Directions: Please complete the following form in its entirety, i.e. Emergency Contact, Medical Information etc. Additional Items needed to complete application include the following: FCIM Medical Release Form, Photo Consent Form & the Waiver of Liability Form which can also be found on our website.

MISSION TRIP APPLICATION

NAME: ____ DATE: ___________________

ADDRESS: ____

CITY: ____________________________________ STATE: _______ ZIP CODE: ________________

HOME #: ____________________ WORK: ___________________ CELL: ____________________

Email: ____

DATE OF BIRTH: ____

EMERGENCY CONTACT INFORMATION

NAME: ____ RELATIONSHIP: __________________

ADDRESS: ____

CITY: ____________________________________ STATE: _______ ZIP CODE _________________

HOME #: ____________________ WORK: ___________________ CELL: ____________________

Email: ____

SECTION ONE: **PLEASE CHOOSE TYPE OF TRAVEL:**

☐ **INTERNATIONAL TRAVEL**

*Passport
4 Photos for VISA Application
Medical Requirements
Medical History
FCIM Jogging Suit
Deposit (Check or Money Order)

- ***Passport Number:*** ______________________
- ***Passport Expiration Date:*** ________________

☐ **DOMESTIC TRAVEL**

Deposit
Medical Requirements
Medical History

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION TWO: MEDICAL INFORMATION

Travelers Blood Type: ______________________ Health Care Provider: _______________________________

Doctor: _____________________________ Phone: ___________________ Medical ID#: __________________

Office Location: ____

Email: ____

Are you allergic to any medicine? YES _____ NO_____ If yes, please lists the name of the medicine(s):

____

____

*List all prescription medicine & mg's you are taking: ____

____

*Please list all Food Allergies: ____

Please use a separate sheet of paper if necessary

SECTION THREE: MEDICAL HISTORY

Please check if you have ever experienced any of the following conditions:

☐ Allergies	☐ Coronary Artery Disease	☐ Migraine Headaches
☐ Anemia	☐ COPD (Emphysema)	☐ Myocardial Infarction
☐ Angina	☐ Crohn's Disease	☐ Osteoarthritis
☐ Anxiety	☐ Depression	☐ Osteoporosis
☐ Arthritis	☐ Gallbladder Disease	☐ Peptic Ulcer Disease
☐ Asthma	☐ GERD (Reflux)	☐ Renal Disease
☐ Atrial Fibrillation	☐ Hepatitis C	☐ Seizure Disorder
☐ Benign Prostatic Hypertrophy	☐ Hyperlipidemia	☐ Thyroid Disease
☐ Blood Clots	☐ Hypertension	
☐ Cancer Type:	☐ Irritable Bowel Disease	
☐ Cerebrovascular Accident	☐ Liver Disease	

I do hereby give Four Corners International Mission (FCIM), and its representative(s) authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on any such travel, stay or other activity, including, without limitation, while traveling to and from any foreign county. I agree to pay for all such treatment and to reimburse FCIM for all costs and expenses incurred by them with respect to such treatment.

AUTHORIZATION: (Mission Travelers Full Name, *Please Print*) ____

Signature **Date**

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION FOUR: SUGGESTED SHOT REQUIREMENTS (*International Travel Only)*

DTaP (Diphtheria, Tetanus, Pertussis)	Hepatitis A & B	*Malaria
Meningitidis	Typhoid	Yellow Fever

Note: Please obtained Malaria prescription from your Primary Care Physician

SECTION FIVE: CHURCH AFFILIATION

Name of Church: ____

Pastor's Name: ____

Ministries Presently Involved In: ____

____

Licensed or Ordained Clergy: Yes: ________ If yes, what year? ________ No: ________

SECTION SIX: HOW DID YOU HEAR ABOUT THE TRIP:

___ Friend

___ Family Member

___ Church Member

___ FCIM Promotion

___ Other (Describe) ____

SECTION SEVEN: CROSS-CULTURAL EXPERIENCE

Have you traveled with FCIM before? (Country/Dates) ____

____

____

SECTION EIGHT: LIST PREVIOUS MISSIONS EXPERIENCE WITH OTHER ORGANIZATIONS (COUNTRY/DATES)

____

____

____

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881

SECTION NINE: PLEASE LIST AT LEAST TWO REFERENCES

Name: ___________________________________

Address: _________________________________

____

Phone: ___________________________________

Email: ____________________________________

Name: _______________________________________

Address: _____________________________________

____

Phone: _______________________________________

Email: ____

Please Return Form To: Missionworks06@aol.com
Questions Call: Nina Watkins, Mission Director
Cell: 240.882.6881