



General Information Form

Forms must be returned to Lifeline Christian Mission with first payment and **PASSPORT COPY** or tickets will not be issued

PLEASE PRINT CLEARLY

Trip Dates _____ Country _____ Church/Group Name _____

Full Name (as appears on passport) _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth _____ Sex _____ School & Grade (If Student) _____

Home Church _____ Hobbies _____

Occupation & Special Skills (Past or Present; be specific) _____

Passport Number (located on upper right corner of page with photo) _____

Spouse's name (if married) _____ Spouse's Cell Phone _____

Family members on team and relationship _____

Emergency Contact and relationship _____

Phone # & e-mail address of Emergency Contact _____

T-shirt size: S M L XL 2XL 3XL

Please check the areas below where you have experience and/or special interest:

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> General Construction | <input type="checkbox"/> Painting | <input type="checkbox"/> Singing & Music |
| <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Photography | <input type="checkbox"/> Teach Youth |
| <input type="checkbox"/> Carpentry/Woodworking | <input type="checkbox"/> Landscaping/Farming | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Teach Dental Hygiene |
| <input type="checkbox"/> Computer/IT | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Preaching | <input type="checkbox"/> Teach Health/Wellness |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Masonry | <input type="checkbox"/> Puppets | <input type="checkbox"/> Teacher Training |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Roofing | <input type="checkbox"/> VBS |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Medical & Health | <input type="checkbox"/> Sewing | <input type="checkbox"/> Work with Children |
| <input type="checkbox"/> Other (explain) _____ | | | |

General Information (Continued)

Full Name (as appears on passport) _____

Church/Group Name _____ Trip Dates _____

Past mission trips (when & where) _____

Personal References (2) & Phone Numbers or Email Addresses: _____

What are your main objectives/goals while on this Work Crusade? _____

What special talents do you have? _____

Spiritual Gifts? _____

Prayer Requests? _____

Personal Testimony For Christ _____

Personal Goals on Mission Trip _____

Health Information Form

Return form to Lifeline with first payment

Full Name (as appears on passport) _____

Blood Type _____ Past Medical Problems _____

Surgical History _____

Depression or Emotional Problems? (Explain) _____

Currently under doctor's care? (Explain) _____

List any medications you are now taking _____

Disabled? _____ If Yes, list condition(s) & limitations: _____

Have you ever experienced any of the following health problems? If so, when? (Answer Yes with Date or No)

AIDS/HIV _____ Diabetes _____ TB _____ Polio _____ Asthma _____

Heart Problems _____ High Blood Pressure _____ Bleeding _____ Cancer _____

Kidney Disease _____ Liver Disease _____ Broken Bones _____ Seizures _____

Hernias _____ Rheumatic Fever _____ Stroke _____ Heat exhaustion _____

Allergic Reactions to Medication _____ Other Allergies _____

Please explain below if you have answered YES to any of the above _____

Name & Phone of Family Physician _____

Last visit to Physician(s) and reason _____

COVENANT

Please sign and return Covenant to Lifeline with first payment

I have read the rules and policies of Lifeline Christian Mission and agree to abide by them at all times. I will respect the leaders and observe all the instructions in respect for the mission and its programs and philosophies. I further agree to do all that I can to have a positive impact on God's work through the mission. My actions and witness will be to honor God and serve Him while submitting to the leadership of others, to my team members and to the will of God.

I recognize that upon committing to this short-term work crusade I am giving my assent to the rules and policies within the Team Member Handbook.

PRINT FULL NAME: _____

SIGNED: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

RELEASE

(Notary Ready)

Return form to Lifeline with first payment / Tickets cannot be issued until this form is on file

STATE OF OHIO
FRANKLIN COUNTY, SS:

AFFIDAVIT

To: Lifeline Christian Mission
From:
Re: Short Term Work Crusade Participation

I, _____, do hereby release Lifeline Christian Mission, its directors and all associated parties of any and all liability that may result to me personally or to my personal belongings, including but not limited to illness, injury, theft, damage, death or harm that may occur as a direct result of, or incidental to work, association, or travels to Haiti, Honduras, El Salvador or any other work field as a guest or worker, at any time in the past, present or future. This specifically includes driving, riding in or working with any vehicle owned, operated or provided by "Lifeline Christian Mission" and/or the "Institute for Affordable Transportation". I further agree not to operate said vehicles without instruction or authorization.

Date _____ Signed _____
(Parent or guardian if under age 18)

Witnessed by _____

Address _____

City _____ State _____ Zip _____

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____
(Date)

(Notary Signature)