

## **GeoBound - MISSION TRIP APPLICATION PACKET**

All items listed on this sheet must be complete in order for your application to be processed. Please check your packet for each of the following and obtain any that are missing.

1. Mission Trip Application – three page application form. All parts must be completed.
2. Application Teams Health Form. Fill out all items and sign form at bottom.
3. Team Liability Waiver. Read, sign and date at bottom.
4. Team Insurance form. Read, sign and date at bottom.
5. Team Travel Policies. Detach and retain this form. Your signature at the bottom of the Mission Trip Application says that you have read, understood and agree to abide by these policies.
6. Confidential Personal Reference Form. Must be completed by your pastor or other church leader who knows you. They are to complete the form and return it in the enclosed envelope.

In addition to the above, the following must be returned with your application.

- 2 passport photographs
- photocopy of current driver's license
- photocopy of passport (picture and facing page.)

# Health Form

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

1. Date of last complete physical exam? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. How do you appraise your present health? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Below Par \_\_\_\_\_
3. Have you ever been treated for any major physical ailments? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify what and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any chronic or recurring health problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have a condition that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you currently undergoing medical treatment or taking prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify type and use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will you be taking this medicine on your trip? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you suffered from or received treatment for emotional or mental illness?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. In case of emergency away from home, what doctor, who is knowledgeable about your health, should be contacted?

Name: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

10. What other party(is) should be notified?

Name: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**International Missions Projects And Construction Teams**

**GeoBound - MISSION TRIP APPLICATION**

Trip Destination: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ ( ) Male ( ) Female

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widowed

Place of Birth: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Country: \_\_\_\_\_

Frequent Flyer No.: \_\_\_\_\_ Airline: \_\_\_\_\_

Frequent Flyer No.: \_\_\_\_\_ Airline: \_\_\_\_\_

Frequent Flyer No.: \_\_\_\_\_ Airline: \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

# MISSION TRIP APPLICATION

## CROSS CULTURAL EXPERIENCE:

Countries Visited:	Year:	Purpose:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet to continue if needed)

## Foreign Languages:

_____	<input type="checkbox"/> Very Limited	<input type="checkbox"/> Limited	<input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Very Limited	<input type="checkbox"/> Limited	<input type="checkbox"/> Fluent

## MINISTRY QUALIFICATIONS:

Have you accepted Jesus as the Lord of your life? \_\_\_\_\_ When? \_\_\_\_\_

Have you been baptized in water? \_\_\_\_\_ When? \_\_\_\_\_

What church do you attend? \_\_\_\_\_ Regularly? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Do you serve in any ministries in your church? (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With what special skills and / or talents can you help the team on the trip?

\_\_\_\_\_  
\_\_\_\_\_

Are there any limitations preventing you from participating fully, day after day during the entire mission?  YES  NO Explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you able to attend all the pre-trip training and orientation sessions scheduled by the trip leaders?  YES  NO Explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit to assignments from the team leader, even though you may not like what you have to do?  YES  NO

Are you willing to do tasks no one else wants to do?  YES  NO

## Mission Trip Application

**MOTIVATION:**

Briefly state your goals and expectations of why you want to be a part of this Mission trip:

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**FINANCES:**

TOTAL TRIP COST: \$ \_\_\_\_\_

Do you have the finances available to pay for your entire trip?  Yes  No  
Explain:

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Where are you employed? \_\_\_\_\_

How Long? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

How Long? \_\_\_\_\_

Will you have to raise part of your trip cost?  Yes  No

I have received a copy of the TEAM TRAVEL POLICIES and understand them and agree to abide by them for the duration of the trip.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. Blood Type: \_\_\_\_\_
12. Allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, which ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. In case of emergency I hereby authorize any necessary medical treatment by proper medical personnel in the country that I am visiting.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If under 18, signature of parent or legal guardian:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Pastor/Leader Recommendation**  
 TO BE COMPLETED BY APPLICANT'S PASTOR  
 OR OTHER CHURCH LEADER

Name of applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Your Address: \_\_\_\_\_

Your relation to applicant: \_\_\_\_\_

I have known this person for \_\_\_\_\_ years and would consider our relationship:  
       \_\_\_\_\_ Very close      \_\_\_\_\_ Fairly close      \_\_\_\_\_ An acquaintance      \_\_\_\_\_ Minimal

	Excellent	Good	Fair	Poor	No Observation
Personal motivation	___	___	___	___	___
Self-discipline	___	___	___	___	___
Self-image	___	___	___	___	___
Teamwork	___	___	___	___	___
Servanthood	___	___	___	___	___
Social acceptability	___	___	___	___	___
Social responsiveness	___	___	___	___	___
Tactfulness	___	___	___	___	___
Creativity	___	___	___	___	___
Workmanship	___	___	___	___	___
Physical condition	___	___	___	___	___
Personal appearance	___	___	___	___	___
Communication skills	___	___	___	___	___
Dependability	___	___	___	___	___
Stability	___	___	___	___	___
Enthusiasm	___	___	___	___	___
Common sense	___	___	___	___	___
Flexibility	___	___	___	___	___
Teachability	___	___	___	___	___
Submission	___	___	___	___	___
Industry	___	___	___	___	___
Perseverance	___	___	___	___	___
Personal devotions	___	___	___	___	___
Church attendance	___	___	___	___	___

Would you enjoy having this person travel and/or work with you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Explain: \_\_\_\_\_

Would you recommend this person be accepted for a mission trip? \_\_\_\_\_ Yes  
 \_\_\_\_\_ No Explain: \_\_\_\_\_

Further Comments: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Affidavit Of Permission**  
**From parent for minor to travel with other**  
**parent or escort**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (Your Name) do hereby  
give my permission for my \_\_\_\_\_ (relation),  
\_\_\_\_\_ (Name) to travel with  
\_\_\_\_\_ (Name of Escort) to  
\_\_\_\_\_ (Place of Destination) on  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

