**DEMOGRAPHICS**

|  |  |
| --- | --- |
| NAME (AS IT APPEARS ON PASSPORT) | DATE OF BIRTH |
| HOME ADDRESS CITY STATE ZIP | HOME PHONE |
| EMAIL ADDRESS | CELL PHONE |
| PASSPORT # ISSUE DATE EXPIRATION DATE |
| EMERGENCY CONTACT RELATIONSHIP CELL PHONE |
| EMERGENCY CONTACT ADDRESS CITY STATE ZIP |

**EDUCATION AND/OR EMPLOYMENT/WORK HISTORY**

|  |  |
| --- | --- |
| CURRENT SCHOOL OR EMPLOYER LENGTH OF TIME | GRADE OR POSITION |
| POST SECONDARY EDUCATION DEGREE YEAR OBTAINED |
| ACTIVE PROFESSIONAL LICENSES/CERTFICATIONS | LENGTH OF TIME |
| OTHER PROFESSIONAL SKILLS | LENGTH OF TIME |
| PRIOR MISSION EXPERIENCE | DATES |
| PRIOR VOLUNTEER EXPERIENCES |

**MEDICAL HISTORY**

|  |
| --- |
| LIST KNOWN ALLERGIES: |
| REGULAR MEDICATION | DOSE | FREQUENCY |
|  |  |  |
|  |  |  |
| CURRENT MEDICAL CONDITIONS & TREATMENT |
| MEDICAL AND SURGICAL HISTORY |
| PHYSICIAN’S NAME PHONE # CLINIC NAME/LOCATION  |
| MEDICAL INSURANCE COMPANY SUBSCRIBER NAME ID # GROUP # |
| In submitting this application, I certify that I have submitted all the required forms, disclosures and waivers, I agree to abide by the code of ethics & team covenant, I will attend all required training sessions and fundraising activities and agree to comply with the payment schedule attached. **SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**FINANCIAL POLICY**

The anticipated cost to participate in this mission trip will be $3000 per person (teen fundraising money will be split between teens based upon participation in fundraisers).

**DEPOSIT INFORMATION**

A $500 deposit is due upon submission of your application. Applications will be accepted until December 31, 2020.

**PAYMENT SCHEDULE**

After the $500 deposit is paid, the following payment schedule will be applied:

50% of the balance is due by April 1, 2021

100% of the balance is due by June 15, 2021

**ADDITIONAL CONDITIONS – INITIAL BELOW**

\_\_\_\_\_\_I will agree to return home at my own expense if the team leadership determines that my behavior is or has been inappropriate.

\_\_\_\_\_\_If I decide to cancel my participation on the team after airline tickets or tours have been purchased, I agree to reimburse Holy Rosary Edmonds for any associated cancellation expenses.

**SPIRITUALITY AND EXPECTATIONS**

|  |
| --- |
| DESCRIBE YOUR CURRENT PRACTICE OF CHRISTIAN FAITH, FOR EXAMPLE: DAILY PRAYER, BIBLE STUDY, DISCIPLESHIP GROUP, ADORATION, MASS ATTENDENCE  |
| WHAT ARE YOUR SPIRITUAL STRENGTHS AND WHERE HAS GOD SHOWN YOU OPPORTUNITIES FOR GROWTH? |
| WHAT CHRISTIAN BOOKS, PERIODICALS OR DEVOTIONALS HAVE YOU READ RECENTLY? |
| HOW DO YOU THINK THIS TRIP WILL CHANGE YOUR RELATIONSHIP WITH GOD? |
| HOW DO YOU THINK THIS TRIP WILL CHANGE YOU? |
| WHAT ARE YOU DOING TO PREPARE YOURSELF SPIRITUALLY FOR THIS TRIP? |
| WHAT ARE YOUR PLANS FOR EXERCISING SPIRITUAL DISCIPLINE WHILE ON THIS TRIP? |
| DO YOU THINK IT IS IMPORTANT TO SHOW FLEXIBILITY WHILE ON THE MISSION TRIP, CONFORMITY TO MALAWIAN STANDARDS AND SUBMISSION TO TEAM & MALAWIAN LEADERS? EXPLAIN: |