Directions: Please complete the following form in its entirety, i.e. Emergency Contact, Medical Information etc. Additional Items needed to complete application include the following: FCIM Medical Release Form, Photo Consent Form & the Waiver of Liability Form which can also be found on our website.

MISSION TRIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME #: _____ WORK: _____ CELL: _____

Email: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME #: _____ WORK: _____ CELL: _____

Email: _____

SECTION ONE: **PLEASE CHOOSE TYPE OF TRAVEL:**

☐ **INTERNATIONAL TRAVEL**

*Passport
4 Photos for VISA Application
Medical Requirements
Medical History
FCIM Jogging Suit
Deposit (Check or Money Order)

- ***Passport Number:*** _____
- ***Passport Expiration Date:*** _____

☐ **DOMESTIC TRAVEL**

Deposit
Medical Requirements
Medical History

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

MISSION OPPORTUNITY (Please Choose One or All That Apply)

☐ **Louisiana Mission Trip (Sept. 25th to Oct. 2nd, 2015)** ☐ **Jamaica Mission Trip (Nov. 30th to Dec. 12th, 2015)**

☐ **Uganda/Kenya (May 30th to June 18th, 2016)**

SECTION TWO: MEDICAL INFORMATION

Travelers Blood Type: _____ Health Care Provider: _____

Doctor: _____ Phone: _____ Medical ID#: _____

Office Location: _____

Email: _____

Are you allergic to any medicine? YES _____ NO_____ If yes, please lists the name of the medicine(s):

_____

_____

*List all prescription medicine & mg's you are taking: _____

_____

*Please list all Food Allergies: _____

*_**Please use a separate sheet of paper if necessary**_

SECTION THREE: MEDICAL HISTORY

Please check if you have ever experienced any of the following conditions:

□ Allergies	□ Coronary Artery Disease	□ Migraine Headaches
□ Anemia	□ COPD (Emphysema)	□ Myocardial Infarction
□ Angina	□ Crohn's Disease	□ Osteoarthritis
□ Anxiety	□ Depression	□ Osteoporosis
□ Arthritis	□ Gallbladder Disease	□ Peptic Ulcer Disease
□ Asthma	□ GERD (Reflux)	□ Renal Disease
□ Atrial Fibrillation	□ Hepatitis C	□ Seizure Disorder
□ Benign Prostatic Hypertrophy	□ Hyperlipidemia	□ Thyroid Disease
□ Blood Clots	□ Hypertension	
□ Cancer Type:	□ Irritable Bowel Disease	
□ Cerebrovascular Accident	□ Liver Disease	

I do hereby give Four Corners International Mission (FCIM), and its representative(s) authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on any such travel, stay or other activity, including, without limitation, while traveling to and from any foreign county. I agree to pay for all such treatment and to reimburse FCIM for all costs and expenses incurred by them with respect to such treatment.

AUTHORIZATION: _____

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION FOUR: SUGGESTED SHOT REQUIREMENTS (*International Travel Only)*

DTaP (Diphtheria, Tetanus, Pertussis)	Hepatitis A & B	*Malaria
Meningitidis	Typhoid	Yellow Fever

Note: Please obtained Malaria prescription from your Primary Care Physician

SECTION FIVE: CHURCH AFFILIATION

Name of Church: _____

Pastor's Name: _____

Ministries Presently Involved In: _____

_____

Licensed or Ordained Clergy: Yes: _____ If yes, what year? _____ No: _____

SECTION SIX: HOW DID YOU HEAR ABOUT THE TRIP:

___Friend

___Family Member

___Church Member

___FCIM Promotion

___Other (Describe) _____

SECTION SEVEN: CROSS-CULTURAL EXPERIENCE

Have you traveled with FCIM before? (Country/Dates) _____

_____

_____

SECTION EIGHT: LIST PREVIOUS MISSIONS EXPERIENCE WITH OTHER ORGANIZATIONS (COUNTRY/DATES)

_____

_____

_____

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Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION NINE: **PLEASE LIST AT LEAST TWO REFERENCES**

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881