

Returning Team Member Trip Application





Est. 2025



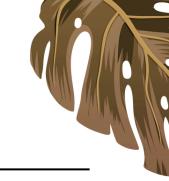


Returning Team Member Application (please type or print)

date / /

Name (As appears on Passport)	
First Name:	Middle Name:
Last Name:	Nickname:
Male:	Or Female:
Address:	
City:	State/Zip Code:
Phone (home):	
- 1	
	Other Details
Marital Status:	
Desired T-Shirt Size:	
Desired Short Term Team Date:	
	Passport Details
Passport Number:	
Date of Issue:	
Citizenship:	Date of Birth:
Closest Airport:	Airport Code:
In what ways do you feel that the L	ord is leading you to go on this trip?
, ,	





Medi	cal Permission/Release Form
	(please type or print)

date	/	/		
Name:			_ Birthdate:	
Address:				
City:	State:		Zip Code:	
Home Phone:		Cell Phon	e:	
FAMILY PHYSICIAN:			PHONE:	
FAMILY INSURANCE COMPANY:			POLICY#	



PAST MEDICAL HISTORY (CIRCLE APPROPRIATE CONDITIONS)

ALLERGIES – FOOD : INSECT BITES/STINGS: PENICILLIN OR OTHER MEDICATIONS:			
-			
ANY OTHER MEDICAL INFORMATION THAT WOULD BE IMPORTANT FOR THE TEAM LEADER TO KNOW ABOUT:			
_			
_			





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.

l,	, the parent/guardian of
(Parent's	name)
	, give permission for him/her to travel to
(child's n	ame)
	on the Mission Trip Team.
(Name of	Country)
	and that in case of a health Emergency, the team leader will be authorized to ny son/daughter and will notify me as soon as possible of this emergency.
Signed:	
Phone #:	
E-mail:	

Address: _____