



SHORT TERM MISSIONS TRIP PERSONAL DATA FORM

Please Print in ink or type. Couples should fill out separate forms.

PERSONAL INFORMATION

Salutation: _____ First Name: _____ Last Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Dates Address is Valid: _____

If not a permanent address, please list future addresses and valid dates on an attached sheet.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Are you a US Citizen? _____ Date of Birth: _____

Occupation: _____

EMERGENCY CONTACTS

Full Name: _____ Relationship to you: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Full Name: _____ Relationship to you: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

CHURCH INFORMATION

Church Name: _____

Pastor's Name: _____

Address: _____

Phone: _____ Website: _____

Church Denomination: _____ Date of Trip: _____

Project Number: _____ Country: _____

Mission Pastor's Name: _____

E-mail: _____

Group Leader's Name: _____

E-mail: _____

PASSPORT INFORMATION*

Passport Name: _____

Exactly as printed on the passport document. Circle your last name.

Passport Number: _____

Passport Nationality: _____

City and State where issued: _____

Expiration Date: _____

** **Please attach a copy of your passport.** (If you do not have a passport (or if your passport expires less than six months after the end of your trip), apply for one NOW and send us this information as soon as you have it. It is not uncommon for passport processing to take 6-8 weeks or longer.)*

MEDICAL INFORMATION

Do you have any allergies or health problems? Circle: Yes – No. If Yes, Explain: _____

Are you on any prescribed medications? Circle: Yes – No. If Yes, Please List: _____

Name of Current Health Provider: _____ Phone: _____

Policy Number: _____

*** Please understand that people with serious medical conditions, i.e. heart problems or women who are pregnant, are asked to carefully consider the risks involved in taking an international trip. COMMUNITIES OF GRACE INTERNATIONAL will not be held liable for any accidents, injuries, or deaths. To the best of my knowledge, the information supplied on this form is accurate and truthful. I have read the Statement of Faith (enclosed in the application packet) and agree with it without reservation.

Signature: _____ Date: _____

Ministerial Signature: _____ Title: _____

If you are under 18, your parent or legal guardian must also sign this form and in doing so indicate his/her permission for your participation in the program.

Parent's Signature: _____ Date: _____

PLEASE RETURN TO YOUR GROUP LEADER