



Returning
Team Member
Trip Application

Est. 2025



Returning Team Member Application
(please type or print)

date / /

Name (As appears on Passport)

First Name: _____ Middle Name: _____

Last Name: _____ Nickname: _____

Male: _____ Or Female: _____

Address: _____

City: _____ State/Zip Code: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Other Details

Marital Status: _____

Desired T-Shirt Size: _____

Desired Short Term Team Date: _____

Passport Details

Passport Number: _____

Date of Issue: _____ Expiration Date: _____

Citizenship: _____ Date of Birth: _____

Closest Airport: _____ Airport Code: _____

In what ways do you feel that the Lord is leading you to go on this trip?



Medical Permission/Release Form
(please type or print)

date / /

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY INSURANCE COMPANY: _____ POLICY# _____



PAST MEDICAL HISTORY
(CIRCLE APPROPRIATE CONDITIONS)

ASTHMA KIDNEY TROUBLE HEART CONDITION DIABETES

PHYSICAL LIMITATIONS: _____

ALLERGIES – FOOD : _____ INSECT BITES/STINGS: _____

PENICILLIN OR OTHER MEDICATIONS: _____

ANY OTHER MEDICAL INFORMATION THAT WOULD BE IMPORTANT FOR THE TEAM
LEADER TO KNOW ABOUT: _____

ANY CURRENT MEDICATIONS: _____



Permission to Treat
(please type or print)

date / /

I hereby grant permission for _____, to participate in any activities and/or functions that they would normally be involved in.

My permission is also granted to a responsible leader from or a representative of Hope Ministries International to obtain any medical attention that the ministry or medical personnel deem as necessary for the wellbeing of the above name should he or she become ill or injured during the mission.

I/we, the undersigned, do hereby release, remiss, and forever discharge all sponsors and Hope Ministries International, Clearwater, FL, from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in the mission.

Signature: _____ Date: _____

Print Name: _____

If under the age of 18 years old – Parent/Guardian:

Signature: _____ Date: _____

Print Name: _____



Minor Release Form
(please type or print)

date / /

Parent/Guardian permission for minors serving on Short Term Mission Trip with Hope Ministries International.

I, _____, the parent/guardian of
(Parent's name)

_____, give permission for him/her to travel to
(child's name)

_____ on the Mission Trip Team.
(Name of Country)

I understand that in case of a health Emergency, the team leader will be authorized to sign for my son/daughter and will notify me as soon as possible of this emergency.

Signed: _____

Phone #: _____

E-mail: _____

Address: _____