



ELEOS HEALING GLOBAL MISSION Medical Mission Trip Application

Mission Trip Preference

Application Date: _____

First choice: Country: _____ Month/Year: _____

Second choice: Country: _____ Month/Year: _____

Third choice: Country: _____ Month/Year: _____

Personal Data

1. Name (First, Middle, Last): _____ Date of Birth: _____

Marital status: _____ Gender: Male Female

2. Home contact information:

Address: _____ Home Phone: _____

_____ Home Email: _____

_____ Mobile Phone: _____

3. Emergency contact information:

Name: _____ Relationship: _____

Address: _____ Day Phone: _____

_____ Evening Phone: _____

4. Work information:

Employer: _____ Job Title: _____

Address: _____ Work Phone: _____

_____ Work email: _____

5. School information (if a student):

Name of school: _____ Location _____

Degree/ certification program: _____ Expected graduation: _____

6. Names of other family members who plan to participate in the mission trip:

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

7. US Citizenship / Permanent Resident Status:

Are you and all accompanying family members US citizens or Permanent US Residents? Yes / No

Do you and all accompanying family members have a current US passport or US Green Card? Yes / No

Will any of the passports/Green Cards expire within six months after trip completion? Yes / No



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If the answer to any of these is no, please explain: _____

8. What foreign languages do you (or accompanying family members) speak? What level of fluency?

Church, Ministry, Reference, and Spiritual Information

1. Current Church: _____ Location: _____

2. Current Church, Religious, or Charitable Activities/Ministries: _____

3. Ministry Reference (someone who has known you through your church or charitable activities):

Name: _____ Relationship: _____ Years Known: _____

Contact information: Phone: _____ Home Email: _____

4. Personal Reference (someone who has known you closely for many years):

Name: _____ Relationship: _____ Years Known: _____

Contact information: Phone: _____ Home Email: _____

5. Spiritual Background:

When and how did you come to know Jesus Christ as your Savior? _____

What do you consider to be the main area of spiritual growth in your life? _____

6. Motive: Why do you want to go on this mission trip? _____

Personal Medical Information

1. Do you (or any accompanying family members) have any medical restrictions or handicaps that require special attention or that would affect the ability to operate effectively in austere or demanding conditions (e.g., high altitude, hot or cold climates, etc.)? Yes / No

If yes, please provide details: _____



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2. List all medications currently being taken by you (or accompanying family members):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Mission Skills and Experience

1. What are the relevant skills or talents that you will bring to the mission team, such as in the areas of health, education, music, construction, sports, and ministry? _____

2. Are you now or have you previously trained or worked as a health professional? Yes / No If yes, please explain your specialties: _____

Are you Board-certified in your specialties? Please explain: _____

3. Do you have prior cross-cultural experience, living and working in other countries or participating in other mission trips? Yes / No If, yes, please describe briefly each major experience:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____



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Waiver of EHGM Liability

I, (Printed Name) _____, hereby acknowledge the inherent risk of international travel and the fact that injury, disease, might occur during or as a result of my voluntary service on any Eleos Healing Global Mission (EHGM) project, and fully understand that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards.

I willingly assume these risks and I hereby waiver any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of EHGM, for any and all causes in connection with the activities of the above organizations and individuals on the Project.

I understand the policies and procedures stated herein on the supplemental statement of Expectations for Exemplary Personal Conduct and I agree to abide by them. I understand that misrepresentations in my application or breaching Biblical standards of conduct will be grounds for dismissal from that project.

I understand that EHGM may publish photos and testimonies of participants on this mission, including myself as a participant, uplifting the service in which this project was intended.

EHGM requires participants to use travel insurance regardless of what other insurance a person has.

I understand and agree that where needed to plan and arrange for my participation in EHGM, the information I submit to EHGM may be provided to EHGM partner missions personnel and EHGM Project and Team Leaders.

By signing the "Agreement" and submitting this form, I / we affirm my complete agreement with the above EHGM terms and waivers.

Signature _____ Date _____