

Trip Country \_\_\_\_\_

Applicant's Name (last, first, middle) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport Country \_\_\_\_\_

Passport Number \_\_\_\_\_

Please complete Steps 1-9 entirely before submitting to WOC .

**STEP 1: Emergency Contacts**

Please provide information for at least 2 different contacts.

In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State or Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State or Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE MAIL ORIGINALS TO THE WOC OFFICE AND KEEP COPIES OF THESE FORMS FOR YOUR RECORDS.

These forms need to be mailed and postmarked by the second payment deadline.

**STEP 2: Allergies**

Please list all known allergies. (Ex. Shellfish, Peanut Butter, Bee Stings)

\_\_\_\_\_

Are you gluten free, yes or no? (Circle one)

Do you have medically advised food restrictions? \_\_\_\_\_

**STEP 3: Medical Questions**

If you check "YES" to any of the following questions, you will be REQUIRED to have your family physician complete a MEDICAL RELEASE FORM on PAGE 7. ALL QUESTIONS MUST BE ANSWERED. ANY MISREPRESENTATION WILL VOID YOUR ACCEPTANCE.

YES	NO	
		Asthma or chronic wheezing
		Any other respiratory problems
		Cysts or tumors of any kind
		Chronic or persistent cough
		Skin disorder other than acne
		Goiter
		Diabetes or Hypoglycemia <small>(low blood sugar)</small>
		Circulatory trouble
		Persistent, recurring indigestion, stomach or duodenal ulcers
		Major hearing or vision impairment
		Intestinal or bowel problems
		High or low metabolism
		Tuberculosis
		Cancer
		Severe knee problems

YES	NO	
		Mental health counseling treatment
		Fainting spells
		Convulsions, epilepsy or seizures
		Parkinson's Disease
		Anemia or any other blood disorder
		Serious bodily injury
		Thyroid ailment
		Severe allergic reactions
		Rheumatism, arthritis, painful swollen joints
		High blood pressure / any cardiac problems
		AIDS virus or HIV
		Kidney problems
		Gallbladder stones or colic
		Breast or menstrual disorder, venereal disease
		Prostate problems
		Any other disease, disability, or deformity not listed above

**Childhood Immunizations:**

(These must be up-to-date. Do NOT leave blank.)

Yes	No	Type	Year Administered	Yes	No	Type	Year Administered
___	___	Mumps/Measles/Rubella	_____	___	___	Tetanus	_____
___	___	Diphtheria/Pertussis	_____	___	___	Other _____	_____
___	___	Polio	_____				

Please answer the following:

- 1.) Are you currently taking any prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify the medication and the dosage: \_\_\_\_\_
- 2.) Are you currently using any non-prescription drugs on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
- 3.) Have you ever received treatment or counseling for alcohol or chemical abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify when and where: \_\_\_\_\_
- 4.) Are you presently under a physician’s care for any illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
- What was the date of your last physical exam and who was the physician? \_\_\_\_\_
- 5.) Are you a vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how long? \_\_\_\_\_

**\* Please be aware that you may be required to eat meat as part of cultural sensitivity!**

Please list all surgical operations or hospitalizations applicant has undergone:

- 1) Operation, illness \_\_\_\_\_  
Reason \_\_\_\_\_ Date \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Remaining effects \_\_\_\_\_
- 2) Operation, illness \_\_\_\_\_  
Reason \_\_\_\_\_ Date \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Remaining Effects \_\_\_\_\_
- 3) Please provide any details pertaining to your health not covered by the above questions.  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 4: Ministry Experience**

Please answer the following:

- Do you have any drama experience? YES NO  
If yes, please explain: \_\_\_\_\_
- Please rate your drama skills on a scale from 1-10 (with 1 being lowest, 10 highest) \_\_\_\_\_
- Do you have any children’s ministry experience? YES NO  
If yes, please explain: \_\_\_\_\_
- Have you ever been or would you like to be a clown for children’s ministry? YES NO
- Do you feel comfortable speaking in front of large groups? YES NO
- Do you have any experience preaching? YES NO  
If yes, please explain: \_\_\_\_\_

**STEP 5: Personal History**

Please answer the following:

If you answer "Yes" to any of the following, please give a complete explanation below and/or on a separate sheet. Please include the date and length of last involvement or episode.

