



## MISSION TRIP APPLICATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT EXP: \_\_\_\_\_

\_\_\_\_ Check here if passport has been applied for

WHAT IS YOUR CHURCH'S NAME: \_\_\_\_\_

CHURCH'S ADDRESS: \_\_\_\_\_

YOUR PASTOR'S NAME: \_\_\_\_\_

YOUR PASTOR'S PHONE #: \_\_\_\_\_

\*Please provide a letter of recommendation from your Pastor.

How often do you attend church? \_\_\_\_\_

In what areas have you served in ministry? \_\_\_\_\_

Please give a brief testimony of your salvation experience (use the back of this page for additional space):



List any medical problems you have:

Medical Insurance Company:

Insurance Company Phone:

Policy #:

EMERGENCY CONTACT:

Name and relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Please note:

- All trip itineraries are subject to change or cancellation due to unforeseen circumstances.
- Pricing for the trip is subject to change due to unforeseen circumstances.
- Transportation to and from the U.S airport(s) for departure and arrival are your responsibility.

An application fee of \$200.00 is required with this application. If cancellation occurs, the \$200 deposit will be applied to the overall trip expenses.

Make checks payable to: UNSHELTERED INTERNATIONAL

Mailing Address: PO BOX 2625  
CULLMAN, AL 35056



## LIABILITY WAIVER

(Please initial that you have read, understand and agree to each statement)

\_\_\_\_\_ I understand that Unsheltered International is not responsible for accident, injury, illness, loss of life or emergency transportation back to the United States during this trip. I have contacted my health insurance company and have coverage in the countries we will be traveling in and/or through; or I have taken traveler's assistance insurance to cover accident, injury, illness and/or emergency transportation back to the United States in the event of such need.

\_\_\_\_\_ I understand that Unsheltered International recommends having traveler's assistance insurance and to take proper steps to cover myself in case an emergency happens.

\_\_\_\_\_ I decline to take out a traveler's assistance insurance. (Only initial if you **did not** take a traveler's assistance insurance.)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_