Team Trip Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Travel Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Logo

Description automatically generated**GETWELL CHURCH MISSION TRIP APPLICATION**

**If you are planning to be part of a Getwell Mission Team going out of country, these are some of the required documents you will need:**

1. **Application** including health questions (signed and dated) and including your Brief personal testimony, Statement of Beliefs (signed and dated), and Release (signed and dated)
2. **Check or cash for $250 to Getwell Church** (Every person is required to pay $250 deposit whether they are the leader or have a scholarship or not.)
3. **Copy of Passport** (must be valid for 6 months past date of trip) You will need current color photo to get passport. If you have applied for a passport but don’t have it yet, please turn in application with deposit and indicate on the front that you have applied for the passport.
4. Photocopy of Professional Licenses/Certificates (M.D., RN, Teacher, etc.)
5. Current Background Check if 18 years or older. (Getwell Church will send email asking for information to do background check once your plane ticket has been purchased. If you have a background check through Getwell Church that is not older than 3 years old, you will not need a new background check.)
6. All required shots and shot records for the country to which you will be traveling. Copy of Vaccine card.

**GETWELL MISSION SERVICE APPLICATION**

Name exactly as it appears on Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name I go by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tshirt size \_\_\_\_\_\_

Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing Country \_\_\_\_\_\_\_\_Passport Expiration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_

Phones: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Age:\_\_\_\_\_\_\_\_\_\_

Have you been on a Getwell Mission Trip before? \_\_\_\_\_\_\_\_\_\_Year of most recent trip \_\_\_\_\_\_

Marital Status: S M D W Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Titles you have: (MD, DDS, RPh, RN, LPN, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church where you are a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Address (city/state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF BELIEFS**

The Inspiration of the Bible: I believe the Bible is the verbally inspired Word of God. (Jer. 30:2; II Timothy 3:16; II Peter 1:20-21)

The Person of God: I believe God is supreme in His person, eternal in His being, absolute in His attributes, glorious in His perfection. I believe in the Trinity. (Gen. 1:1; Isa. 6:1; Deut. 6:4; Matt. 6:9)

The Person of Jesus Christ: I believe in the virgin birth of Christ, His deity and sinless life, His vicarious death, His bodily resurrection, and in His personal, pre-millennial return. (Matt. 1:18-20; II Cor. 5:21; I Cor. 15:3-4)

The Person of the Holy Spirit: I believe the Holy Spirit is the Third Person of the Godhead. I believe that He executes the plan of God for our conviction and salvation. From the time of conversion, the Holy Spirit resides in the body of the believer and empowers him/her for His service. (Col. 2:9; Matt. 10:16; John 14:16)

The Fall of Man: I believe that man was created in the image of God and by choice fell into sin and death. Hence, every person is sinful and under condemnation to eternal judgment. (Gen. 2:16; Gen. 3:1,7; Rom.5:6,11)

The Salvation of Sinners: I believe that the salvation of sinners is wholly of grace, and that Jesus Christ is the only way of salvation. (Eph. 2:8-9; John 3:16; John 5:24; John 3:36)

The Freeness of Salvation: I believe that the blessings of salvation are made free by the Gospel to all who repent of their sins and accept Christ as their personal Lord and Savior, and that nothing prevents the salvation of the greatest sinner but his own inherent depravity and voluntary rejection of the Gospel. (Rom. 3:24; Eph. 2:8,10; Titus 3:5)

The Security of the Believer: I believe that those who receive Jesus Christ as their Savior are eternally secure. Our security rests on the finished work of Jesus Christ. As a result, we have assurance. (II Tim. 1:12; Rom. 8:35, 39)

The Doctrine of the Church: I believe that the visible church is a congregation of baptized believers, practicing New Testament principles, believing its doctrine, observing its ordinances and exercising its autonomy. (Matt. 16:18; Eph. 3:10-11: I Cor. 3:11)

The Doctrine of Heaven and Hell: I believe in the eternal blessedness of the saved in Heaven and the eternal punishment of the lost in Hell. (I Thes. 4:13; John 14:16; Matt. 25:31,46; Rev. 20:10,15)

**Because the primary goal of each Getwell Team is to present the Gospel of Jesus Christ to the people, it is important that our team members have a personal relationship with Jesus. As a Christian, you profess that you came to a time in your life when you realized you were a sinner; that you could not save yourself; you believe that Jesus Christ is the one and only Son of God; that He died for your sins; and you repented of your sins and called upon Jesus Christ to save you. Considering this statement, please check one of the following:**

\_\_\_\_\_ I agree with the previous statement and have accepted Jesus Christ as my personal Savior.

\_\_\_\_\_ I have not yet accepted Jesus Christ as my personal Savior but ask that you consider allowing me to join the team. **TEAM MEMBER COVENANT As a Team Member, I am:**

* Willing to follow the doctrinal beliefs of Getwell Church.
* Willing to refrain from use of tobacco products, alcohol or profanity while on the mission trip.
* Willing to refrain from pairing off between members of the opposite sex during the mission trip.
* Willing to perform any task assigned to me.

**The information I have provided in this application is true, and I have carefully and fully read, understand and agree to abide by all the covenant requirements listed above.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN WHICH OF THE FOLLOWING AREAS DO YOU FEEL GOD HAS GIFTED YOU TO SERVE?**

**Please circle all that apply:**

Construction Music Photography Sewing Cooking Creative Design VBS Sports Teaching Arts/Crafts Education Painting Organizing Evangelism Medical Dental Farming

**Church/Civil Work in which you are involved (example: Sunday School, Youth Leader, etc.):**

**MISSION TRIP EXPERIENCE**

**Have you ever been on a mission trip with Getwell?\_\_\_\_\_\_\_ With another church or organization? \_\_\_\_\_\_\_\_**

**If yes, describe your involvement and capacity in which you serve.**

YEAR\_\_\_\_\_\_LENGTH OF STAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY VISITED\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION/CHURCH YOU WENT WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

YEAR\_\_\_\_\_\_LENGTH OF STAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY VISITED\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION/CHURCH YOU WENT WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

YEAR\_\_\_\_\_\_LENGTH OF STAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY VISITED\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION/CHURCH YOU WENT WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

YEAR\_\_\_\_\_\_LENGTH OF STAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY VISITED\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION/CHURCH YOU WENT WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

YEAR\_\_\_\_\_\_LENGTH OF STAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY VISITED\_\_\_\_\_\_\_\_\_\_\_\_\_ORGANIZATION/CHURCH YOU WENT WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PURPOSE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**What interests you about this mission trip?**

**Why do you feel called to go on this specific mission trip?**

**Please share your personal story of how you became a Christian and what that means to you.**

**Practical Expressions of Godly Attitudes**

True spiritual attitudes will reflect in our actions. Here are some practical actions that are a reflection of spiritual attitudes in the context of short-term missions. These attitudes are not only critical to your witness, but also to your own spiritual focus during the mission trip.

* Be sensitive to theological issues. Realize that the Christian faith manifests itself in different ways in different cultures. Avoid criticizing or debating controversial theological issues.
* Treat the following with respect: team leaders, team members, in-country hosts, and nationals.

Avoid criticizing leaders, fellow team members, and hosts.

* Avoid any romantic activity towards fellow team members or nationals. Realize that actions of this type could hinder the team witness and interfere with your own spiritual focus on this trip.
* Do not make negative political comments about the host country or excessively talk about the greatness of your own country. Avoid criticizing things you do not like about the host country or your own country.
* Avoid using profanity, abusive language, alcohol, tobacco products or drugs.
* Try to accept and do the jobs given to you without complaint.
* Maintain your personal disciplines of prayer and Bible study while preparing for this trip and during this trip.
* Resist complaining when things go wrong or when you don’t like what is happening.
* Listen to your team leader and be a team player.
* Try to eat what is set before me without complaint.
* While on the trip, try not to isolate yourself from nationals or missionaries by spending all your time with your team but pursue speaking to them and getting to know them even when it is out of your comfort zone.

**FINANCIAL CONSIDERATIONS:**

Getwell Church takes multiple trips to Central America, Europe and Africa. Costs vary depending on airfare, but currently, Honduras trips are approximately $1,900 and Africa & Europe trips are approximately $2,500.

We ask that each person be responsible for 100% of the cost of the mission trip with the balance of the team’s mission-related expenses paid by Getwell Church. Applicants must pay a $250 non-refundable deposit at the time of application submission, unless application is not approved by the Missions Committee. If not approved, the deposit will be returned. We can also assist with fundraising and scholarship if needed.

**Please Note:** The entire balance is due before you leave on the trip. Please let your trip leader know if you have any concerns with paying the balance.

Are you leading or co-leading the trip?\_\_\_\_\_\_\_\_ Is this your first mission trip with Getwell Church?\_\_\_\_\_\_

Are you able to commit to the financial requirement by the time you leave for the trip? \_\_\_\_\_\_\_

Briefly explain your plan for paying for this trip. Include personal payments, fundraising idea, writing support letters, etc.

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

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

Scholarships are available. Do you need to apply for scholarship assistance? \_\_\_\_\_\_\_\_\_ Briefly tell us why you need

scholarship assistance.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical History and Emergency Treatment and Release Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_Height \_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_ Blood Type \_\_\_\_\_\_\_\_

Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Health Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Physician: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to take required immunizations? \_\_\_\_\_\_\_\_\_\_\_

**I authorize the team captain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to obtain and administer emergency treatment for me should I become ill or incapacitated while serving on a Getwell Church Mission Team.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH & TRAVEL CONSIDERATIONS**

*Note: All visitors must be physically and emotionally able to endure possible difficult, strenuous, and demanding conditions. A participant may be required to furnish a statement from his/her physician that they are able to withstand these kinds of third world conditions.*

Do you have any chronic or current health problems that might be affected by the environment and living conditions in a third world country? If yes, please give a brief description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special dietary requirements or special health-related accommodations you need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What concerns do you have regarding living conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* IF YOU ANSWER YES TO ANY OF THE FOLLOWING, PLEASE LIST ON A SEPARATE SHEET\*\*\*

Have you ever had any serious injury or illness? Yes or No

Are you currently receiving medical treatment or evaluation on a regular basis? Yes or No

Are you currently taking medications? Yes or No

Do you use alcohol? Yes or No

Do you use tobacco products? Yes or No

Do you have any food/drug allergies? Yes or No

If you have piercings, do you agree to remove the jewelry while on property? Yes or No

If you have tattoos, do you agree to conceal these while on property? Yes or No

Are you pregnant? If so, how many months? \_\_\_\_\_\_\_ Yes or No

Have you ever been abused either physically, psychologically, or sexually? Yes or No

Have you ever had, or have you now, any of the following conditions? Please check all that apply.

Frequent or severe headaches \_\_\_\_\_ Hearing difficulties\_\_\_\_\_

Dizziness or fainting \_\_\_\_\_\_ Heart problems\_\_\_\_\_\_

Convulsions \_\_\_\_\_\_ High/Low Blood Pressure \_\_\_\_\_\_\_\_

Nervous breakdown \_\_\_\_\_\_ Breathing problems \_\_\_\_\_\_\_\_

Mental problems \_\_\_\_\_\_\_\_ Digestion problems \_\_\_\_\_\_\_\_

Visual problems \_\_\_\_\_\_\_\_\_ Back or neck problems \_\_\_\_\_\_\_

Asthma \_\_\_\_\_\_ Joint problems \_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_ Foot problems \_\_\_\_\_

Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_\_\_\_\_\_

**RELEASE**

WHEREAS, the undersigned will be traveling to various countries and participating in various mission projects while in said countries which are sponsored in whole or in part by Getwell Church, a non-profit corporation; and

WHEREAS, the undersigned desires to release and hold harmless Getwell Church, it directors, officers, administrators, employees, members, team captain or team coordinators, and/or team members from any and all liability; claims, demands or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from and during said mission project by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from Getwell Church as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless Getwell Church, its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members from any and all liability, claims, demands or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The Undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against Getwell Church, its directors, officers, members, administrators, employees, team captain or team coordinators and/or any team members at any time, and will not institute, prosecute or in any way aid in the damages, cost, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from, know, unknown, past, present or future by the undersigned’s participation in mission projects sponsored by Getwell Church.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions and environment existing in said countries in which the mission projects will be conducted and of various health and safety hazards which exist, and he/she fully understands and assumes all the risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, or administrators, members, employees, team captains or team coordinators and/or team members of said Getwell Church.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED ON THIS \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**

**PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM CAPTAIN’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF YOU ARE UNDER 21 YEARS OLD, you are considered a minor and this release must be signed by BOTH PARENTS and/or LEGAL GUARDIANS (and spouse, if minor is married). (Skip this section if you are age 21 or older.)**

Name(s) of Parent(s) or Legal Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor’s Parent/Guardian #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor’s Spouse if the Minor is married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF ONLY ONE PARENT IS SIGNING ABOVE, PLEASE MARK THE FOLLOWING THAT APPLIES:

\_\_\_\_I verify that the other parent/legal guardian is deceased.

\_\_\_\_I verify that I have been granted sole legal custody of the minor listed above.

**All of the above information is necessary for your proper placement in an international mission trip and will be kept confidential among the Missions Committee. Upon receipt you will be contacted by the Missions Committee. Thank you for your willingness to serve!**

**Mail application to: OR Scan and email application to:**

Getwell Church Spring.Nunnelee@getwellchurch.org

Attn: Missions Committee

7875 Getwell Road, Southaven, MS 38672