

OFFICE USE ONLY:

Date App & Dep Rec'd: _____

Sent to TL: _____

Accepted Date: _____

Trip: _____

ENCLOSE deposit of \$ 300.00

(non-transferable and non-refundable)

(Once selected to go on trip, the deposit is non-refundable)

TRIP NAME: Malawi Mission Trip
May 20-May 31, 2009 – WorldHope Corps
International

The information on this form will be kept confidential and is for use by WorldHope Corps and CitiHope International only.

Confidential Information

Team Member's Application

Section I – General & Spiritual Information

- ❖ **This application should be filled out completely, signed and returned along with your deposit to WorldHope Corps by April 1, 2009.**
- ❖ Mail to: Dr. Michael Christensen, 11 Ardsleigh Drive, Madison, NJ 07940 973-714-0023

Personal Data

Last Name: _____ First Name: _____

Name as it appears on passport for placing on airline ticket _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

E-Mail (primary): _____ E-Mail 2 (alt): _____

Fax: () _____ Cell () _____

Date of Birth: _____ Age: _____ Passport #: _____

Sex: M F Marital Status: Single Married Divorced Widowed

Ages of children (if applicable): _____

If under 18 years of age Name(s) of parent(s) or guardian(s): _____

Home Phone: () _____ Work Phone: () _____

Please note the trip dates:

NOTE: There is a possibility that the airline schedules will force us to shift departure and return dates one day in either direction.

Depart JFK, May 20, 2009

Return May 31, 2009.

Two day extension in Johannesburg, South Africa available: Returning June 2, 2009

Civic Involvement

What service organizations are or have you been involved in? What roles and responsibilities have been yours? What contributions have been made?
(Please explain)

Church Involvement

Are you a member of a church or faith community? (If yes, specify below)

Home Church/Congregation: _____

Denomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor: _____ Phone: _____

E-mail: _____

How long have you been a member? _____

Have you served in a lay ministry or other area of service? Yes No

Please indicate which ministries and how long you've been involved in each _____

What do you consider to be your spiritual gifts and talents? _____

Please provide a church or service organization reference:

Name: _____ Relation to you: _____

Phone: _____ Email: _____

Occupation

Please describe your present employment/occupation and any pertinent information regarding work experience or training related to mission activities.

Mission Experience

Please describe other mission trips you have taken that have had an impact on you...

Trip Destination / Sponsor _____

Dates/Year: _____ Impact: _____

Trip Destination / Sponsor _____

Dates/Year: _____ Impact: _____

Personal Spiritual Information

Describe your present spiritual journey: _____

Why do you feel God is calling you to serve in this way? _____

What expectations do you have for this trip? _____

Please describe any other cross-cultural experiences you've had besides mission trips. (*ministry/ business/ educational/ family background*) _____

SECTION II – PART A
Medical Information

(All information will be kept confidential)

Information for use in Medical Emergencies

Your Full Name: _____

Blood Type: _____

Social Security Number: _____

Name of Your Physician: _____

Physician's Address: _____

City/State/Zip: _____ Physician's Phone: (_____) _____

In Case of Emergency, Contact: *(Must be a person who will be in the United States while you are in Bolivia, preferably a spouse, parent or close relative.)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Medical Conditions – all items must be completed.

Please list all the drugs/medications you are presently taking OR expect to be taking while on the trip indicating the generic name, exact strengths, and dosage.

List medical problems for which you have received medical care in the past 12 months:

Please list any history of major illness or surgery:

Date of your most recent tetanus immunization: _____

List any known allergies (**including food allergies**) or chronic life-threatening conditions:

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip:

Describe your present level of physical fitness & any physical limitations (e.g. regarding walking, manual labor, carrying luggage, etc.):

Mental or Psychological Conditions

This trip may involve some stressful situations which can aggravate any pre-existing psychological conditions. Do you suffer from any mental illness or psychological disorder, including clinical depression, bipolar, psychosis, neurosis, phobia, schizophrenia, etc?

Details, including medications taken:

Emergency Medical Treatment Authorization Form

WorldHope Corps Short-term Mission Trip to Malawi – May 2009

Name of applicant: _____

Name of parent completing form if applicant is a minor: _____

Relationship to applicant: _____

CONSENT:

I, the undersigned, give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me (my minor son/daughter on whose behalf I am signing) in the event such treatment is needed or necessary and I (my minor son/daughter) am (is) not able to make such a decision during this Mission Trip.

I further understand there may not be a licensed physician available in some areas to which the mission team will travel. In this event, if I (or my minor son/daughter) require(s) emergency treatment and am (is) unable to give permission for such treatment, I authorize any CitiHope Mission Team Leader or personnel to make decisions regarding the administration of emergency health care which, in their judgment, is in the best interest of my (my minor son's/daughter's) health and well-being. I agree not to hold any CitiHope Mission Team Leader or personnel liable for any adverse affects that result from such decisions made by them in this capacity and under these circumstances.

Signature of Applicant (if applicant is an adult):

Applicant Signature

Date

Signature of parent (if applicant is a minor under age 18):

Parent Signature, if applicant is a minor (under 18)

Date

Relationship to Applicant: _____

SECTION III
WorldHope Corps
Applicant Agreement and Release Form

I am applying to participate in the WorldHope Corps mission trip to Malawi in May 2009, and I hereby release and discharge WorldHope Corps and its partner organizations, agents and employees, as well as our local host ministry/organization from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trip, whether or not such injuries or damage are caused by their negligence (active or passive), or any of the entities or individuals mentioned above. Further:

- I, hereby, warrant and represent that I am physically fit and capable of taking part in this mission trip.
- I agree to abide by all guidelines, policies and procedures governing this mission trip and will obey instructions given by any WHC Mission Team Leader.
- I hereby authorize the making of photographs, videotapes, recordings, or other means of memorializing this event and my participation therein, and the publication or other use thereof. I hereby waive any right to compensation that I otherwise might have to limit or control such.
- I have received, read and understand the WHC Short-term Mission Policies and Procedures (Updated 1/20/08) that relate to this mission trip and I agree to abide by them.
- All information on this application is complete and accurate to the best of my knowledge.

Name of Applicant (Print) _____

Signature of Applicant (required whether applicant is a minor or adult):

Applicant Signature

Date

Signature of parent (required if applicant is a minor under age 18):

Parent Signature, if applicant is a minor (under 18)

Date

Relationship to Applicant: _____

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