



**Hands On Missions**

**1305 North Post Road Shelby, NC 28150**

**704.471.1150**

**Information Form**

Which trip are applying for? \_\_\_\_\_

Passport Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female U.S. Citizen \_\_\_ Yes \_\_\_ No Marital Status \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

.....  
**Personal Contact Information**  
.....

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**Health**  
.....

General Health \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor Are you under doctor's care for any chronic health problems or physical disability? \_\_\_ Yes \_\_\_ No If so, please provide additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**There is absolutely no smoking, tobacco use, or drinking alcohol beverages allowed at any time during the mission trip. I promise not to smoke, use tobacco products, or drink any alcohol beverages during this trip.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mission Trip Involvement**

What area of ministry are you involved in or have been involved, or feel gifted to be involved? \_\_\_\_\_

What do you feel you are best qualified to do on this mission trip?  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to go on this mission trip? \_\_\_\_\_  
\_\_\_\_\_

**Employment**

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date Employed \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_

**Insurance Information**

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance issued in the name of \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Liability Release**

As a volunteer on this mission trip, I understand there are certain risks and dangers involved while traveling and participating on a mission trip. Some of the danger are (but not limited to) traveling, working, sickness and other accidents or injury, foreseeable and unforeseeable, that might pose a risk to me of permanent injury or death. If I do accept this this term of volunteer service, I wish to make it clear that Hands On Missions does not assume any responsibility for loss of property, damage to same, personal harm, or injury, or illness that may



