



## 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)