**Have you ever:**

- Had problems entering or exiting the U.S.?
- Been expelled from school?
- Served time in a detention center or jail?
- Been convicted of a crime and/or are you currently on trial?
- Used tobacco products?
- Used alcohol?
- Used illegal drugs?
- Been involved in gang-related activities?
- Been involved in a cult or the occult?
- Been involved in homosexual activities?
- Had psychiatric care?
- Had an eating disorder? (Please list details below.)
- Taken medication for behavior? (Please list below.)
- Had breathing problems?
- Had fainting spells?
- Had seizures?
- Had diabetes or hypoglycemia?
- Had or do you currently have any physical impairment?

**YES NO**

YES	NO

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 6: Consent, Hold Harmless and Release Agreements**

MUST be signed by applicant in the presence of a NOTARY. Please see below for additional signatures that may be required.

If you are a minor in the legal custody of both parents:

**Required: BOTH PARENTS' SIGNATURES**

If you are a minor in the legal custody of one parent:

**Required: THE SIGNATURE OF THE PARENT WHO HAS LEGAL CUSTODY AND A COPY OF A LEGAL DOCUMENT EVIDENCING THE CUSTODY ARRANGEMENT OR A NOTARIZED COPY OF A DEATH CERTIFICATE FOR A DECEASED PARENT.**

**Medical/Travel Release, Hold Harmless Agreement:**

On behalf of myself/my child, I, being of legal age, authorize World Outreach Church:

- Release any and all other medical information or records to any party deemed necessary by World Outreach Church, its agents, servants, employees;
- Assign for the providing of medical treatment to myself/my child or to members of the missionary group;

## **Medical/Travel Release, Hold Harmless Agreement Cont.**

**I hereby release and agree to indemnify** World Outreach Church, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold World Outreach Church harmless for any and all costs, damages or expenses incurred by World Outreach Church as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of World Outreach Church and its agents, servants, employees or assigns even if such conduct is negligent.

**I am aware** that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, the return of myself/my child by air ambulance or other extraordinary means at a cost of \$10,000 or more. I also understand that mission trips may be associated with the risk of bodily harm, death, and/or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or World Outreach Church.

**I understand** and acknowledge that I am not guaranteed any certain experience on the trip I have chosen & hold World Outreach Church harmless for any injuries, etc. that may happen as a result of the locations I may visit during the trip. Once the initial deposit has been made no refunds will be issued.

**I agree** that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

**I consent** to allowing World Outreach Church, its officers, employees, volunteers and representatives to travel internationally with my minor child.

**I hereby release** and hold harmless World Outreach Church, its officers, employees, volunteers and representatives from all liability for personal injury, including death, as well as all property damage or loss arising out of myself/my child's participation in this trip. I have read and understand the above information. The information I have given World Outreach Church is accurate and true to the best of my knowledge. I understand that this release and indemnification releases liability for the conduct of World Outreach Church and its agent, servants, employees or assigns.

**Media Permissions:** I also give World Outreach Church or anyone they may appoint, full permission to capture, record and utilize, any video, audio, photographs, or other copies of my image or recordings of my voice, at their discretion, for any purpose, including and not limited to, film, television & radio broadcasts, advertising, printed materials, internet communications, etc. I understand that I will not receive any payment or compensation for the recording or use of any of the above stated material.

### **Consent for Medical Treatment:**

**Myself/my child wish to be a member of a World Outreach Church missionary group.**

**I am aware** that certain circumstances may occur resulting in my/my child's need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission from World Outreach Church for myself/my child to participate in said missionary group, I authorize World Outreach Church, or any designated agent of World Outreach Church, to act on my/my child's behalf, to consent to, should I be un-able to do so, all medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examinations, anesthesia, surgery or other procedures, which World Outreach Church deems necessary for myself/my child's medical well-being for the duration of the mission trip. This consent is given in advance of any specific diagnosis, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my/my child's behalf. Any consent by World Outreach Church shall have the same force and effect as if I had personally given the consent.