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

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_ Notary Public  
Notary Public in and for country of \_\_\_\_\_  
and the state of \_\_\_\_\_  
Expires \_\_\_\_\_

**International Missions Projects and Construction Teams**  
**GeoBound Team Travel Policies**

1. Each team member will be responsible for his own travel, room and board expenses.
2. Team members are expected to attend all pre-trip meetings. These meetings are held for the purpose of planning, briefing, and prayer for each other and the upcoming trip.
3. Team members are expected to participate in all fund-raising events associated with the trip they are planning to be part of.
4. Alcohol, tobacco, and non-prescribed drugs are not allowed in any form. This applies to any use, transportation, or possession of any of the above substances from the time of assembly of the team for departure until disbursement of the team on return.
5. Team members agree to abide by the behavior and dress codes set by the leadership for each trip and to respect the judgment and position of the team leader in these matters at all times. This includes purchase of souvenirs, use of jewelry, clothing style, hair style and make-up which shall be appropriate to the cultural setting. Team members must see themselves as guests who are there to serve, not to be served.
6. Each team member will be responsible for his own belongings at all times and must account for checked baggage at all checkpoints and/or transfers. In addition, members may be given team items to check and transport. These items become the responsibility of members just as their own belongings.
7. All team members must function as a team at all times. Accountability to the team leader is required at all times. Team schedules must be followed for all of, but not limited to the following: lights out and quiet time, wake up, team devotions and other meetings, work schedules, and all meals. At all times, including free time, the team leader must know where each member is. This is the responsibility of the individual member.
8. There will be no vehicle driving in a foreign country except by the team leader or by his designee.
9. All personal expenses such as phone calls, faxes, excess baggage charges, room service, extra meals, and non team activities or purchases are the responsibility of the individual and will be paid at the time incurred.
10. Male/Female relationships: while on an outreach, unmarried couples will refrain from any physical contact. There will be no public display of affection between unmarried parties at any time.

I fully agree to the above policies,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## GeoBound Authorization For Release of Information

In connection with my application for volunteer service with \_\_\_\_\_, I authorize \_\_\_\_\_ to solicit background information relative to my criminal record history. I understand that \_\_\_\_\_ may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by \_\_\_\_\_ for purposes of obtaining background report information, to furnish the above mentioned information.

I release \_\_\_\_\_, their employees, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City of Birth \_\_\_\_\_  
Country \_\_\_\_\_ State \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Passport Number \_\_\_\_\_.

(Please Note: If your address is a rural route or post office box, we must have the city and country that your mail is delivered to.)

Current Address \_\_\_\_\_

How long at this address? \_\_\_\_\_ (months, years)

City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

How long at this address? \_\_\_\_\_ (months, years)

City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOREIGN MISSIONS WAIVER AND RELEASE OF LIABILITY**

I, the Undersigned, hereby assert and declare that I am eighteen (18) years of age or older and that, for the sole consideration and benefit of being allowed to participate as a member of a GeoBound Foreign Missions Team (hereinafter, "Missions Team"), I hereby forever waive all rights, demands and claims whatsoever and forever release, acquit and discharge GeoBound and its agents, employees, servants and successors of any and all foreseeable and unforeseeable damages, injuries, illnesses, diseases, death, claims, actions, causes of action, demands, rights, costs, loss of service, expenses and compensation whatsoever, which I may incur, as a result of or in any way arising out of any and all Missions Team activities. "Activities," as I am using that term, includes, *but is not limited to the following*:

- 1) Any and all forms of travel, including in or through any state or territory of the United States, any nation or country of the world, or international waters, in any way relating to or arising out of any Missions Team mission, goal, project or endeavor whatsoever;
- 2) Any and all forms of exposure, interaction or involvement with the local people, culture, customs, lifestyle, government, habitat, terrain, wildlife or any other condition relating to or arising out of any Missions Team destination, stopping point, transfer point, or point of travel.
- 3) Any and all conduct relating to my nourishment, shelter, leisure or any conduct carried out in fulfillment of any Missions Team mission, goal, project, or endeavor whatsoever, including conduct which may involve the active or passive negligence or fault of GeoBound, its agents, employees, servants and successors.

Furthermore, I hereby authorize GeoBound and its agents to act on my behalf in the event that I become unable to effectively manage my personal care, property or otherwise become incapable of adequately securing my best interests while participating in any Missions Team mission, goal, project or endeavor whatsoever. As part of this limited authorization, I expressly authorize and consent to GeoBound and its agents attaining reasonable medical, dental, psychological or other professional care and treatment as may be considered reasonably necessary by and its agents at the time of my incapacity. I also assert and declare that, at all times, I will remain liable and responsible to pay for or reimburse any costs and expenses that or its agents may incur on my behalf while acting under this limited authorization, including costs of emergency care, emergency air ambulance or any other such costs. I further waive and release , its agents, employees, servants and successors from liability for any costs or expenses resulting from any and all injuries or illnesses that I may incur while participating with the Missions Team, whether permanent or progressive, and even though recovery may be uncertain and indefinite.

I intend, direct and declare that this Waiver and Release of Liability shall forever be binding in its entirety upon my heirs, executors, administrators, successors, assigns or other representatives.

I, THE UNDERSIGNED, FURTHER ACKNOWLEDGE AND DECLARE that I have thoroughly reviewed this Waiver and Release, that I understand its contents, that no promise, inducement or agreement has been offered to me other than what is contained in this Waiver and Release, that it contains the entire agreement between GeoBound and myself, and that my signature below indicates that I am voluntarily bound by the terms of this Waiver and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Destination of Missions Trip