



MISSION TRIP PARTICIPANT APPLICATION
REQUIRED FOR ALL MISSION TRIP PARTICIPANTS

Home Church/Org: _____ City, St: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

Email: _____

Phone number: _____ Alternate: _____

Gender: Male Female Age: _____ DOB: _____ Marital Status: Single Married

Group Name: _____ Dates Attending: _____

EMERGENCY CONTACT INFORMATION

Living With: Both Parents Mother Father On own Other: _____

Emergency Contact #1

Emergency Contact #2

Name: _____ Name: _____

Address: _____ Address: _____

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

Day Phone: _____ Day Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Relation: _____ Relation: _____

Have you participated in mission trips before (circle one): Yes No

If yes, where: _____

What is one thing you are hoping to do/experience on this mission trip?

What talents or gifts do you feel God has given you that could be utilized on this trip (circle all that apply)?

Administrative Artistic AV Experience Cooking/Culinary Facility/Construction Public Speaking Worship/Musical

Other(s): _____

CONFIDENTIAL HEALTH INFORMATION

NAME: _____ DATE: _____

MEDICAL INSURANCE PROVIDER: _____ ID #: _____

Are you in good physical health? Yes No If no, explain: _____

Do you have any physical handicaps? Yes No If yes, explain: _____

Do you have any known allergies? Yes No If yes, explain: _____

Do you have any *medical* dietary restrictions? _____

Do you have any *lifestyle* dietary preferences? _____

Please note that City on a Hill cannot guarantee our ability to meet lifestyle dietary preferences.

For concerns or clarification, please contact the program manager at (414) 931-6670.

Are you currently under a doctor's care for any condition? Yes No Specify: _____

Do you have any physical or health conditions which require special attention? Yes No Specify: _____

Are you currently taking any medication? Yes No Specify: _____

Do you have a history of emotional instability or psychiatric treatments? Yes No Specify: _____

COMPLETE THIS SECTION ONLY IF YOU ARE 18 YEARS OF AGE OR OLDER— Attach another page if needed

Mailing Address(es) for previous five years if different than current address: _____

Have you ever been convicted of or plead guilty to a crime? Yes No If yes, please explain: _____

List all church/ministry involvement with children/youth for previous five years (Church name/town, type of work, dates): _____

List all non-church involvement with children/youth for previous five years (Organization name/town, type of work, dates): _____

Medical Release:

In the event of a sickness, injury, or medical emergency, I request that the applicant above receive any medical attention or treatment deemed necessary. Therefore I give permission to any hospital, doctor, health care provider and/or any staff at City on a Hill to transport, admit for care, and provide treatment for me/my child.

Photo Release

Permission is given to City on a Hill to use photographs (individuals and groups) and/or multimedia images and recordings in the best interest of City on a Hill.

Applicant's Statement

My signature below (and signature of my parent or legal guardian if I am under the age of 18) verifies that the information I have given on this application is accurate and true to the best of my knowledge.

Signature of Applicant

Date

Signature of parent/guardian if under applicant is 18 years of age

Date