



MLATIN Medellin, Colombia Mission Trip

Trip Dates: June 7-15, 2020

PERSONAL INFORMATION

Full Name: _____

Age: _____ Gender: _____ Occupation: _____

Home Address: _____ City: _____ State: _____

Cell Phone: _____ Email Address: _____

Other Phone: _____ Other Email: _____ *If the applicant is 17 years old or younger, please provide the cell phone number and email address of parent or legal guardian.

Passport Number (We can fill it out later if not available):

Passport Expiration Date (Must be valid for 6 months after return): _____

Full name as it appears on passport: _____

In Case of Emergency, please notify: _____

Relationship to you: _____ Phone Number: _____

Address: _____ (Number, Street Name, City, State, Zip Code)

TRIP INFORMATION

Are there any obstacles that might keep you from going on this trip? (Circle One)

YES / NO

If yes, please explain: _____

List any/all the languages you speak: _____

How fluent are you? (Circle One) Minimum Moderate Fluent

What is your primary reason for wanting to go on this mission trip?

Where do you anticipate the funds for this trip will come from?

SKILLS INVENTORY (Please circle the areas you have EXPERIENCE in)

Arts:

Drama
Instrument: _____
Singing

Childcare:

Babysitting
Caring for special needs

Teaching:

Grades _____
Sports _____
Adults

Construction:

Carpentry
Clean up
Concrete work
Drywall
Electrical
Flooring
Gutters and Downspouts
Roofing
Yard work
Other

Food Service:

Cooking
General Prep/Set up
Other

Clean Up:

Chainsaw
Demolition
General Labor
Mud Out
Other

Languages/Interpreter:

Spanish
English
Other _____

Safety/Security:

Fireman
Lifeguard
Police
Other

Transportation:

Mechanic
General Driver's License

Additional Comments:

SPIRITUAL INFORMATION

What church do you attend? _____

How long have you been attending? _____

Describe your relationship with Jesus Christ:

MINISTRY EXPERIENCE

In what areas of ministry/church are you currently serving in?

Please describe what experience you have had with adults/children in ministry?

Have you ever been on a mission trip before? (Circle One) **YES / NO**

Where, when, and how long was your previous mission trip(s) and what did you do?

HEALTH INFORMATION

Do you have any physical condition or health issues (e.g. fainting spells, respiratory problems, diabetes, asthma, history of heart attack or stroke, etc?) **YES / NO**

If yes, please explain

When was your last occurrence?

Please state any history of hospitalization:

Do you currently have or have you had in the past any mental health issues (depression, bipolar disorder, generalized anxiety disorder, etc.) YES / NO

If yes, please describe _____

Do you have any physical limitations or conditions that will prevent you from performing certain types of activities or that may be provoked by stress, fatigue, etc.?

_____ please list the following:

Allergies: _____

Dietary Restrictions: _____

Prescription drugs you are taking: _____ Blood Type:

Any other health or physical concerns? _____

BACKGROUND INFORMATION

Please answer the following questions. If extra space is needed for explanations, please attach an additional sheet.

Do you, or anyone you know, believe you have a drug, alcohol, or anger problem? YES / NO

If yes, please describe. _____

Are there any past or present issues (spiritual, physical, emotional/mental, social), which would hinder your ability to work appropriately with children? YES / NO

If yes, please describe. _____

Have you ever been accused, charged or convicted of a criminal offense (felony or Misdemeanor other than a parking violation)? If yes, please explain. _____

REFERENCES

References are required for consideration for this trip. References should be people who have known you for over one year, have acquired accurate knowledge of your character, may have witnessed you interacting with children and meet the following criteria:

At least 18 years old
Not related to you
Not your significant other (boy/girlfriend, fiancé, spouse)

Provide current email addresses for three references. If your reference does not have an email address, a current mailing address is also acceptable. This reference section **MUST** be completely filled out.

1. Name _____ Relationship _____
Email Address _____ Phone # _____
Street Address _____
City _____ State _____ Zip Code _____

2. Name _____ Relationship _____
Email Address _____ Phone # _____
Street Address _____
City _____ State _____ Zip Code _____

3. Name _____ Relationship _____
Email Address _____ Phone # _____
Street Address _____
City _____ State _____ Zip Code _____

AUTHENTICITY, AUTHORIZATION AND RELEASE

I agree that the information provided in this form is true, and I authorize the Midwest Latin AG District and or its representative to verify the information on this form. I authorize any references listed in this form to give the Midwest Latin AG District any information (including opinions) that they may have regarding my character and suitability for participation in this trip. I hereby release any individual, church organization, charity, employer, or reference from any and all liability for any damages that may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply with this authorization. Should my application be accepted, I agree to adhere to all policies of the Midwest Latin AG District. I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being limited to, death and injury by accident, disease, war terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks.

I hereby authorize the Midwest Latin AG District or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible for any care provider and authorize the release necessary medical or insurance related information pertinent to the circumstances.

Print Name _____

Signature _____

Date _____

If applicant is 17 years old or younger a parent of legal guardian's signature is required below

PARENTAL CONSENT

_____ **If applicant is 17 years old or younger, please have a parent or legal guardian fill out this section.**

Do you support your child serving on this Mission Trip? YES / NO

Is there anything else that you would like us to know regarding your child's participation in this trip (e.g. child's ability to function well in group setting, be away from home for long periods, flexibility etc.)? YES / NO

If yes, please explain. _____

Parent/Guardian Signature _____ Relationship _____

Before completing this application, please verify:

I've read, understand, and agree to comply with all the MLatin District Mission Trip Policies

Signature of Applicant _____ Date signed: _____