



URBAN MISSIONS TRIP PARTICIPANT APPLICATION

(FOR YOUTH, LEADERS, & PASTORS TO COMPLETE)

Home Church: _____ City: _____

First Name: _____ Last Name: _____ MI: _____

Home address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone number: (_____) _____ Alternate: (_____) _____

Gender: Male Female Age: _____ Birth date: __/__/____ Marital Status: Single Married

Group name: _____ Dates group coming: _____

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 had any previous experience in missions or ministry? _____ Yes _____ No

If yes, please Explain: _____

What do you want to participate in while on this missions trip?

What is one thing you're hoping to do on this missions trip?

What talents or gifts do you feel God has given you that could be utilized on this trip?

() Worship () Administrative () Audio & Sound Experience () Cooking () Drawing & Painting () Construction

() Others: _____

CONFIDENTIAL HEALTH INFORMATION

NAME: _____ DATE: _____

MEDICAL INSURANCE CO: _____ ACCOUNT #: _____

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 medical dietary restrictions? _____

Are you willing to eat whatever food you are served? Yes No If no, explain: _____

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

Are you now 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 If yes, explain: _____

Do you have a history of emotional instability or psychiatric treatments ____Yes ____No

Specify: _____

Blood Type: _____

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

Mailing Address(es) for previous 5 year is 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 work involving children/youth for previous 5 years (Church name/town, type of work, dates): _____

List all non-church work involving children/youth for previous 5 year (Organization name/town, type of work, dates): _____

Medical Release:

In the event of a sickness, injury, or medical emergency, I/we request that the applicant above receive any medical attention or treatment deemed necessary. Therefore I/we, 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/our child.

Photo Release

Permission is given to City on a Hill to use photographs (individuals & 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 18 years of age _____ Date _____