

Individual Team Member Application

Full Legal Name- As it appears on Passport

Street Address

City, State, Zip

Home Phone

Cell Phone

Email

Birthdate

Month _____ Day ____ Year _____

Marital Status

Spouse's Name

First

Last

Characteristics

MALE / FEMALE

Height

Weight

Citizenship

Country

Languages Spoken & Degree of Fluency

Please indicate which of the following most describes you: (more than one may apply)

___ High School Student ___ Junior High/Middle School Student
___ College Student ___ Pastor/Minister
___ Adult Volunteer ___ YFC Staff ___ Group Leader

If you are employed, where

Your occupation

In what ways are you currently involved in your local church and its ministries?
Please include the name of your church: _____

If you have come to know Christ as your personal Savior, how and when did you take that step?

Describe your relationship with Jesus Christ.

Have you participated in a short term mission trip before? If so state the destination, year, and purpose of the trip.

Why do you want to participate in this World Outreach trip?

How might your skills, training or gifts be useful on this trip?

What do you hope to accomplish as a result of going on this trip?

How does your immediate family feel about you going on a short-term mission trip?

What are some apprehensions as you consider participating?

What would you say to someone who asked you WHY they should become a follower of Christ?

What would you say to someone who asked you HOW they could become a follower of Christ?

Explain your understanding of what flexibility might look like within a team and in another culture.

Medical Information

Legal name as it appears on Passport (Important!)

Passport #

Expiration Date

Month _____ Day ____ Year _____

Country Issuing

Birthdate

Month _____ Day ____ Year _____

Health Insurance Company:

Group Number

Carrier ID

Medical History; Indicate if you have OR are taking medications for any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Muscle/Joint Problems |
| <input type="checkbox"/> Asthma or COPD | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Stomach or Bowel Problems |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Urinary or Kidney Problems |
| <input type="checkbox"/> Diabetes | Other _____ |
| <input type="checkbox"/> Eating Disorders | _____ |
| <input type="checkbox"/> Fibromyalgia | _____ |
| <input type="checkbox"/> Heart Problems | |
| <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> HIV/AIDS/Hepatitis | |
| <input type="checkbox"/> Mental Health Problems | |
| <input type="checkbox"/> Migraines/Frequent Headaches | |

Medications currently being taken (name and dosage)

Allergies – medication / food (require special diet?) / other (including reaction)

Limitations / Intolerances:
(temperature / humidity extremes, rigorous activity, high altitude, etc.)

Primary Emergency
Contact

Name _____
Relationship _____
Home Phone _____ Cell _____

Alternate
Emergency
Contact

Name _____
Relationship _____
Home Phone _____ Cell _____

Due to the possibility of a medical emergency in which primary and alternate emergency contact persons are unavailable to give consent, two persons are determined by the mission director or mission trip team leader to act in this capacity. If selected for this short-term mission trip I will be asked to give authorization to these selected individuals should such a situation arise.

_____ Agreed

_____ Other _____

Team Member Commitment

If accepted, I agree to complete all pre-field and post-field Bible Study and training materials given to me by World Outreach. I further agree to conduct myself in a manner that will bring honor to Christ, and to not be critical of my host culture, indigenous people, team mates or leaders. I also agree to abstain from the consumption of alcoholic beverages and tobacco products while on the mission trip. I agree to obey World Outreach rules and instructions given to me by World Outreach leaders. I understand this form serves as a waiver release for any activities participated in during the short-term mission trip. In consideration of the opportunity to participate, and fully recognizing that such an undertaking involves an element of risk, I/WE assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless Southeastern WI Youth for Christ and Word of Life, its employees and officers, chaperones, leaders, organizers, sponsors, and persons providing transportation during the trip. I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance.

Signature (Parent or Guardian if under the age of 18)

Date

Applications will be reviewed and contact made within one week of receipt.

Send completed application, along with a \$100 non-refundable deposit to:
(Make checks payable to Youth for Christ)

Youth for Christ
Attention World Outreach
3001 Carpenter Avenue
Mount Pleasant, WI 53403

If, for some reason, you are not accepted on this trip your \$100.00 check will be mailed back to you.