

Participant Information Form

Today's Date: _____

Trip you are applying for: _____

Full name as it appears on passport: _____

Address: _____

City & State: _____

Zip/Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

E-mail address: _____

Birthday: _____

Country & City of Birth: _____

PASSPORT INFORMATION:

Passport Number: _____

Passport Country: _____

Passport Exp. Date: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

EMPLOYEE STATUS OR SCHOOL

Employer or School: _____

Job Title or Grade: _____

INSURANCE INFORMATION:

Please provide a photocopy of your insurance card

Company	Policy #	Group #4

Is your insurance applicable outside of the USA?

Yes No



Aaron & Hur

International Ministries

4065 Iona St. Titusville, Florida 32796

Send form to: kathleenwp@ahiminc.org

Parent's Name: _____

(if you are a minor)

Spouses Name: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Address: _____

City & State: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Relationship: _____

PERSONAL REFERENCES

Name(1): _____

Address: _____

City & State: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Relationship: _____

Name (2): _____

Address: _____

City & State: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Relationship: _____

MINISTRY HISTORY

Have you made a commitment to Jesus Christ? If Yes, tell us a little about your relationship with Him.

Do you regularly attend church? Yes No

If Yes, where do you attend?

In what ministries have you been involved in your church or community?

Have you been on a mission trip or project before? Yes No

If Yes, what locations and activities were you involved with on these projects?

Do you speak any other language besides English? Yes No

If yes, what languages?

What skills do you have that might be helpful to this mission project?

What do you consider your spiritual gifts to be?

Are you ordained? Yes No

Please indicate which activities you are willing to do...

Preach Pray in Public Sing Give your testimony

Why are you interested in participating in this mission trip?

HEALTH QUESTIONS

Do you have any health issues? Yes No

If Yes, specify:

List prescription medication:

List allergies, dietary needs or medical restrictions:

Physician's Name and Phone #: _____

Mission Team Covenant

As a member of the Missionary Manor mission team, I understand I will be representing not only myself, but also Christ and the Missionary Manor organization.

If selected to be part of a short term mission team, I agree to:

1. Conduct myself as a guest and with a servant attitude, in a manner worthy of the Lord, while serving on this trip.
2. Submit to the team leaders authority and the needs of the group over my own in a way that honors them and the Gospel and I will treat the other team members and our hosting nationals with respect and honor as fitting our Christian witness.
3. Refrain from any behavior that may compromise my witness.
4. Abstain from the use of alcohol, tobacco, illegal drugs and/or any immoral behavior. Return home at my own expense, if at any time, while on this trip, my behavior constitutes a problems determined by the team leader.
5. Pay all the fees and cost are set forth as the cost for this mission project. (i.e. airfare, per diem, transportation)
6. Not hold trip leaders, the sponsoring mission/missionaries, or Missionary Manor Inc responsible for any accident, injury, illness or other personal loss that might result from this trip. (I will sign and have notarized the EMERGENCY RELEASE AND RIGHT OF REPRESENTATION form)
7. Authorize trip leaders, as my agents, to consent to any emergency treatment that is necessary in the case of accident or illness.
8. Follow all the rules established by Missionary Manor and by our host organization .
9. Not to leave the group or go out on my own in our host country without the team leaders authorization.
10. Purchase a health insurance policy specifically for this trip if I do not have applicable coverage.

Print Name: _____

Parent's Printed Name (for Minors): _____

Signature: PM _____

Parent's Signature: _____

Date: _____

Date: _____