

Full Passport (Legal) Name:
Preferred Name:
Address:
Phone Number:
Email Address (print legible):
Date of Birth:
Gender:
Marital Status:
Languages Spoken:
Do you have a valid U.S. passport?
Passport Expiration Date:
U.S. Passport #·

Note: Please submit a copy of your passport.

Emergency Contact Information

Emergency Contact information
Please list a close relative/friend who will likely be in the States that can be contacted in case of an emergency.
Contact Name:
Contact Phone Number:
Contact Email:
Relationship to Participant:
References

If you are NOT a member of View Church, please complete the following information on church attendance and pastoral reference.

What church do you regularly attend:

What ministry or small group are you a part of:

Pastoral Reference Name:

Pastoral Reference Email:

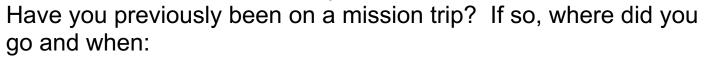
Medical Information

Allergies:

Any current physical / mental medical condition that we need to be aware of:

Insurance Company & Policy Number:

Experiences



List any other cross-cultural experience:

Any skills that you desire to use while on the mission trip:

Spiritual Information

Are you a born-again Christian / committed follower of Jesus?

Tell us briefly your personal testimony (attach additional sheets if necessary):

Mission Trip Agreement

If accepted as a volunteer, I commit to attending all team meetings unless providentially hindered.

I also realize that in accepting a term of volunteer service, it is with the clear understanding that View Church does not assume responsibility for loss of my property, damage to the same, personal harm or illness that may come to those who travel with me or myself. I, for myself, my heirs, executors, administrators, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby release, waive, and forever discharge View Church from liability for any claim or demand that I or my heirs, executors, administrators or assigns might otherwise assert upon the basis of any of the foregoing.

In volunteering, I recognize that I do not become an agent or employee of View Church in rendering my services, and I agree to hold View Church harmless from any claim that might arise out of any acts performed by me while serving as a View Church volunteer.

I authorize View Church through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I acknowledge that monies paid towards my trip are non-refundable.

I understand that View Church will book flights for trips. I acknowledge that once booked, I may be responsible for the full cost of my flight if I am no longer able to participate in the trip for any reason.

I understand that trips may be canceled by View Church at any time due to travel advisories provided by the state department or other circumstances resulting in unsafe travel.

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Signature:	Date: