



Application for Trips

(Please complete the following application and mail to Fellowship Global P.O. Box 11465 Memphis, TN 38111 or e-mail to global@fellowshipmemphis.org)

Application is for the trip to _____ on the date of _____

Full Legal Name: _____
First Middle Last Suffix

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (with area code): _____ Cell Phone (with area code): _____

E-mail Address: _____ Date of Birth: _____ (mm/dd/yyyy)

Passport Number: _____ Passport Expiration Date: _____ (mm/dd/yyyy)

(Passports must be valid for 6 months after the trip. If you do not have a valid passport, apply for one TODAY)

Are you a member of Fellowship Memphis? ___ YES ___ NO

Previous Mission Trips: _____

Occupation: _____

Teaching on the mission field:

I would like to go on the trip to: ___ observe only ___ teach some ___ teach as much as possible

My teaching experience is: ___ none ___ limited ___ vast

Short Answer Questions & Qualifications

1. In order to go on a trip the following are essential – briefly define what these mean in your life:

- Teachable Spirit -
- Humble Attitude -
- Submission to Leadership -

2. The following are required - please initial all that you have completed or are committed to complete:

- _____ I will attend all required mission prep courses.
- _____ I will complete all assignments in preparation for the mission trip
- _____ I will raise/pay all required funds for the mission trip
- _____ I will have a prayer team of at least 5 people to be specifically praying for this trip, this trip team, and myself

3. Please separately attach your personal testimony (Life before Christ, How you came to Christ, What life is like now)

4. Please separately attach a recommendation from your Community/Growth Group Leader.

Please turn in your \$250 non-refundable deposit with application (without deposit your application will not be processed)

All of the information that I have given is true and correct to the best of my knowledge. I realize that participating in a Fellowship Global International Mission Trip, I will be reflecting the character of Jesus Christ, the body of believers, and Fellowship Memphis in my conduct. Therefore, I will be fully involved in trip preparation, will complete all assignments for going on the trip, will take full responsibility for raising/paying for 100% of trip expenses (also I realize a refund may not be possible if I cancel my participation), will display a teachable spirit, humble attitude and submit to the leadership of the trip. I am not aware of any medical, spiritual, emotional, or other reason that I should not participate in this mission. I understand and acknowledge that missions participation involves an inherent level of physical and emotional risk. I have read and agree to the release of liability and consent for medical treatment which are on page two of this application.

Applicant's Signature: _____ Date: _____



Release of Liability and Consent for Medical Treatment

Participant's Name: _____

I hereby remise, release and forever discharge Fellowship Memphis, its agents, servants, and all other persons, firms and corporations whomsoever of and from any an all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while on a mission trip. I further understand that there is no Worker's Compensation or Accident Insurance furnished by the Fellowship Memphis.

I give Fellowship Memphis consent to act on my behalf in regards to any examinations; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist. To the best of my knowledge, I have listed below all of my medical allergies, medications being taken, medical problems and other pertinent information.

In the event of an emergency, I would like medical personnel to be aware of the following conditions for my child:

Allergies: _____

Medications presently in use: _____

Chronic Condition/Other Condition: _____

Family Physician: _____ Office Phone: _____

Health Insurance Policy

Company Name: _____ Policy Number: _____

ID Number if Group Policy: _____

Member's Name: _____

In an emergency, notify:

1. Name _____ Phone (res) _____

Phone (cell or office) _____

Address _____

2. Name _____ Phone (res) _____

Phone (cell or office) _____

Address _____