

Beautiful Savior Lutheran Church Mission Team

Team Member Application

All blanks must be filled out—incomplete applications cannot be processed

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell _____ E-mail _____
T-Shirt Size _____

CRITICAL INFORMATION

- I have a passport (fill in information below)
- I am in the process of applying for a passport (fill in your name below)

Passport Information (critical for airline ticketing)

Date of Birth: _____

Name as it appears (or will appear) _____

Passport number _____ Expiration Date _____

I am willing to serve on: **Construction** **Ministry** **Medical/Dental** **Other Team(s)**

I have been on a mission trip before. Where: _____

I have medical/dental experience. Explain _____

I can administer injections. I can take vital signs

I speak other languages: *(List language and proficiency below)*

The physical and emotional stress level on this trip could at times be heavy. Do you have any limitations in either of these areas? If so, please explain.

Beautiful Savior Lutheran Church Mission Team
Release of Liability

I acknowledge that my participation on a mission trip in a foreign country includes many risks and possible dangers above and beyond those encountered domestically. I am well aware that my travel to foreign countries may expose me to such risks as accidents, diseases, wars, political unrests, injuries, and possibly death.

With this knowledge, I, _____, agree to hold Beautiful Savior Lutheran Church and Iglesia Luterano El Divino Salvador, their officers, directors, members, employees, and agents harmless and release them from liability for any and all injuries, deaths, losses, damages, or accidents that I might encounter while participating in one of their mission projects.

I have carefully read the foregoing and I acknowledge that I have been advised to have an attorney review it in the event I have any questions or concerns regarding this Release of Liability. I also acknowledge that I am signing this document free from any duress.

Signed: _____

Printed: _____

And dated this _____ day of _____, 20____.

State of _____, _____ COUNTY.

On the _____ day of _____, 20____ appeared before me personally and is known to be the person who executed the above release, and acknowledges that he/she voluntarily executed same.

Notary Public _____

Date of expiration of Notary Commission _____

Notary Seal

Beautiful Savior Lutheran Church Mission Team
Emergency Medical Information

Applicant's Name: _____

Address: _____

Street

City

State *Zip*

Gender: M F Age: _____

Birth Date: _____

Health Information: To Be Completed By All Participants

Describe your general health condition: _____

Do You Have: (If "Yes", please explain)

1. Drug Allergies?

- Yes
- No

Please explain:

2. Food Allergies?

- Yes
- No

Please explain:

3. Special Dietary Needs (Foods you need to avoid)?

- Yes
- No

Please explain:

4. Environmental Allergies?

- Yes
- No

Please explain:

Has any allergic reaction required emergency room care?

5. Heart Condition?

- Yes
- No

Please explain:

6. Diabetes?

- Yes
- No

If yes, Is your diabetes controlled by: diet oral medication insulin

7. Contact Lenses?

- Yes
- No

8. Have you had any serious illness or surgery within the past three years?

- Yes Please explain:
- No

Are You Subject To: (If “Yes”, please explain)

1. Fainting?

- Yes
- No

Please explain:

2. Sleep Walking?

- Yes
- No

Please explain:

3. Insomnia?

- Yes
- No

Please explain:

4. Snoring?

- Yes
- No

Please explain:

5. Upset Stomach?

- Yes
- No

Please explain:

6. Any condition that would prevent you from participating in any activities?

- Yes
- No

Please explain:

Please indicate ANYTHING else that the leaders should know to help deal with any situation that might arise:

LIST ALL CURRENT MEDICATION, DOSAGE AND WHY IT IS BEING TAKEN:

Emergency Information (MUST BE INCLUDED):

Health Insurance Company: _____ Policy #: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Telephone: _____ Work Telephone: _____

Primary Physician: _____ Telephone: _____

Insurance Beneficiary: _____

Please return the completed form to Rev. Michael Ada. If you have any food allergies, or special dietary needs, please send that information to me at pastorada@bslcks.org ASAP.

Beautiful Savior Lutheran Church Mission Team

Parental Consent To travel for Minors

All blanks must be filled out—incomplete applications cannot be processed

This form is for team members who are under 18 years of age. BOTH Parents must sign and have notarized **two permission forms**. One form is to be kept by the parents and the other returned to the address at the bottom of the page. If both parents are not together, both must still sign a form of consent. If one parent is the custodial parent, there must be legal documentation to prove this status.

This form certifies that _____ has the permission of _____ to enter the country of Guatemala on a Beautiful Savior mission trip.

Printed name of mother or guardian: _____

Signature of mother or guardian: _____

Date: _____

Printed name of father or guardian: _____

Signature of father or guardian: _____

Date: _____

Notary:

Signed in the State of _____

County of _____

On this _____ day of _____

year _____

Notary Signature: _____

Date: _____

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Printed name of mother or guardian: _____

Signature of mother or guardian: _____

Date: _____

Printed name of father or guardian: _____

Signature of father or guardian: _____

Date: _____

Notary:

Signed in the State of _____

County of _____

On this _____ day of _____

year _____

Notary Signature: _____

Date: _____