



# Designs For Hope

## MISSION PROJECT PARTICIPANT

# APPLICATION

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### **A. PERSONAL INFORMATION**

Name \_\_\_\_\_  Male  Female Date \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status:  Single  Married  Widowed

### **TELEPHONE NUMBERS**

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

### **PASSPORT INFORMATION**

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

City and State Where Issued \_\_\_\_\_

Name as it Appears on Passport \_\_\_\_\_

### **EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Telephone Numbers**

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**COMPLETE IF YOU ARE UNDER 18 YEARS OF AGE**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_

Have you talked with your parents about this mission project?    Yes    No

Are they supportive?    Yes    No    If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. MISSION PROJECT INTERESTED IN ATTENDING (IF KNOWN)**

Location of Project \_\_\_\_\_

Dates of Project \_\_\_\_\_

**C. CHURCH INVOLVEMENT**

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

How long have you been a member? \_\_\_\_\_

Have you accepted Jesus Christ as your personal Savior and Lord?    Yes    No

If yes, when did this happen? \_\_\_\_\_

List the ministries you have served with in your church or outside your church, including time of involvement and any leadership positions held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any foreign language training, special skills, talents, or Christian service experience that you feel may be helpful on the field. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list past mission project experience (if any): (Country – Mission Organization – Dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. REFERENCES**

*PROVIDE TWO REFERENCES.* Your references should be someone who knows your character, abilities, and attitude as well as your strengths and weaknesses.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**E. MEDICAL INFORMATION** *(To be completed by participant or an authorized guardian.)*

Is parent/guardian (in Section A above) authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name the insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

How would you describe your health? Excellent Good Average Poor

Please state any major illness(es) you have had in the last five years. \_\_\_\_\_

Are you presently under the care of a physician? Yes No

If yes, please explain. \_\_\_\_\_

Please list any medication you are taking: \_\_\_\_\_

Please list any allergies you have. \_\_\_\_\_

Please explain any physical challenges that you may face on this mission trip. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**F. PARTICIPATION AGREEMENT**

By signing below, you, the participant agrees to comply with all requirements stated by the Designs For Hope, or their representatives.

I agree that my assignees, heirs, distributes, guardians, and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of Designs For Hope as a result of my participation as a volunteer. I hereby release Designs For Hope from all actions, claims, or demand that I, my assignees, heirs, guardians and legal representatives now have or may here after for injury resulting from my participation as a volunteer.

\_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Participant Name Signature

**G. PARTICIPATION AGREEMENT**

**PARTICIPANTS OVER 18 YEARS OF AGE**

I hereby authorize Designs For Hope or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself care, and agree to be financially responsible to any care provider. I authorize release of any necessary medical or insurance related information pertinent to the circumstances.

\_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Print Participant Name Participant Signature

**PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE**

I hereby give my son/daughter permission to participate in the above stated mission project with Designs For Hope and its representatives. I also authorize Designs For Hope or its representatives to initiate any medically necessary care on my son/daughter’s behalf in the event of my son/daughter’s incapability to present myself care, and agree to be financially responsible to any care provider. I authorize release of any necessary medical or insurance related information pertinent to the circumstances.

\_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Print Participant Name Participant Signature

**G. NOTARY PUBLIC SECTION**

State of \_\_\_\_\_ County of \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

SEAL

**Please submit application to the Mission Team Leader when completed.**

Team Member Approved for this Mission Project \_\_\_\_\_

Date

\_\_\_\_\_  
Team Leader

\_\_\_\_\_  
Signature