

**First United Methodist Church**  
**MISSION TEAM MEMBER APPLICATION**

Mission Location: Puerto Viejo Costa Rica

Dates: March 6-13, 2016

Name: (as it appears on passport) \_\_\_\_\_

Address: \_\_\_\_\_ Phone (home) \_\_\_\_\_

City/State: \_\_\_\_\_ Phone (cell) \_\_\_\_\_

email: \_\_\_\_\_

Passport# \_\_\_\_\_ expiration date \_\_\_\_\_ US/other \_\_\_\_\_

Church: \_\_\_\_\_

T-shirt size: Adult: S M L XL XXL

Youth: S M L

Have you had any serious illnesses in the last year? Y/N When?

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

Do you have allergies to food, drugs, insect bites or stings? Y/N

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

Do you have any chronic medical conditions? Y/N

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

Do you take any medications? Y/N Please list all: \_\_\_\_\_

\_\_\_\_\_

Immunizations and Date: Tetanus/Diphtheria Booster \_\_\_\_\_

Do you have any physical limitations or disabilities that would affect you in conditions such as extreme heat or cold, high elevation, limited food choices, etc?

Y/N Explain: \_\_\_\_\_

Have you ever been treated or hospitalized for a mental or emotional condition? Y/N

\_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ day phone: \_\_\_\_\_ evening phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy and group # \_\_\_\_\_

Phone: \_\_\_\_\_

Name and telephone of Physician: \_\_\_\_\_

Why do you want to participate in this mission?

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What do you hope to learn or experience?

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What special gifts can you offer?

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### WAIVER OF RESPONSIBILITY

I, \_\_\_\_\_, volunteer to participate in the mission with First United Methodist Church, Dallas, Texas, I recognize and accept the inherent risks of international travel and of mission projects in general. I hereby voluntarily waive and release the church, its staff, and volunteers of any liability in the event of accident, injury, illness, or mishap.

Volunteer name: \_\_\_\_\_ Witness name: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_ Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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