**I authorize** World Outreach Church to receive my/my child's medical records resulting from treatment received during the course of the trip so that they can authorize/consent to additional treatment and release those records during the course of the trip to future physicians.

## STEP 7: Team Member Insurance

**\*\*For US and Canadian applicants only**

This form **must** be completed in order to activate the Overseas Medical Insurance included in the cost of your trip.

### Assignment of Benefits

In the event of a claim, I \_\_\_\_\_, the undersigned, authorize United States Fire Insurance Company to release payment of benefits under my Travel Protection Plan directly to World Outreach Church to cover any expenses they have incurred for my claim, regardless of the nature or amount of such claim, for the benefit of the Insured \_\_\_\_\_ (Name of Insured). I understand that any reimbursement I may receive under the Travel Protection Plan purchased for travel dates \_\_\_\_\_ shall be refunded to World Outreach Church for any costs prepaid on my behalf. It is also incumbent upon me to cooperate in the facilitation of any refund and in the processing of my Travel Protection Plan claim.

### Agreement

I represent that all statements contained herein are true and correct and that I have read, understand and agree to the terms and conditions hereof.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Insured/Applicant's Printed Name**

**Date**

X \_\_\_\_\_

**Applicant's Signature**

X \_\_\_\_\_

**Signature of Parent/Legal Guardian  
(If applicant under 18)**

**STEP 8: Signatures & Notary**

**MUST READ BEFORE NOTARIZING**

If applicant is under 18 and both parents' signatures are not available, proper documentation must be attached. Documentation may include:

- Copy of Custody papers showing which parent or legal guardian has sole custody;
- Copy of parent's death certificate;
- Copy of applicant's birth certificate showing available parent's name.

By signing, I signify my approval of all limitations listed on Pages 1-4 of the World Outreach Church Go Forms. I have read and understood all information provided. My signature represents that all information on these forms is true and accurate to the best of my knowledge.

X \_\_\_\_\_ / /  
Missionary's signature Date

X \_\_\_\_\_ / /  
Guardian's signature (if applicant under 18) Date

X \_\_\_\_\_ / /  
Father's signature (if applicant under 18) Date

X \_\_\_\_\_ / /  
Mother's signature (if applicant under 18) Date

**FOR NOTARY**

*\*Note to Notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.*

State of \_\_\_\_\_, County of \_\_\_\_\_.

Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

**NOTARY STAMP**

\_\_\_\_\_  
My commission expires on \_\_\_/\_\_\_/\_\_\_\_\_

## STEP 9: Completion Checklist

All boxes MUST be checked. (Parents' signatures are not needed when the applicant is 18+.)

- Step 1: Emergency Contacts
- Step 2: Allergies
- Step 3: Medical Questions (If you answer "YES" to any of the questions listed on page 1, you must have your primary physician complete the Physician's Release Form below.)
- Step 4: Ministry Experience
- Step 5: Personal History
- Step 6: Consent, Hold Harmless and Release Agreements (I have read through and clearly understand all information stated.)
- Step 7: Team Member Insurance
- Step 8: Signatures and Notary

**\*\*\*Page 6 must be signed in the presence of a Notary. Blue Forms will not be accepted if this is not completed.**

## Physician's Release Form

Complete this form ONLY if you checked 'YES' to any of the questions on the Medical Checklist in Step 3 (Page 1).

The missionary will be involved in challenging drama training (choreography) and extended periods of walking and hiking as part of the daily itinerary. Dietary and climate changes also add to the physical intensity of our trips. Please be considerate of these factors.

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_

Physician's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work # (\_\_\_\_) \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_ (Optional)  
Age: \_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I have reviewed this patient's Medical Information, Checklist Form and Medical History, and I have performed a physical exam. (Please indicate the appropriate choice.)

- I find him/her to be in adequate condition for international travel, participation in high-intensity activities and choreography in a third-world country.
- I have prescribed a medical plan of action for him/her to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- I do not recommend this person to participate at this time.

X Physician's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_