Seal]

Print Name



Southern New England Conference
Adult Volunteer Release

Permission for Treatment

I hereby grant permission for the administration of medical treatment and/or transfer to a medical facility for myself in the event I am unable to give consent for treatment. I request that medical care and treatment for me be provided as recommended by a licensed health care provider to whom I am presented for treatment.

Permission for Photos/Videos

I hereby grant permission for the Southern New England Conference Youth Department to use photographs and video taken of myself to be used in future promotional publications and departmental websites.

Release

I hereby release and discharge the Southern New England Conference, its officers, employees, volunteers, agents, and other personnel from all liabilities for damage, injury, or illness/disease or property damaged or lost during participation in the mission trip or in the administration of medical first aid or transfer of myself to a medical facility.

Volunteer Name

Date

Volunteer Signature

Date

Witness Signature

Date